|  |  |
| --- | --- |
| 1. TITLE OF PROJECT  | 2. GRANT TYPE: 2a. NEW INVESTIGATOR GRANT [ ]  2b. ESTABLISHED INVESTIGATOR GRANT [ ]  2c. RESUBMISSION [ ]  No [ ]  Yes |
| **3. PRINCIPAL INVESTIGATOR** |
| 3a. NAME *(Last, first, middle)*       | 3b. DEGREE(S)                |  |
| 3c. POSITION TITLE       | 3d. MAILING ADDRESS *(Street, city, state, zip code)*                               |
| 3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT       |
| 3f. MAJOR SUBDIVISION       |
| 3g. TELEPHONE AND FAX *(Area code, number / extension)*  | E-MAIL ADDRESS:      |
| TEL:       | FAX:       |
| 4. HUMAN SUBJECTS RESEARCH[ ]  No [ ]  YesIf “Yes” Include Human Subjects Section in App. | 4a. Research Exempt [ ]  No [ ]  Yes If “Yes,” Exemption No.       | 5. VERTEBRATE ANIMALS [ ]  No [ ]  Yes If “Yes” attach required compliance statements |
| 4b. IRB Assurance No.       |  | 5a. If “Yes,” IACUC approval Date      | 5b. Animal welfare assurance no      |
| 6. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | 7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD | 8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT |
| From | Through | 7a. Direct Costs ($) | 7b. Total Costs ($) | 8a. Direct Costs ($) | 8b. Total Costs ($) |
|       |       |       |       |       |       |
| 9. APPLICANT ORGANIZATION | 10. TYPE OF ORGANIZATION |
| Name       |  Public: **→** [ ]  Federal [ ]  State [ ]  Local |
| Address                                     |  Private: **→** [ ]  Private Nonprofit |
|  For-profit: **→** [ ]  General  |
|  |
|  |
| Institution’s Federal Tax I.D. Number       |  |
| 11. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE AND TO WHOM THE CHECK IS TO BE MADE PAYABLE. | 12. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION |
| Name       | Name       |
| Title       | Title       |
| Address                         | Address                         |
| Tel       | FAX       | Tel       | FAX       |
| E-Mail       | E-Mail       |
| 13. PRINCIPAL INVESTIGATOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress and financial reports if a grant is awarded as a result of this application. | SIGNATURE OF PI NAMED IN 2a. *(In ink. “Per” signature not acceptable.)* | DATE      |
| 14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Scleroderma Foundation terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. | SIGNATURE OF OFFICIAL NAMED IN 12. *(In ink. “Per” signature not acceptable.)* | DATE      |

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| DESCRIPTION: State the application’s broad, long-term objectives and specific aims, making reference to the scleroderma relatedness of the project. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.** |
|       |
| PERFORMANCE SITE(S) *(organization, city, state)*                                         |
| KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below.Start with Principal Investigator. List all other key personnel in alphabetical order, last name first. |
| Name | Organization | Role on Project |
|       |       |       |
|       |       |       |
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| The name of the principal investigator must be provided at the top of each printed page and each continuation page. |

**RESEARCH GRANT**

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| **Budget Justification**  |       |       |
| **Resources**  |  |  |
| **Biographical Sketch**—Principal Investigator *(Not to exceed five pages)*  *bebelow)sSwwwwhttp://www.scleroderma.org/research/details.htmhttp://www.scleroderma.org/research/details.htm)*  |       |       |
| **Other Biographical Sketches** *(Not to exceed five pages for each)*  |       |       |
| **Other Support**  |  |  |
| **Introduction** (for revised/resubmitted application only) |  |  |
|  |  |  |
| **Research Plan** |  |  |
| Introduction to Revised Application *(Not to exceed 2 pages)*  |       |       |
| Introduction to Supplemental Application *(Not to exceed one page)*  |       |       |
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|  B. Background and Significance  |       |       |
|  C. Preliminary Studies  *(Items A-D: not to exceed 10 pages****\*****)* Phase I Final Report (SBIR/STTR), or SBIR/STTR Fast Track Product Development Plan  |       |       |
|  D. Research Design and Methods  |       |       |
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|  H. Literature Cited  |  |  |
|  I. Consortium/Contractual Arrangements  |       |       |
|  J. Consultants |       |       |
|  K. Letters of agreement |       |       |
|  |  |  |
| **Appendix** *(No page numbering necessary for Appendix.)* [ ]  Check if Appendix is Included |  |
| Number of publications and manuscripts accepted for publication *(not to exceed 3)* |       |  |
|  Other items (list):                                         |  |

**Lay Person Summary**

|  |  |  |
| --- | --- | --- |
| **DETAILED BUDGET FOR INITIAL BUDGET PERIOD****DIRECT COSTS ONLY** | FROM      | THROUGH      |
| PERSONNEL *(Applicant organization only)* |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | TYPEAPPT.*(months)* | EFFORTONPROJ. | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PrincipalInvestigator |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
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|  **SUBTOTALS** |        |       |       |
| CONSULTANT COSTS      |  |
|       |
| EQUIPMENT *(Itemize)Do not exceed $5,000*      |  |
|        |
| SUPPLIES *(Itemize by category)* |  |
|                           |
|       |
| TRAVEL *Do not exceed $2,000* |  |
|       |       |
| PATIENT CARE COSTS | INPATIENT |       |
|  | OUTPATIENT |       |
| OTHER EXPENSES *(Itemize by category)* |  |
|       |
|       |
|       |
|       |       |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | **$**      |
| INDIRECT COSTS (FACILITIES AND ADMINISTRATION)\*\*INDIRECT COSTS ARE INCLUDED IN TOTAL AWARD AND MAY BE UP TO 8%  |       |
| **TOTAL COSTS FOR INITIAL BUDGET PERIOD** *(Item 7b, Face Page)* | **$**      |

**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD**

**DIRECT COSTS ONLY**

|  |  |
| --- | --- |
| BUDGET CATEGORY | INITIAL BUDGETPERIOD |
| TOTALS | *(from previous page)* | 2nd | 3rd\* |
| PERSONNEL: *Salary and fringe benefits. Applicant organization only.* |       |       |       |
| CONSULTANT COSTS |       |       |       |
| EQUIPMENT |       |       |       |
| SUPPLIES |       |       |       |
| TRAVEL |       |       |       |
| PATIENTCARECOSTS | INPATIENT |       |       |       |
|  | OUTPATIENT |       |       |       |
| OTHER EXPENSES |       |       |       |
| SUBTOTAL DIRECT COSTS |       |       |       |
| INDIRECT COSTS (FACILITIES AND ADMINISTRATION)\* |       |       |       |
| **TOTAL COSTS** |       |       |       |
| **TOTAL COSTS FOR ENTIRE PROPOSED PROJECT PERIOD (DIRECT and INDIRECT)**  (Item 8A, Face Page) |       |

 \*3rd year for New Investigators Grant Only

**BUDGET JUSTIFICATION PAGE**

|  |
| --- |
| **RESOURCES** |

FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Under “Other,” identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

|  |
| --- |
|  MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each. |

|  |
| --- |
| **BIOGRAPHICAL SKETCH****USE THE CURRENT NIH** format and guidelines. Provide the following information for the keypersonnel in the order listed on Page 2. Follow the format for each person. **DO NOT EXCEED FIVE PAGES FOR EACH.** |
|  |
| NAME      | POSITION TITLE      |
| EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)* |
| INSTITUTION AND LOCATION | DEGREE*(if applicable)* | YEAR(s) | FIELD OF STUDY |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**OTHER SUPPORT**

**RESEARCH PLAN**