

## 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**

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**PRINCIPLE INVESTIGATOR**

Name (Last, first, middle initial):

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Degree(s):

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Position Title:

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Institution:

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Department, service, laboratory, or equivalent:

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Major subdivision:

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Mailing address:

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Telephone:

Email:

Date of proposed period of support (M/D/Y): From

Through

Budget request for initial period: \$

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Budget request for proposed period of support: \$

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**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: \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**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 INSTITUTIONAL PAYEE OF THE GRANT AND MAILING ADDRESS FOR RECEIPT OF FUNDS:**

Name of Institution: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**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.

[Empty box for description]

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**

The NIH Biosketch form is acceptable and can be inserted in the grant application. The Biosketch cannot exceed 5 pages, and it does not count toward the 10-page proposal limit.

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.

**LETTERS OF RECOMMENDATION**

Include three letters of recommendation from professors, researchers, and/or colleagues. The purpose of the letters is to help make a strong case for support of the qualifications of the applicant, as well as the quality/promise of the applicant’s proposed research project. Ideally, they will demonstrate that the applicant will have the support they need from colleagues and/or core facilities to accomplish the goals of 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:

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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 the 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 (DUE FEBRUARY 24, 2025)**

**Ship two (2) hard copies** of the signed, completed application, research proposal, relevant appendix material, and three letters of recommendation to:

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

Use a trackable carrier service to ensure receipt by the SRF office and be sure that materials will arrive by February 24, 2025. For questions, email: [grants@srfcure.org](mailto:grants@srfcure.org)

**AND email a combined PDF** of your signed completed application, research proposal, relevant appendix material, and three letters of recommendation to [grants@srfcure.org](mailto:grants@srfcure.org) by February 24, 2025.

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.