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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 INFORMATION  TEL:  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 ON  PROJECT | EFFORT  ON  PROJ. | | INST.  BASE  SALARY | | SALARY  REQUESTED | FRINGE  BENEFITS | TOTAL |
|  | Principal  Investigator |  | |  | |  |  |  |
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| **SUBTOTALS** | | | | | |  |  |  |
| CONSULTANT COSTS | | | | | | | |  |
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| EQUIPMENT *(Itemize)* | | | | | | | |  |
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| SUPPLIES *(Itemize by category)* | | | | | | | |  |
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| TRAVEL | | | | | | | |  |
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| 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).* |