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|  **National Eczema Association** **RESEARCH GRANT APPLICATION** | **FOR OFFICE USE ONLY** |
| NEA GRANT ID: NEA23-CRG1XX |
| 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. PROJECT WILL HAVE MULTIPLE PRINCIPAL INVESTIGATORS [ ]  NO [ ]  YES

*If yes, please complete page 2.* |
| 1. **APPLICANT ORGANIZATION**

NAME:       ADDRESS:             TAX ID# (USA INSTITUTIONS ONLY):        | 1. **FISCAL OFFICER OR INSTITUTIONAL REPRESENTATIVE**

NAME:       TITLE:      ADDRESS:                   E-MAIL ADDRESS:      CHECK PAYABLE TO: [ ]  ABOVE INDIVIDUAL [ ]  OTHER*If “other”, please indicate to whom check should be made payable to and address to mail the check to:* Or you can provide banking instructions for wire transfer:*Account #*      *Routing/ABA #*      *Bank Name*      *Swift Code (foreign wires)*       |
| 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 |

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

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**PROJECT DESCRIPTION**

1. **Specific Aims**

1. **Background and Significance**

1. **Preliminary Studies**

1. **Approach and Experimental Design**

1. **Organizational Design and Feasibility**

1. **Literature Cited**

**BUDGET AND PERSONNEL**

1. **Detailed Budget**

|  |  |  |
| --- | --- | --- |
| **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)* |  |
|       |
|       |
|       |
|       |       |
| **TOTAL COSTS FOR BUDGET PERIOD\****\*Note: Indirect F&A Costs are not allowed on NEA Research Grants*\*  | **$** |

1. **Budget Justification**

*Do not exceed this 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**

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**DESCRIPTION:**

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**SOURCE**

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**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 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**