National Eczema Association		FO	FOR OFFICE USE ONLY			
Association RESEARCH GRANT APPLICATION			NEA GRANT ID: NEA21-IMP1XX			
1. TITLE OF PROJECT		2.	2. START DATE 3. AMOUNT REQUESTED (\$		Γ REQUESTED (\$)	
4. NEA RESEARCH PRIORITY ADDRESSED BY PROJECT (SELECT <u>ALL</u> THAT APPLY)	5. HUMAN		JECTS RESEARCH ES		VERTEBRATE ☐ NO ☐ YE	
☐ Cutting Edge Basic & Translational Science ☐ Eczema Heterogeneity: Novel Insights ☐ Innovations in Clinical Practice & Care	5a. RESEAF EXEMPT		5b. IRB ASSURANCE NO.		If yes, IACUC roval date	6b. Animal welfare assurance no.
☐ Understanding & Alleviating Disease Burden	If yes, exem	ption	OR	OR		
☐ Eczema Prevention	no.	,	☐ Pending		Pending	
7. PRINCIPAL INVESTIGATOR	<u> </u>		<u> </u>			
7a. NAME (first and last) & DEGREES		7b.	POSITION TITLE &	DEPA	RTMENT	
7c. MAILING ADDRESS (Street, city, state, zip cod	le)	7d.	CONTACT INFORM	ATION	N	
			L: 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			
8. PROJECT WILL HAVE MULTIPLE PRINCIPAL INVESTIGATE If yes, please complete page 2.		TORS	□ NO □ YES			
9. APPLICANT ORGANIZATION		10.	10. FISCAL OFFICER/DEPARTMENT OFFICIAL TO BE NOTIFIED IF AN AWARD IS MADE			
NAME:			_	•	IO III/ADE	
ADDRESS:			ME:			
		TIT	LE:			
		AD	DRESS:			
TAX ID# (USA INSTITUTIONS ONLY):						
11. ADMINISTRATIVE OFFICIAL SIGNING FOR APPLICANT ORGANIZATION			//AIL ADDRESS: ECK PAYABLE TO: [] ABO	OVE INDIVIDUA	AL OTHER
NAME:			other", please indicate vable:	to wh	om check shou	ld be made
TITLE:		Pay	abic.			
ADDRESS:						
		Acc Ro	ou can provide banking instr count # uting # nk Name	ructions	for wire transfer:	
12. PRINCIPAL INVESTIGATOR ASSURANCE: I certify the statements herein are true, complete and accurat the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may sub me to criminal, civil, or administrative penalties. I agraccept responsibility for the scientific conduct of the project and to provide the required progress and final reports if a grant is awarded as a result of this application.	te to ject ee to ncial	o				DATE
13. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein a true, complete and accurate to the best of my knowle and accept the obligation to comply with National Ecca Association terms and conditions if a grant is awarde a result of this application. I am aware that any false fictitious, or fraudulent statements or claims may sub me to criminal, civil, or administrative penalties.	D SIGNA re edge, zema d as	SIGNATURE OF OFFICIAL NAMED IN 11.		11. D	PATE	



OTHER PRINCIPAL INVESTIGATORS

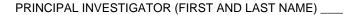
Please provide the following information for all Principal Investigators

NAME (first and last) & DEGREES	POSITION TITLE & DEPARTMENT
MAILING ADDRESS (Street, city, state, zip code)	CONTACT INFORMATION
	TEL: E-MAIL:
NAME (first and last) & DEGREES	POSITION TITLE & DEPARTMENT
MAILING ADDRESS (Street, city, state, zip code)	CONTACT INFORMATION
	TEL: E-MAIL:
NAME (first and last) & DEGREES	POSITION TITLE & DEPARTMENT
MAILING ADDRESS (Street, city, state, zip code)	CONTACT INFORMATION
	TEL: E-MAIL:



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		6.	Organizational Design and Feasibility	
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		2.	Current and Pending Project Support (for all PIs)	
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	Lette	rs of	Support	-
	1.	Let	tters of Support (for all Collaborators & Consultants contributing to the Project)	
	2.	Ор	tional: Other Letters of Support (not to exceed 2 additional letters)	





LAY PERSON SUMMARY

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

Do not exceed this page.



PROJECT DESCRIPTION INSTRUCTIONS

Describe your proposal in sufficient detail for adequate evaluation. Make every effort to be succinct. **Do not exceed 10** <u>pages</u>. Do not submit a copy of an application prepared for another granting agency, copies of previous publications, or 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? Evaluate existing knowledge in the field and specifically identify the possible contributions that your investigation may make.
- 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 in detail 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.

Page



PROJECT DESCRIPTION

Page



BUDGET AND PERSONNEL

1. Detailed Budget

	DETAILED PROJE DIRECT COST		Т		FROM	THROUGH
PERSONNEL		%		DOLLAR A	MOUNT REQUEST	ED (omit cents)
NAME	ROLE ON PROJECT	EFFORT ON PROJ.	INST. BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator					
	SUBTOTALS	s ——				
CONSULTANT COSTS						
EQUIPMENT (Itemize)						
SUPPLIES (Itemize by categorium	gory)					
TRAVEL						
PATIENT-ASSOCIATED COSTS OTHER EXPENSES. (Item/ins. by costs mark)						
OTHER EXPENSES (Itemiz	e by category)					
TOTAL COSTS FOR BUDG	ET PERIOD*				→	
*Note: Indirect F&A Costs ar	re not allowed on NE	EA Research	Grants			\$





2.	Budget Justification Do not exceed this page.
	Do not exceed this page.





3. Current & Pending Project Support

List all current support and 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.

SOURCE	
AMOUNT	
YEARS	
DESCRIPTION:	
SOURCE	
AMOUNT	
YEARS	
DESCRIPTION:	
SOURCE	
AMOUNT	
YEARS	
DESCRIPTION:	





BIOGRAPHICAL SKETCH

Use the current NIH format and guidelines. Provide the following information for all listed principal investigators, co investigators, and other significant contributors. Follow this format for each person. **DO NOT EXCEED 5 PAGES FOR EACH BIOSKETCH.**

NAME		POSITION TITLE	
EDUCATION/TRAINING (Begin with baccalaureate	or other initial professional	education and inclu	de postdoctoral training)
INSTITUTION AND LOCATION	DEGREE (if applicable)	COMPLETION DATE	FIELD OF STUDY

A. Personal	l Statement
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- **B.** Positions and Honors
- C. Contributions to Science
- D. Additional Information: Research Support and/or Scholastic Performance