



**Molecular Pathogenesis and New
 Interventions in Scleroderma Research
 Grant Application**

Notes:

- CV-related information, including honors and publications, is strictly limited to **no more than four pages**. References do not count toward the page limit.
- Funding support from the SRF is in the form of a grant.
- Pages of the grant application should be numbered consecutively.

Check One:

- SRF01** — INVESTIGATOR-INITIATED RESEARCH PROJECT
- SRF02** — EXPLORATORY/DEVELOPMENTAL RESEARCH PROJECT
- SRF03** — NEW FACULTY PROJECT

TITLE OF PROJECT:

PRINCIPAL INVESTIGATOR:

Name (Last, first, middle initial): _____

Degree(s): _____

Position title: _____

Institution: _____

Department, service, laboratory, or equivalent: _____

Major subdivision: _____

Mailing address: _____

Telephone: _____ Fax: _____

E-mail: _____

Dates of proposed period of support (month/day/year): From _____ Through _____

Budget request for initial period: \$ _____

Budget request for proposed period of support: \$ _____

NOTE: Submit a budget in the format and level of detail found on the NIH grant application page, “Detailed Budget for Initial Budget Period – Direct Costs Only,” including personnel (salary, fringe benefits), administrative, consultant, equipment, supplies, travel, patient care, animal costs and “other” expenses. The budget may go into an appendix. Budget pages will NOT count toward the 10-page limit. The SRF will NOT pay “indirects” or overhead costs but WILL pay project expenses for all SRF grants. The sole exception to this prohibition is that the SRF will pay indirect costs of up to 7.5% of the base award amount for multi-center (including > 10 distinct clinical centers), longitudinal patient studies (with an agreement for at least >3 years of follow-up) that are intended to enroll > 1,000 scleroderma patients.

INSTITUTIONAL OFFICIAL TO BE NOTIFIED IF GRANT IS MADE:

Name: _____
Title: _____
SPO# or Project ID Reference: _____
Address: _____
Telephone: _____ Fax: _____
E-mail: _____

I certify that the statements herein are true, complete, and accurate to the best of my knowledge and accept the obligation to comply with the grantor's terms and conditions if a grant is awarded as a result of this application.

Signature of Institutional Official: _____ **Date:** _____

IF GRANT IS AWARDED, SPECIFY PAYEE OF THE GRANT AND MAILING ADDRESS FOR RECEIPT OF FUNDS:

Institutional Payee: _____
C/O name (if applicable): _____
Title: _____
Address: _____
Telephone: _____ Fax: _____
E-mail: _____

APPLICANT'S COMMITMENT TO SCLERODERMA RESEARCH:

Estimated percent effort spent on scleroderma research as a post-doctoral or clinical fellow: _____%

Estimated percent effort projected to be spent on scleroderma research over the next year by the applicant: _____%

Estimated annual salary and fringe benefits to support scleroderma research requested for the applicant: \$ _____.

Estimated total annual salary and fringe benefits to support scleroderma research requested for additional personnel under the grant: \$ _____.

DESCRIPTION:

State the broad, long-term objectives and specific aims of the project. Describe succinctly the research design and methods for achieving these goals. Limit abstract to one page.

PROJECT INVOLVES HUMANS OR HUMAN MATERIAL: Yes No

PERFORMANCE SITE(S):

Organization	City	State
_____	_____	_____
_____	_____	_____

OTHER SIGNIFICANT CONTRIBUTORS:

Starting with principal investigator, list all other key personnel in alphabetical order, including collaborators or consultants. Put biographies of contributors and letters of collaboration in an appendix.

Last Name, First Name	Organization	Role on project
_____	_____	_____
_____	_____	_____
_____	_____	_____

BIOGRAPHICAL SKETCH OF PRINCIPAL INVESTIGATOR AND CO-INVESTIGATOR:

NIH Biosketch is acceptable and can be inserted in the grant application.

Name	Position/Title
_____	_____
_____	_____

EDUCATION/TRAINING:

Institution & Location	Degree	Year(s)	Field of Study
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

POSITION AND HONORS:

List in chronological order previous positions, concluding with your present location. List other experience and professional memberships. List any honors:

SELECTED PEER-REVIEWED PUBLICATIONS (IN CHRONOLOGICAL ORDER):

Do not include publications submitted or in preparation.

RESEARCH SUPPORT:

List ongoing or completed (during the last three years) research projects. Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g., PI, Co-Investigator, Consultant) in the project.

RESEARCH PROPOSAL:

Describe your proposal in sufficient detail for adequate evaluation by the SRF Scientific Advisory Board. Include items 1-5 below, and **do not exceed ten pages** for items 1-4, including figures and tables. Font size can be no smaller than 10 pt. (12 pt. if Times or Times New Roman is used). Proposal must include:

1. **Specific aims.** What do you intend to accomplish? What hypothesis is to be tested?
2. **Background and significance.** Why is the research important? Specifically identify the possible contributions your investigation may make to existing knowledge in the field of scleroderma research.
3. **Preliminary studies.** What has already been done in this area of study?
4. **Research design and methods.** Describe in detail the experimental design, the process to be used, and manner in which the data will be analyzed. Do not include details of established laboratory procedures.
5. **Literature cited.** Only cite references pertinent to the proposal.

CONCURRENT SUBMISSION OF RESEARCH PROPOSAL:

List other non-governmental organizations where you have submitted or intend to submit a similar application:

I have not submitted nor do I intend to submit a similar application to any other non-governmental organization.

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 and may result in cancellation of any grant awarded as a result of this application. I agree to accept responsibility for the scientific conduct of the project, to provide the required progress reports and to attend the SRF's annual Scientific Workshop to present my research if a grant is awarded as a result of this application.

Signature of Principal Investigator: _____ Date: _____

TO SUBMIT APPLICATION

Ship by overnight carrier two (2) hardcopies of the signed, completed application, research proposal, relevant appendix material, three letters of recommendation and one (1) copy on a flash drive to:

Grant Applications
Scleroderma Research Foundation
220 Montgomery St., Suite 484 San
Francisco, CA 94104

For questions, email: grants@srfcure.org

After reviewing your application form and research proposal, the Scleroderma Research Foundation may request more details, if needed, to make an accurate judgment of the merits of the application.