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|  National Eczema Association **RESEARCH GRANT APPLICATION**  | **FOR OFFICE USE ONLY** |
| NEA GRANT ID: NEA20-ERG1XX |
| 1. TITLE OF PROJECT

       | 1. START DATE

       | 1. AMOUNT REQUESTED ($)

       |
| 1. NEA RESEARCH PRIORITY ADDRESSED BY PROJECT (SELECT **ALL** THAT APPLY)

[ ]  Cutting Edge Basic & Translational Science[ ]  Eczema Heterogeneity: Novel Insights[ ]  Innovations in Clinical Practice & Care[ ]  Understanding & Alleviating Disease Burden[ ]  Eczema Prevention | 1. HUMAN SUBJECTS RESEARCH [ ]  NO [ ]  YES
 | 1. VERTEBRATE ANIMALS

[ ]  NO [ ]  YES |
| 5a. RESEARCH EXEMPT[ ]  NO [ ]  YES*If yes, exemption no.*      | 5b. IRB ASSURANCE NO.      OR [ ]  Pending | 6a. If yes, IACUC approval date       OR [ ]  Pending | 6b. Animal welfare assurance no.      |
| 1. **PRINCIPAL INVESTIGATOR**
 |
| 7a. NAME (first and last) & DEGREES        | 7b. POSITION TITLE & DEPARTMENT              |
| 7c. MAILING ADDRESS (Street, city, state, zip code)                   | 7d. CONTACT INFORMATIONTEL:       E-MAIL ADDRESS:        |
| 7e. HAVE YOU HAD PREVIOUS FUNDING FROM THE NATIONAL ECZEMA ASSOCIATION (NEA)? [ ]  NO [ ]  YES*If yes, please list year(s)*       | 7f. HAS YOUR PREVIOUSLY FUNDED WORK FROM NEA BEEN PUBLISHED? [ ]  NO [ ]  YES [ ]  PENDING |
| 1. **APPLICANT ORGANIZATION**

NAME:       ADDRESS:            TAX ID# (USA INSTITUTIONS ONLY):        | 1. **FISCAL OFFICER/DEPARTMENT OFFICIAL TO BE NOTIFIED IF AN AWARD IS MADE**

NAME:       TITLE:      ADDRESS:                    E-MAIL ADDRESS:      CHECK PAYABLE TO: [ ]  ABOVE INDIVIDUAL [ ]  OTHER*If “other”, please indicate to whom check should be made payable:*  |
| 1. **ADMINISTRATIVE OFFICIAL SIGNING FOR APPLICANT ORGANIZATION**

NAME:      TITLE:      ADDRESS:                     |
| 1. 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 and financial reports if a grant is awarded as a result of this application.
 | SIGNATURE OF PI NAMED IN 7.  | DATE |
| 1. 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 National Eczema Association 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 11.  | DATE |

**LAY PERSON SUMMARY**

*Summarize the proposed research for a non-scientific audience and the significance of this work.*

*Do not exceed 250 words.*

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**PROJECT DESCRIPTION INSTRUCTIONS**

*On the following page describe your proposal in sufficient detail for adequate evaluation. Make every effort to be succinct.* ***Do not exceed 2 pages or submit******other supplemental documents.***

A preferred format is as below:

1. **Specific Aims -** What do you intend to accomplish? What hypothesis is to be tested?
2. **Background and Significance -** Why is the research important and how does it specifically address the selected NEA research priorities?
3. **Preliminary Studies -** What has already been done in this field?
4. **Approach and Experimental Design -** How are you going to accomplish the research? Describe the experimental design, the procedures to be used, and the manner in which the data will be analyzed.
5. **Organizational Design and Feasibility**
6. **Literature Cited -** List the most relevant references that provide background or supporting information for your proposal.

**PROJECT DESCRIPTION**

**BUDGET AND PERSONNEL**

1. **Budget**

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| --- | --- | --- |
| **DETAILED PROJECT BUDGET****DIRECT COSTS ONLY** | FROM      | THROUGH      |
| PERSONNEL | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | EFFORTONPROJ. | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PrincipalInvestigator |       |       |       |       |       |
|       |       |       |       |       |       |       |
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|  **SUBTOTALS** |        |       |       |
| CONSULTANT COSTS      |  |
|       |
| EQUIPMENT *(Itemize)*      |  |
|        |
| SUPPLIES *(Itemize by category)* |  |
|                           |
|       |
| TRAVEL  |  |
|       |       |
| PATIENT-ASSOCIATED COSTS |       |
| OTHER EXPENSES *(Itemize by category)* |  |
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|       |       |
| **TOTAL COSTS FOR BUDGET PERIOD\****\*Note: Indirect F&A Costs are not allowed on NEA Research Grants*\*  | **$** |

1. **Budget Justification**

*Do not exceed 250 words. Indicate if there is current support or other pending applications for financial support for the proposed project, as well as a brief explanation of how funds from multiple sources will be used.*

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**BIOGRAPHICAL SKETCH**

*Use the current NIH format and guidelines. Provide the following information for the listed principal investigator.* ***DO NOT EXCEED 5 PAGES FOR EACH BIOSKETCH.***

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| **NAME**      | **POSITION TITLE**       |
| **EDUCATION/TRAINING** *(Begin with baccalaureate or other initial professional education and include postdoctoral training)* |
| INSTITUTION AND LOCATION | DEGREE *(if applicable)* | COMPLETION DATE  | FIELD OF STUDY |
|       |       |       |       |
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1. **Personal Statement**

1. **Positions and Honors**

1. **Contributions to Science**

1. **Additional Information: Research Support and/or Scholastic Performance**

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| **LETTER OF SUPPORT***Append a letter of support to this application from either the applicant’s immediate supervisor (for research fellows and equivalent) or the department chair (for Assistant Professors or equivalent).*  |