

Shwachman Diamond Syndrome Foundation Research Grant

127 Western Ave, Sherborn, MA 01770

Tel 1-888-825 SDSF (7373)

E-mail: info@shwachman-diamond.org

Maximum Amount \$65,000

Firm Deadline for Receipt of Applications: May 15th

Eligibility: Persons applying for these grants must be in a faculty position with authority to hold an independent research grant (not a training position).

Terms of Support: Support may be provided for up to two (2) years in an amount not to exceed \$65,000 per year which shall include Indirect costs that are permitted and are not to exceed 10% of the total costs. The second year funding will not be released until a Progress Report has been reviewed and approved by the MSAB. This Progress Report is due 45 days before the renewal date (Progress Report due October 1st for grant with November 15th anniversary), and should be no longer than one page, single-spaced. The SDSF will provide preference to those applications in which funds are used for supplies, equipment, technicians and other expenses and not for support of the salary of the PI or co-PIs.

Review: All applications will be reviewed by the Shwachman Diamond Syndrome Medical and Scientific Advisory Board (MSAB) or its designees.

Application: The application contains two sections.

Section 1, forms attached. The applicant and co-applicants must also include a current curriculum vitae in the form of an NIH biosketch with section 1 of the application.

Section 2: Research Plan, divided as indicated below. Parts A through D should not exceed 10 pages, using a font no smaller than 10 point.

Part A. Specific aims

Part B. Significance and background

Part C. Preliminary studies

Part D. Experimental design and methods

Part E. References (not included in the 10 page limit)

Part F. Relevance of the research to Shwachman-Diamond Syndrome

Part G. Career objectives (one page)

Part H. Appendix (optional) containing up to 10 publications, manuscripts, patents, or other materials directly relevant to this project

Part I. For junior faculty (up to Assistant Professor), three letters of reference in sealed envelopes attached to front of original application (one letter must be from applicant's collaborator/mentor including a current NIH biosketch). For all others, reference letters are not necessary.

Part J. Separate letter from supervisor or department head confirming commitment to project, and to provision of space and facilities

Part K. If human subjects are involved, a letter from the institutional review board overseeing human studies.

Part L. If animals are involved, a letter from the institutional review board overseeing animal studies.

Submission: electronic to info@shwachman-diamond.org

1. Title of Proposal:

2. Applicant Information:

Name: _____

Title and Degree(s):

Work Address:

Telephone: _____ FAX: _____ Email:

3. Applicant Curriculum Vitae: beginning on the next page, use the NIH biosketch format, with 2 page limit. This will form application pages 3 and 4.

4. Applicant's Commitment as Investigator of the Project:

I agree as the applicant to accept responsibility for the scientific management of this project as outlined in this application. I further agree to submit a progress report, including a lay summary and expense report prior to completion of the first year of any two-year grant, and at the end of the granting period.

5. Applicant's Affirmation:

I certify that the investigations involving human subjects to be carried out in the application will have approval of the applicant's Institutional Review Board on Human Research, Committee on Clinical Investigation, or other appropriate body at the grantee institution (this body is to be clearly designated prior to the date for award of funds); and that any research involving human subjects will conform ethically with the guidelines prescribed by the National Institutes of Health (NIH), including the provision of suitable explanation to human subjects or their guardians concerning experimental design and all significant hazards, so that they may be in a position to provide appropriate informed consent prior to the investigations; and, that research involving animals will conform to the current "Guide for the Care and Use of Laboratory Animals," approved by the American Physiological Society, and with federal (and any applicable state) laws and regulations including approval by the appropriate Institutional Animal Care and Use Committee at the grantee institution. Wherever applicable, the research protocol will be reviewed and approved by the Institution's Biohazards Committee, as well as conform to NIH guidelines.

Approvals from the Institutional Review Board on Human Research and/or the Animal Care and Use Committee or their equivalents must be included with the application.

6. Research Results:

Results of research may be made available to the public through appropriate scientific channels. All publications will bear the statement:

"THIS WORK WAS SUPPORTED BY A GRANT FROM SHWACHMAN DIAMOND SYNDROME FOUNDATION".

Signature of Applicant

Date

7. Applicant's Institution Certification and Commitment:

I certify that the statements herein and the Applicant's Affirmation are true, complete and accurate to the best of my knowledge and I agree to accept responsibility for the fiscal management of this project as outlined in this application. I further agree to commit this institution to comply with the Shwachman Diamond Syndrome Foundation terms and conditions if a grant is awarded as a result of this application.

Name of Institution Official: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

E-mail Address: _____

Signature of Institution Official

Date

ABSTRACT OF RESEARCH PLAN

Within the space provided, summarize the long-term objectives, scientific aims and methodology of the proposal.

Title: _____

BUDGET

Please list below a budget by categories for the first and second years of support. The review committee will carefully consider the appropriateness of your budget. It must be well defined, justified, and realistic to complete the work proposed. Two columns are provided for each year. The first column defines the total expenses that are expected to be necessary to realistically complete the project. The second column indicates the expenses requested from the SDSF. Applicants **will not** be penalized in funding considerations for requiring additional funds beyond what is requested from the Foundation; however, the true costs of the project must be acknowledged. [This and the section on page 1 re: Other Funding need to be consistent]

US Dollar Amount Requested for:	First Year		Second Year	
	TOTAL COSTS REQUIRED TO COMPLETE PROJECT:	COSTS REQUESTED FROM SDSF:(not to exceed \$65,000)	TOTAL COSTS REQUIRED TO COMPLETE PROJECT:	COSTS REQUESTED FROM SDSF:(not to exceed \$65,000)
Personnel (including fringe benefits): PI: Name: Co-I Name: Additional personnel (identify role): Name:				
Equipment				
Supplies				
Other Expenses				
Indirect Costs (not to exceed 10% of total)				
TOTAL COSTS:				

Justification: Define and justify expenses in each category. Explain the role of each of the individuals named in the Personnel section. The justification must include an explanation of what each category contributes to the project. Also explain any marked differences between the first- and second-year expenses in a particular category. The SDSF will provide preference to those applications in which funds are used for supplies, equipment, technicians and other expenses and not for support of the salary of the PI or co-PIs.

Other Support for this Project:

Applicants are allowed to receive funding from other sources for parts of the project not funded by the Foundation. Please define these funding sources here (the information you provide must be linked to the total costs of the project identified above). List all funding sources, received or applied for, titles of projects, duration and amount of funding, and explain any overlap with the current application. If the investigator obtains funding for a similar research project of equal or greater dollar amount from a source outside the investigator's institution (such as the National Institutes of Health, Veterans Administration or a philanthropic group), the Foundation grant will be terminated at the start of funding by the other agency. If additional funding is of lesser amount, the applicant must justify its supplemental and not complementary nature.

Applicant's Funding History:

Please list below other support available to the applicant for unrelated research projects. Include support from intramural sources and list pending as well as funded applications. For each item give the name of the agency, the title of the project and the dollar amount available to the investigator.

Project	Dates	Dollar	Source	Resear cher's Role
Title		Amount		
