

FSH SOCIETY RESEARCH GRANT APPLICATION



SECTION I

(Please submit original in electronic form by email to daniel.perez@fshsociety.org with subject line: "FSH Society Grant Application")

PROJECT INFORMATION

Project Information

Project Title:

Date of Proposed Project Period (Day, Month, Year)

From: ____/____/____

To: ____/____/____

Amount Requested for Project: US\$ _____

PRINCIPAL INVESTIGATOR (PI) INFORMATION

Principal Investigator Information

PI Name:

PI Title:

PI Address:

Telephone (please include all codes):

Fax (please include all codes):

E-mail address:

Co-PI Information

Co-PI Name:

Co-PI Title:

Co-PI Address:

Telephone (please include all codes):

Fax (please include all codes):

E-mail address:

Note: Please refer to Section 7 of the 'FSH Society Policies on Awards for Research on FSHD' for guidelines on funds: stipend, institutional allowance, and travel allowance. Kindly refer to Section 8 for guidelines on institutional expenditures: benefits, limitations on overhead, and supplemental funds.

INSTITUTION INFORMATION

Institution Name:

Institution Address:

Telephone (please include all codes):

Fax (please include all codes):

Checks Payable / Wire Transfer To:

Address:

Person authorized to sign for the institution and to receive funds

Authorized Name:

Authorized Title:

Authorized Address:

Telephone (please include all codes):

Fax (please include all codes):

E-mail address:

FSH SOCIETY RESEARCH GRANT APPLICATION

SECTION I (Continued)

INSTITUTION INFORMATION (Continued)

Human Subjects (check one): Yes No

If yes, please give

Exemption Number:

OR

IRB Approval Date: ____/____/____

OR

Assurance of Compliance E:

Form HHS 596 attached (circle one): Yes No

Vertebrate Animals (circle one): Yes No

If yes please give

IACUC approval date: ____/____/____

OR

Animal Welfare Assurance Number:

SIGNATURES

Authorized Person

Signature:

Date: ____/____/____

Principal Investigator Applicant

Signature:

Date: ____/____/____

Research Sponsor

Signature:

Date: ____/____/____

In signing this application, the applicant and the applicant Institution agree that all propagatable materials (including monoclonal antibodies, cell lines, biopsies, animal models, recombinant DNAs, and any propagatable cells) should be freely available to other investigators following publication. The Society's position is that there be no restriction or proprietary rights in materials produced with our support.

FSH SOCIETY RESEARCH GRANT APPLICATION

SECTION II

PROJECT SUMMARY

Please provide a concise (1 page maximum) summary of the proposed project that can be posted online by the FSH Society in the event your project is funded. Do not include proprietary information or information you otherwise want kept confidential.

FSH SOCIETY RESEARCH GRANT APPLICATION

SECTION III: BUDGET and BUDGET JUSTIFICATION

PROPOSED BUDGET

Please provide a concise description on the following:

Personnel costs (US\$) and a subtotal for personnel;
Equipment costs (US\$) and a subtotal for equipment;
Other costs (US\$) and a subtotal for other;
Total grant costs (US\$).

REMARKS

Please provide budget justification for personnel (including % effort), equipment, and all other costs.

FSH SOCIETY RESEARCH GRANT APPLICATION

SECTION IV: ATTACHMENTS

ATTACHMENT I

Attach a biographical sketch (NIH Format Sections A-C, (*see attached template Appendix A*)) for the Principal Investigator and other professional personnel involved. List training, experience and publications.

ATTACHMENT II

If Institutional Review Board (IRB) approval has been obtained, please attach the completed "Protection of Human Subjects Assurance/Certification/Declaration" form and check yes on the first page of this application. Any project using human subjects must be approved by the review board of the applicant institution. This requirement may be fulfilled by sending approved form #HHS 596, along with the statement of approval by the institution review board, to this office prior to receiving funding. We abide by the rules and regulations of the National Institutes of Health. These can be obtained by writing the NIH, Bethesda, Maryland, 20205. If animal subjects are involved, request *Principals For Use of Animals* and, in the case of warm-blooded vertebrates, the *Guide For the Care and Use of Laboratory Animals*.

ATTACHMENT III

Attach a list of other support, current and pending for all projects in the Principal Investigator's laboratory, with regard to applicant (*for format see attached template Appendix B*).

ATTACHMENT IV

Attach a description of the proposed plan of this study with particular attention to the following items. Use additional numbered pages. The proposal should not exceed twelve (12) pages, excluding references.

1. Include a detailed presentation of the program stating the purpose of the study, the rationale of your approach and the experimental procedures that you propose to use.
2. Include the justification for undertaking this study; its relevance to Facioscapulohumeral Muscular Dystrophy (FSHD) and the specific needs for further knowledge in this area.
3. Include the facilities that are available and those that are essential for this project but not now available, and how they will become available.
4. It may be helpful to include a flow-chart diagramming the proposed project, and what will happen depending on different results.
5. Attach a bibliography.

ATTACHMENT V

Contributions to the field: identify skills, expertise, theories, conceptual approaches, etc. which your group brings to the FSHD field that will enhance our understanding of the disease and further therapeutic development. This is particularly important for first time applicants and those new to the field.

ATTACHMENT VI (Optional)

Applicants are encouraged to obtain Letter(s) Of Support, as necessary, to help ensure that the project can be successfully completed by the research team. Letter(s) Of Support should be included in the application.

FSH SOCIETY RESEARCH GRANT APPLICATION

APPENDIX A

FOR USE WITH SECTION IV: ATTACHMENT I

ATTACHMENT I: BIOGRAPHICAL SKETCH

Provide the following information for all key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

POSITION TITLE:

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY

A. Personal Statement

Briefly describe why you are well-suited for your role(s) in this project. Relevant factors may include: aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and/or your past performance in this or related fields.

B. Positions and Honors

List in chronological order the positions you've held that are relevant to this application, concluding with your present position. For individuals who are not currently located at the applicant organization, include the expected position at the applicant organization and the expected start date.

List any relevant academic and professional achievements and honors. In particular:

Include scholarships, traineeships, fellowships, and development awards, as applicable.

Clinicians should include information on any clinical licensures and specialty board certifications that they have achieved.

C. Contributions to Science

Briefly describe up to five of your most significant contributions to science. The description of each contribution should be no longer than one half page, including citations.

For each contribution, you may cite up to four publications or research products that are relevant to the contribution. If you are not the author of the product, indicate what your role or contribution was. Note that while you may mention manuscripts that have not yet been accepted for publication as part of your contribution, you may cite only published papers to support each contribution.

FSH SOCIETY RESEARCH GRANT APPLICATION

APPENDIX B

FOR USE WITH SECTION IV: ATTACHMENT III

ATTACHMENT III: OTHER SUPPORT

Current Funding Support for Research Team

Attach as many copies of this page as necessary to detail other support for all professionals involved in this project. Include current, pending, and planned grants.

OTHER PROFESSIONALS INVOLVED

Name:
Grant Title:
Funding Source:
Grant Identifier:
Status (circle one): Active Pending
Principle Investigator:
Role:
Percent (%) Effort on Project:

DATES AND COST OF ENTIRE PROJECT

Please concisely describe dates and cost of entire project. For renewals include only the most recent competitive award.

DATES AND COST OF CURRENT YEAR

Please concisely describe dates and cost of current year.

SPECIFIC AIMS

Please concisely describe specific aims of the project.

SCIENTIFIC AND BUDGETARY OVERLAP

Please concisely describe scientific and budgetary overlap.

ADJUSTMENT IF PRESENT APPLICATION IS FUNDED

Please concisely describe any adjustments you will make if present application is funded.