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| --- | --- |
| New_header_test | **The Klarman Family Foundation Grants Program** **in Eating Disorders Research****Application Face Sheet, 2014 Grant Cycle**  |

|  |  |
| --- | --- |
| ***Project Period & Award Amount***:[ ]  *6/1/14 – 5/31/16**Two-Year Award of $400,000 (Annual Indirects up to $18,182)* | ***Project Period & Award Amount***:[ ]  *6/1/14 – 5/31/15* *One-Year Pilot Study up to $150,000 (Indirects up to $13,634)* |
| ***Total Amount Requested***:  | *$400,000*  | ***Total Amount Requested***:  |  |
|  |  |
| **TITLE OF PROJECT** | **KEY WORDS** |
| **APPLICANT** Male [ ]  Female [ ]  |  |
| Name and Degree: |  |  | **APPLICANT’S EDUCATIONAL BACKGROUND** |
| Full Academic Title: |  |  | Graduate Institution: |  |  |
| Department: |  |  | Degree and Year Awarded: |  |  |
| Institution:  |  |  |  |  |  |
| Address: |  |  | Graduate Institution: |  |  |
|  |  |  | Degree and Year Awarded: |  |  |
| City, State, Zip: |  |  |  |  |  |
| Telephone: |  |  | Undergraduate Institution: |  |  |
| Fax: |  |  | Degree and Year Awarded: |  |  |
| Email: |  |  |  |  |  |
|  |  |  |
| **AUTHORIZED INSTITUTIONAL REPRESENTATIVE** | **INSTITUTIONAL OFFICER TO RECEIVE FUNDS** |
| Name: |  |  | Name: |  |  |
| Title: |  |  | Title: |  |  |
| Institution: |  |  | Institution: |  |  |
| Address: |  |  | Address/Lockbox |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Telephone: |  |  | Telephone: |  |  |
| Email: |  |  | Email: |  |  |
|  |  |  |  |  |  |
| ***CERTIFICATION****: By signing this Face Sheer, we certify that the statements contained in this application are true and complete to the best of our knowledge, and accept the terms of The Klarman Family Foundation Grants Program in Eating Disorders Research as documented in the “Terms of the Award.” The**Applicant’s signature also confirms responsibility for obtaining any animal use, human subjects and/or other required institutional approvals.*  |
| **Signature of Authorized Institutional Representative** |  | **Signature of Applicant**  |  |
|  |  | Date: |   |  | Date: |  |
|  |   |  |
| *Contact: Gay Lockwood, Senior Program Officer**Glockwood@hria.org* */ 617-279-2240, x702* |

*(11/13)*

**Table of Contents**

Make sure ALL pages in the uploaded PDF are numbered!

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Table of Contents 2

Research Project Summary and Performance Sites 3

Non-Technical Project Summary

Biosketch(es) of Applicant and Co-Investigator(s)

Department or Division Chair’s Letter

Letter(s) of Collaboration (if *applicable*)

Budget Forms A-1, A-2, B, and C

Research Proposal

Specific Aims

Background and Significance

Preliminary Data (*if available*)

Research Design and Methods

Potential Limitations

Impact

Projected Timeline

Bibliography

**Research Project Summary and Performance Site(s)**

State the project’s broad, long-term objectives and specific aims. Describe concisely the research design and methods for achieving these goals. This abstract is meant to serve as a succinct and accurate description of the proposed work and will be posted on The Klarman Family Foundation website if the project is funded. (*300 word maximum*)

|  |
| --- |
| **Key Words**:**Project Summary**: |

**Performance Site(s)** (*institution, city, state*):

**Non-Technical Summary**

Prepare a lay-language description of the proposed research that can be understood by the general public. The summary must also describe how the project may help to identify the underlying biologic causes of eating disorders. *(200 word maximum*)

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**Form A-1**

**Year 1 Budget (funds requested from The Klarman Family Foundation)**

**Institutions may receive indirect costs of up to $18,182 each year for the $400,000 Two-Year Award and up to $13,634 for the maximum $150,000 One-Year Pilot Study**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERSONNEL (NAME, TITLE) | ROLE | % EFFORT | SALARY | FRINGE | TOTALS |
|  |  |  |  |  |  |
| PERSONNEL SUBTOTALS | $ | $ | $ |
| EQUIPMENT |  |
| EQUIPMENT SUBTOTAL | $ |
| SUPPLIES |  |
| SUPPLIES SUBTOTAL | $ |
| OTHER EXPENSES (List by category) |  |
| OTHER EXPENSES SUBTOTAL | $ |
| INDIRECT COSTS, YEAR 1  | $ |
| TOTAL COSTS, YEAR 1  | $  |

**Form A-2**

**Year 2 Budget for the $400,000 Two-Year Award**

**(funds requested from The Klarman Family Foundation)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERSONNEL (NAME, TITLE) | ROLE | % EFFORT | SALARY | FRINGE | TOTALS |
|  |  |  |  |  |  |
| PERSONNEL SUBTOTALS | $ | $ | $ |
| EQUIPMENT |  |
| EQUIPMENT SUBTOTAL | $ |
| SUPPLIES |  |
| SUPPLIES SUBTOTAL | $ |
| OTHER EXPENSES (List by category) |  |
| OTHER EXPENSES SUBTOTAL | $ |
| INDIRECT COSTS, YEAR 2 (maximum of $18,182) | $ |
| TOTAL COSTS, YEAR 2  | $  |

**Form B**

**Budget Summary**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Column A** | **Column B** | **Column C (**Other Support**) \*** |
|  | YEAR 1 | YEAR 2 | YEAR 1 | YEAR 2 |
| PERSONNEL |  |  |  |  |
| EQUIPMENT |  |  |  |  |
| SUPPLIES |  |  |  |  |
| OTHER EXPENSES |  |  |  |  |
| TOTAL DIRECT COSTS  |   |  |  |  |
| TOTAL INDIRECT COSTS  |   |   |  |  |
| ANNUAL COST  | $ | $ | $ | $ |

\* If the research project uses additional support from other funding sources, please combine these sources and list the totals in Column C. Indirect costs for the Klarman funded portion are 10% of direct costs.

**Form C**

**Justification of Project Expenses**

Personnel:

Equipment (in excess of $10,000):

Supplies:

Other: