



National Eczema Association
RESEARCH GRANT APPLICATION

FOR OFFICE USE ONLY

NEA GRANT ID: NEA21-IMP1XX

1. TITLE OF PROJECT		2. START DATE	3. AMOUNT REQUESTED (\$)		
4. NEA RESEARCH PRIORITY ADDRESSED BY PROJECT (SELECT ALL THAT APPLY) <input type="checkbox"/> Cutting Edge Basic & Translational Science <input type="checkbox"/> Eczema Heterogeneity: Novel Insights <input type="checkbox"/> Innovations in Clinical Practice & Care <input type="checkbox"/> Understanding & Alleviating Disease Burden <input type="checkbox"/> Eczema Prevention		5. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> NO <input type="checkbox"/> YES 5a. RESEARCH EXEMPT <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If yes, exemption no.</i>		6. VERTEBRATE ANIMALS <input type="checkbox"/> NO <input type="checkbox"/> YES 6a. If yes, IACUC approval date OR <input type="checkbox"/> Pending	6b. Animal welfare assurance no.
7. 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)? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If yes, please list year(s)</i>			7f. HAS YOUR PREVIOUSLY FUNDED WORK FROM NEA BEEN PUBLISHED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> PENDING		
8. PROJECT WILL HAVE MULTIPLE PRINCIPAL INVESTIGATORS <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If yes, please complete page 2.</i>					
9. APPLICANT ORGANIZATION NAME: ADDRESS: TAX ID# (USA INSTITUTIONS ONLY):			10. FISCAL OFFICER/DEPARTMENT OFFICIAL TO BE NOTIFIED IF AN AWARD IS MADE NAME: TITLE: ADDRESS: E-MAIL ADDRESS: CHECK PAYABLE TO: <input type="checkbox"/> ABOVE INDIVIDUAL <input type="checkbox"/> OTHER <i>If "other", please indicate to whom check should be made payable:</i> Or you can provide banking instructions for wire transfer: <i>Account #</i> <i>Routing #</i> <i>Bank Name</i>		
11. ADMINISTRATIVE OFFICIAL SIGNING FOR APPLICANT ORGANIZATION NAME: TITLE: ADDRESS:			12. 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.		
13. 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 PI NAMED IN 7.		
			SIGNATURE OF OFFICIAL NAMED IN 11.		
			DATE		
			DATE		



PRINCIPAL INVESTIGATOR (FIRST AND LAST NAME) _____

NATIONAL ECZEMA ASSOCIATION ECZEMA IMPACT RESEARCH GRANT APPLICATION

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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2. Current and Pending Project Support (for all PIs)	
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<i>(for all listed Principal Investigators and Co-PIs)</i>	
Letters of Support	-
1. Letters of Support <i>(for all Collaborators & Consultants contributing to the Project)</i>	
2. Optional: Other Letters of Support <i>(not to exceed 2 additional letters)</i>	

**DO NOT
EXCEED
10 PAGES**





PRINCIPAL INVESTIGATOR (FIRST AND LAST NAME) _____

NATIONAL ECZEMA ASSOCIATION ECZEMA IMPACT RESEARCH GRANT APPLICATION

LAY PERSON SUMMARY

*Summarize the proposed research for a non-scientific audience and the significance of this work.
Do not exceed this page.*

Page _____

Number pages consecutively at the bottom throughout the application. Do not use suffixes such as 3a, 3b.



PRINCIPAL INVESTIGATOR (FIRST AND LAST NAME) _____

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PROJECT DESCRIPTION INSTRUCTIONS

*Describe your proposal in sufficient detail for adequate evaluation. Make every effort to be succinct. **Do not exceed 10 pages.** 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 _____

Number pages consecutively at the bottom throughout the application. Do not use suffixes such as 3a, 3b.



PRINCIPAL INVESTIGATOR (FIRST AND LAST NAME) _____

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PROJECT DESCRIPTION

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PRINCIPAL INVESTIGATOR (FIRST AND LAST NAME) _____

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BUDGET AND PERSONNEL

1. Detailed Budget

DETAILED PROJECT BUDGET DIRECT COSTS ONLY				FROM	THROUGH	
PERSONNEL		% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT			SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator					
SUBTOTALS →						
CONSULTANT COSTS						
EQUIPMENT <i>(Itemize)</i>						
SUPPLIES <i>(Itemize by category)</i>						
TRAVEL						
PATIENT-ASSOCIATED COSTS						
OTHER EXPENSES <i>(Itemize by category)</i>						
TOTAL COSTS FOR BUDGET PERIOD* →				\$		

**Note: Indirect F&A Costs are not allowed on NEA Research Grants*



PRINCIPAL INVESTIGATOR (FIRST AND LAST NAME) _____

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2. Budget Justification

Do not exceed this page.

Page _____

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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:



NATIONAL ECZEMA ASSOCIATION ECZEMA IMPACT RESEARCH GRANT APPLICATION

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 <i>(Begin with baccalaureate or other initial professional education and include postdoctoral training)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	COMPLETION DATE	FIELD OF STUDY

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