

The Myositis Association

2019 Pilot Project Grant Application

Information and Instructions

This funding is designed to fund new and innovative research projects in the hope that they will attract funding from other sources (such as NIH). A competitive application will clearly delineate how this pilot funding will lead to future grant support. In addition, a competitive application will clearly distinguish itself from the investigator's existing research program. Any industry partnership must be clearly disclosed and a letter of support from the industry partner must be included. Pilot grants will be awarded for one or two years and up to a maximum of \$100,000 annually, subject to satisfactory progress.

Please refer to TMA research guidelines for complete information about TMA's research program. Inquiries concerning the application should be directed to Mary McGowan, TMA Executive Director, who can be reached at mcgowan@myositis.org

TMA does not provide for salary of Principal Investigators. TMA provides funds for indirect or administrative costs within research awards, not exceeding 8 percent.

Only TMA application forms or computer-generated facsimiles of TMA forms containing the same information may be used. The proposal and other supporting documents, **submitted electronically** (see Note 1) must be **received** by TMA no later than **June 15, 2019**. If the applicant does not receive an email confirming receipt of the application, it is the responsibility of the applicant to contact TMA to assure that the application has been received prior to the application deadline.

A **Letter of Intent** is required and must contain a brief description of the proposed research (<500 words), the title of the project and the principal investigator's biosketch (NIH format – example can be found on the TMA webpage where this application is located), identification of any persons that might have a conflict of interest in reviewing the proposal (e.g. former and present collaborators, mentors, and/or competitors). Letters of Intent must be **received** by **May 15, 2019**. Awards will be decided by October 1, 2019 by TMA's Board of Directors based on recommendations from its Medical Advisory Board (MAB).

Application for a grant should be made through an accredited medical school, university or research institute, which must agree to supply the clinical and/or laboratory facilities. For proposals involving participation of human subjects, the applicant must provide the Institutional Review Board approved consent form. If the IRB has not yet approved the study, a letter from the IRB acknowledging receipt of the consent request must be included and TMA must receive confirmation of the approval from the IRB prior to funding. Proposals involving participation of animal subjects must follow the process described above for human subjects, with references to “Institutional Review Board” replaced by “the institution’s animal care and use committee”. For proposals involving the use of drugs not approved by the FDA, evidence of an IND is also required prior to funding.

A complete application will include, in order, the following sections:

- I. Administrative Information
- II. Research Plan Summary
- III. Budget and Justification
- IV. Biographical Sketch
- V. Other Research Support
- VI. Research Plan
- VII. Conflicts of Interest

Type size must be at least 10 - 12-point and margins must be at least 1/2 inch. Applications not conforming to these guidelines will be returned without review. Use of type larger than the minimum is strongly encouraged. The review committee should be considered to be familiar with standard methodologies but critical or novel experimental details must be provided. Applications should be concise and complete.

Note (1) The preferred format for electronic submission is a single Adobe Acrobat file (Adobe PDF). If you are unable to create a single PDF file which contains all of the application requirements, multiple files can be submitted but should be clearly named to correspond with the various application sections and requirements. **Scanned documents may not be reviewed if they are illegible.**

The Myositis Association Pilot Project Grant Application

Applicant Name: _____

Institution: _____

Form of myositis to be studied (check all that apply):

- Juvenile myositis
- Dermatomyositis
- Inclusion-body myositis
- Polymyositis

Section I - Administrative Information

Principal Investigator:	
SS#:	Degrees:
Title or Position:	
Department:	
Institution Address:	Phone:
	Fax:
	E-mail:
	Tax-exempt ID or Equivalency:
Type of Institution: <input type="checkbox"/> Public Institution; <input type="checkbox"/> state <input type="checkbox"/> local <input type="checkbox"/> Private Institution <input type="checkbox"/> Other If other, please specify:	

Full title of Research Proposal:
Abbreviated title of Research Proposal:
Dates of Proposed Project Period:
Total Amount Requested:
Name/Title/Address of Person to Whom Checks Should be Mailed: (person indicated is official signing for the applicant organization)

Terms and Conditions

The undersigned agree to: (1) acknowledge support from TMA in any publication resulting from an award, (2) submit a final report within one month after the end of the support period, and supply copies of reprints or manuscripts supported by the award.

Signature of Principal Investigator

Date

Signature of Official Representing

Date

Applicant's Institution

Section II - Research Plan Summary

Full Title of Application:

Abstract of Research Plan (do not exceed the space provided):

Lay Summary:

Section III - Budget for 12-Month Grant Period
 (Submit a budget for each year in grant period)

Period From:			Through:		
Personnel			Amount Requested		
Name, Title, Dept.	Role on Project	% Effort	Salary	Fringe Benefits	Total Amount
	Principal Investigator				
Personnel Subtotals					

Section III - Budget, Continued

Equipment (Itemize):	
Supplies (Itemize briefly by category):	
Other (Itemize briefly by category):	
Indirect and Administrative (Itemize briefly):	
Personnel Subtotals (carried from previous page)	
Total Costs for Proposed Budget (Year <input type="checkbox"/>1, Year <input type="checkbox"/>2):	

Note: Justify all expenditures in excess of \$2,500 each. You may use additional pages if necessary. Please include resources available to carry out research plan (not to exceed one page).

Section IV - Biographical Sketch

Please provide the following information for all key personnel.
A copy of this page should be completed for each individual.

Name
Position/Title

Education/Training (Begin with baccalaureate or other initial professional education, such as nursing. Include post-doctoral training.)			
Institution and Location	Degree	Year(s)	Field of Study

Research and Professional Experience: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications.

Section V - Other Research Support

List all other research support of the principal investigator, including requests now being considered as well as any proposal which the principal investigator plans to submit to the NIH, foundations, or other agencies, regardless of relevance to this application. To be included also are **current or pending** contracts, Fellowship Awards, Research Career Awards and Training Grants. Include support for this project received from sponsoring institution. Amounts shown reflect total funds awarded or pending over the entire grant period.

Please provide a description of each active project that overlaps with aims of this proposed research grant, disclose the percent overlap, and describe how you intend to segregate the project expenditures and aims. For other overlapping grant applications pending, describe the areas and percentage of overlap. Also, describe the amount that the monetary request will be reduced should the other grant application be successful.

For other support, information should be provided in the format shown below. The sample is intended to provide guidance regarding the type and extent of information requested.

Name of Individual Active/Pending		
Project Number (Principal Investigator)	Dates of Project	% Effort
Source	Annual Direct Costs	
Title of Project (or subproject)		
The major goals of this project are...		
Overlap (summarized for each individual)		

Sample

ANDERSON, R.R.

- Active** 2R01 HL 00000-13 (Anderson) 3/1/98- 2/28/99
NIH / NHLBI \$186,529
Chlorine and Sodium Transport in Airway Epithelial Cells
- The major goals of this project are to define the biochemistry of chloride and sodium transport in airway epithelial cells and clone gene(s) involved in transport in normal and cystic fibrosis fetal lung.
- 5 R01 HL 00000-07 (Baker) 4/1/96 - 3/31/98
NIH / NHLB \$122,717
Ion Transport in Fetal Lung
- The major goal of this project is to study chloride and sodium transport in normal and cystic fibrosis fetal lung.
- Pending** DCB 95000 (Anderson) 12/01/97 - 11/30/99 20%
National Science Foundation \$43,123
Liposome Membrane Composition and Function
- The major goals of this project are to define biochemical properties of liposome membrane components and maximize liposome uptake into cells.
- Overlap** There is scientific overlap between aim 2 of NSF DCB 95000 and aim 4 of this application. If both are funded, the budget will be adjusted for this application as follows: (Describe)

Section VI - Research Plan

1. Specific Aims.
2. Background and significance.
3. Preliminary data
4. Research Strategy
5. Literature cited.
6. Consultant and collaborative arrangements (if applicable).
7. Human subjects information (if applicable).
8. Laboratory animals (if applicable).

Please limit items 1-4 to no more than ten pages.

Section VII - Conflicts of Interest

Please identify any researchers who should not review this application because of a conflict of interest or other reason. Provide reason for conflict.

Reviewer:
Institution:
Reason for conflict:

Reviewer:
Institution:
Reason for conflict:

Reviewer:
Institution:
Reason for conflict:

Submit completed application to:

**Mary McGowan
mcgowan@myositis.org**

**Executive Director
The Myositis Association
1940 Duke Street, Suite 200
Alexandria, VA 22314
Phone: (703) 553-2631**