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| New_header_test | **The Klarman Family Foundation Eating Disorders Research Grants Program**  **2017 Grant Cycle Application Face Sheet** |

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| **Project Title** | | | | | | | | | | | | | | |
| **One Year Pilot Study**  Total Amount Requested (up to $150K): | | | | | | | | **1-3 Year Research Project**  Total Amount Requested (up to $250K per year):  Project Duration (up to 36 months): | | | | | | |
| **Applicant Information** | | | | | | | | | **Applicant’s Education Background** | | | | | |
| Name and Degree: | | |  | | |  | | |  | | | | | |
| 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: | | |  | | |  | | |  | |  | | |  |
| ORCID iD: | | |  | | |  | | |  | |  | | |  |
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| **Authorized Institutional Officer** | | | | | | | | | **Institutional Officer to Receive Funds** | | | | | |
| Name: | |  | | | |  | | | Name: |  | | | |  |
| Title: | |  | | | |  | | | Title: |  | | | |  |
| Institution: | |  | | | |  | | | Institution: |  | | | |  |
| Address: | |  | | | |  | | | Address |  | | | |  |
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| Telephone: | |  | | | |  | | | Telephone: |  | | | |  |
| Email: | |  | | | |  | | | Email: |  | | | |  |
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| ***CERTIFICATION****: By signing this Face Sheet, we certify that the statements contained in this application are true and complete to the best of our knowledge, and will accept the terms of The Klarman Family Foundation Eating Disorders Research Grants Program Policies.* | | | | | | | | | | | | | | |
| **Signature of Authorized Institutional Representative** | | | | |  | | **Signature of Applicant** | | | | | | |  |
|  |  | | | Date: |  | |  | | | | | | Date: |  |
|  | | | | |  | |  | | | | | | | |
| *Contact: Erin Peterson*  *EDresearch@klarmanfoundation.org* | | | | | | | | | | | | | | |

*(1/17)*

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Department or Division Chair’s Letter

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

**Research Project Summary**

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 may be posted on The Klarman Family Foundation website if the project is funded. (*300 word maximum*)

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**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 biological causes of anorexia. *(200 word maximum*)

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**Additional Information**

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

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**Significance of the Proposal**

*How will this project advance knowledge about the basic biology of anorexia nervosa, and why is that knowledge important in the larger context of understanding, treating, and/or preventing this disease?*

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**Funding Context**

*Has this or a related application been submitted elsewhere? If yes, where, and what was the result? Is there something about this application that makes it difficult to fund through traditional funding sources such as the NIH?*

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*In addition, please list all of the applicant’s current and pending grant funding, including the source, project title, start and end date, and amount requested/awarded.*

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**Ethical Review**

*Does the proposed research involve human participants, biological samples, or personal data? Please explain. Please describe by whom and when the ethics of the project have been or will be reviewed, and specify any other regulatory approvals that will be obtained.*

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**Research Conduct**

*Could the proposed research generate any outcomes that could be misused for harmful purposes? Please explain and describe steps that will be taken to mitigate this risk.*

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**Conflict of Interest**

*Do any of the key personnel involved have consultancies or equity holdings in, or directorships of, companies or organizations that might have an interest in the results of the proposed research? If yes, please explain.*

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**Intellectual Property**

*If the proposed research will use technology, materials, or other invention that, as far as you are aware, are subject to any patents or other form of intellectual property protection, please explain.*

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*If the proposed research, in whole or in part, is subject to any agreements with commercial, academic, or other organizations, please explain.*

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*If the proposed research is likely to lead to any patentable or commercially exploitable results, please explain.*

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*If any potentially commercially exploitable results may be based on tissues or samples derived from human participants, please confirm there has been appropriate informed consent for such use.*

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**Research Proposal**

*(maximum of nine pages excluding bibliography)*

**Specific Aims**

**Background and Significance**

**Preliminary Data (*if available*)**

**Research Design and Methods**

**Potential Limitations**

**Projected Timeline**

**Bibliography**

**Dissemination Plan**

It is essential that grant recipients share renewable reagents and data developed with grant funds with other qualified investigators and the medical and scientific community at large. Please refer to section 15, Public Access, within the Eating Disorders Research Grants Program Policies. If your project is funded, we may request a more detailed Dissemination Plan before issuing a grant agreement.

**1. What types of electronic products will be produced?**

**Check all that apply:**

Experimental data. What types of data and file formats? \_\_\_\_\_\_\_\_\_\_\_

Mathematical, computer or statistical model or algorithm

Computer code

Web application/hosted service

Teaching/training materials. What form of materials? \_\_\_\_\_\_\_\_\_\_\_

Other. Please explain: \_\_\_\_\_\_\_\_\_\_\_

**2. How will you make these electronic products available to the wider scientific community?**

**Check all that apply:**

Public database or code repository. What is name of the repository, unique id(s) and/or URL? \_\_\_\_\_\_\_\_\_\_\_

Project website. What is the URL? \_\_\_\_\_\_\_\_\_\_\_

By request. Please explain how the request is made and why necessary: \_\_\_\_\_\_\_\_\_\_\_

Other. Please explain: \_\_\_\_\_\_\_\_\_\_\_

Will there be any restrictions on access or use?  Yes  No

If yes, explain the rationale (e.g., human subjects’ privacy, intellectual property): \_\_\_\_\_\_\_\_\_\_\_

What is the timetable for distribution to the community? \_\_\_\_\_\_\_\_\_\_\_\_

**3. What types of renewable reagents will be generated by your research during the funding period?**

**Check all that apply:**

Biospecimens. What types? \_\_\_\_\_\_\_\_\_\_\_

Genetically modified organisms or animal models. What types? \_\_\_\_\_\_\_\_\_\_\_

Other. Please explain: \_\_\_\_\_\_\_\_\_\_\_

**4. How will you make these reagents available to the wider scientific community?**

**Check all that apply:**

Biospecimen, model organism repository. What is name of the repository and/or URL? \_\_\_\_\_\_\_\_\_\_\_

By request. Please explain how the request is made and rationale: \_\_\_\_\_\_\_\_\_\_\_

Other. Please explain: \_\_\_\_\_\_\_\_\_\_\_

Will a MTA be required?  Yes  No

Will there be any restrictions on access or use?  Yes  No

If yes, explain the rationale (e.g., human subjects’ privacy, intellectual property): \_\_\_\_\_\_\_\_\_\_\_

Notes on your answers above: