



Grant Application

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Vasculitis Foundation

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Investigators who are currently receiving funding (as an investigator or member of a team or from a fellowship) from the Vasculitis Foundation are not eligible to receive additional funding. The current study or fellowship must be closed and final narrative and financial reports submitted and approved by the VF Research Team before the investigator is eligible to submit a new grant application.

Only one grant per institution is allowed per year. The current study or fellowship must be closed and final narrative and financial reports submitted and approved by the VF Research Team before another grant can be awarded to the institute.

Grant Application

The name of the principal investigator must be provided at the top of each printed page and each continuation page.

RESEARCH GRANT APPLICATION TABLE OF CONTENTS

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General Information	3 _____
Project Abstract, Performance Sites and Personnel	4 _____
Lay Person Summary (<i>Limit 300 words</i>).....	5 _____
Detailed Budget	6 _____
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Resources	8 _____
Biographical Sketch —Principal Investigator (<i>Not to exceed two pages per person</i>).....	9 _____
Research Activities (<i>of the PI for the past three years – Limit one page</i>).....	12 _____
Other Support (<i>as it applies to this grant – Limit one page</i>).....	13 _____
Introduction (for revised/resubmitted application only – Limited to two pages).....	14-18 _____
Research Plan (<i>Items A-D not to exceed 5pages; 10 pages total for plan</i>)	_____
Introduction to Revised Application (<i>Not to exceed 2 pages</i>).....	_____
Introduction to Supplemental Application (<i>Not to exceed one page</i>).....	_____
A. Specific Aims.....	_____
B. Background and Significance.....	_____
C. Preliminary Studies.....	_____
D. Research Design, Methods and Analysis.....	_____
E. Literature Cited.....	_____
F. Consortium/Contractual Agreements.....	_____
G. Consultants.....	_____
H. Categorization of research proposal.....	_____

} (*Items A-D: not to exceed 5 pages*)

Appendix (No page numbering necessary for Appendix.) Check if Appendix is included. _____

Grant Application

1. TITLE OF PROJECT		2. GRANT TYPE: 2a. ORIGINAL GRANT <input type="checkbox"/> No <input type="checkbox"/> Yes 2b. RESUBMISSION <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. PRINCIPAL INVESTIGATOR		3b. DEGREE(S)	
3a. NAME (<i>Last, first, middle</i>)		3d. MAILING ADDRESS (<i>Street, city, state, zip code</i>) E-MAIL ADDRESS:	
3c. POSITION TITLE			
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT			
3f. MAJOR SUBDIVISION			
3g. TELEPHONE AND FAX (<i>Area code, number / extension</i>)			
TEL:		FAX:	
4. HUMAN SUBJECTS RESEARCH		5. VERTEBRATE ANIMALS	
4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," Exemption No. _____		No <input type="checkbox"/> Yes <input type="checkbox"/>	
No <input type="checkbox"/> Yes <input type="checkbox"/>		4b. IRB Assurance No. _____	5a. If "Yes," IACUC approval Date _____
		5b. Animal welfare assurance No. _____	
6. DATES OF PROPOSED PERIOD OF SUPPORT (<i>month, day, year—MM/DD/YY</i>)		7. FUNDS REQUESTED FOR PROPOSED PERIOD OF SUPPORT:	
From _____ Through _____		8. FUNDS REQUESTED FOR SECOND YEAR OF SUPPORT IF APPLICABLE:	
9. APPLICANT ORGANIZATION		10. TYPE OF ORGANIZATION	
Name Address Institutional Profile File Number (if known)		Public: → Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private: → Private Nonprofit For-profit: → General	
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 Title Address Tel _____ FAX _____ E-Mail _____		Name Title Address Tel _____ FAX _____ 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 reports if a grant is awarded as a result of this application.		SIGNATURE OF PI NAMED IN 2a. (<i>In ink. "Per" signature not acceptable.</i>)	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 Vasculitis 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. (<i>In ink. "Per" signature not acceptable.</i>)	DATE

Grant Application

Principal Investigator Name: (Last, first, middle):

PROJECT ABSTRACT: State the application's broad, long-term objectives and specific aims, making reference to the Vasculitis 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 300 words.)

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
------	--------------	-----------------

Principal Investigator Name: (Last, first, middle):

LAY PERSON SUMMARY
(Limit 300 words)

Grant Application

Principal Investigator Name: (Last, first, middle):

BUDGET (Amount in U.S. dollars)

Personnel:

(name, title, percent of effort, requested salaries, fringe benefits and total amount required)

Equipment: (itemize)

Supplies: itemize

Patient Costs:

Other Expenses:

Unallowable Costs:

The following costs are not allowable under the VF Grant Program:

- Institutional overhead (indirect costs)
- New construction and alterations or renovations of existing facilities
- Consultant fees, unless specified in the original grant application
- Travel costs
- Principal Investigator's salary

(Up to \$4,000 per year may be used to purchase capital equipment for New Investigator.)

Principal Investigator Name: (Last, first, middle):

BUDGET JUSTIFICATION

Grant Application

Principal Investigator Name: (Last, first, middle):

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.

Grant Application



Principal Investigator Name: (Last, first, middle):

Principal Investigator Name: (Last, first, middle):

BIOGRAPHICAL SKETCH (or attach your NIH Biosketch in the appendix)

Provide the following information for the key personnel

DO NOT EXCEED TWO PAGES TOTAL per person.

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

NOTE: The Biographical Sketch may not exceed two pages per person.

A. Personal Statement

Grant Application

Principal Investigator Name: (Last, first, middle):

B. Positions and Honors

List in chronological order all non-degree training, including postdoctoral research training, all employment after college, and any military service. Clinicians should include information on internship, residency and specialty board certification (actual and anticipated with dates) in addition to other information requested. State the Activity/Occupation and include beginning/end dates, field, name of institution/company, and the name of your supervisor/employer.

ACTIVITY/OCCUPATION	BEGINNING DATE (mm/yy)	ENDING DATE (mm/yy)	FIELD	INSTITUTION/COMPANY	SUPERVISOR/ EMPLOYER

Academic and Professional Honors

C. Selected Publications and Patent Citations

Grant Application

Principal Investigator Name: (Last, first, middle):

D. Scholastic Performance

YEAR	SCIENCE COURSE TITLE	GRADE	YEAR	OTHER COURSE TITLE	GRADE

Principal Investigator Name: (Last, first, middle):

RESEARCH ACTIVITIES (of the PI for the past 3 years)

Principal Investigator Name: (Last, first, middle):

OTHER SUPPORT (as it applies to this grant)

Principal Investigator Name: (Last, first, middle):

RESEARCH PLAN (Limit to 10 pages)

Grant Application

Principal Investigator Name: (Last, first, middle):

RESEARCH PLAN (Page 2 of 10) if Needed

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Principal Investigator Name: (Last, first, middle):

RESEARCH PLAN (Page 3 of 10) if needed

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Principal Investigator Name: (Last, first, middle):

RESEARCH PLAN (Page 4 of 10) if Needed

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Principal Investigator Name: (Last, first, middle):

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Principal Investigator Name: (Last, first, middle):

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Principal Investigator Name: (Last, first, middle):

RESEARCH PLAN (Page 10 of 10) if Needed

Principal Investigator Name: (Last, first, middle):

CATEGORIZATION OF RESEARCH PROPOSAL (Please check all that apply.)

1. **Biochemistry** studies relating to the pathogenesis of vasculitis, including
 - biochemical pathways involved in cellular metabolism
 - biomarkers of disease activity
 - signal transduction

2. **Cell Biology** studies in vasculitis
 - determinants of substrate vulnerability in vasculitis
 - dialog between substrate and immune reactive cells

3. **Cellular Immunology**
 - development, function, and interactions of immune cells and the vasculature
 - lymphocyte activation and inactivation
 - genetics of cellular immunology

4. **Clinical Immunology**
 - immunologic abnormalities in patients with vasculitis
 - genetic associations of vasculitis
 - animal models of vasculitis
 - immunopharmacology

5. **Inflammation**
 - endothelial and vascular smooth muscle cell biology and leukocyte adhesion
 - cytokines and vasculitis, including their production and actions
 - activation mechanisms of neutrophils, monocytes, lymphocytes, and other myeloid cells in inflammatory vascular diseases

6. **Clinical/Therapeutics/Outcomes**
 - clinical studies - interventional (pharmacologic, surgical, and rehabilitative)
 - clinical studies - noninterventional (genetic, biochemical, inflammatory)
 - epidemiology - clinical/community-based
 - health services research
 - quantitative research and quality of life research; other evaluation research (including educational programs)

Principal Investigator Name: (Last, first, middle):

CATEGORIZATION OF RESEARCH PROPOSAL continued (Please check all that apply.)

7. **Molecular Immunology, Biology and Genetics**
- clone and sequence genes relevant to vasculitis
gene regulation
molecular aspects of autoantibodies
 - structure and function relationships of molecules of the immune response (MHC antigens and immunoglobulins, T cell antigen receptors, etc.)
 - regulation of expression of genes encoding these molecules
 - signaling mechanisms of immune cell receptors
8. **Other category** (please specify):

Appendices

Please submit all appendix material via electronic submission. Do not mix appendix materials with the application.

Applications may include the following materials in the appendix:

- 1) Letter of agreement from co-investigators.
- 2) Up to three publications, manuscripts (accepted for publication), abstracts, patents, or other printed materials directly relevant to this project. Manuscripts submitted for publication should not be included.
- 3) Surveys, questionnaires, data collection instruments, and clinical protocols.
- 4) Original glossy photographs or color images of gels, micrographs, etc. provide that a photocopy (may be reduced in size) is also included within the 5-page limit of items (a)-(e) of the research plan. No photographs or color images may be included in the appendix that are not also represented within the Research Plan.
- 5) Biosketches of key personnel.