|  |  |  |
| --- | --- | --- |
| Young Investigator Grant Application Form | 2018 | |
| The American Autoimmune Related Diseases Association is dedicated to the eradication of autoimmune diseases and the alleviation of suffering and the socioeconomic impact of autoimmunity through fostering and facilitating collaboration in the areas of education, public awareness, research, and patient services in an effective, ethical, and efficient manner. | | Support of Research Relating to Autoimmunity |



# RESEARCH GRANT CONDITIONS OF AWARD

1. The research must be conducted in the United States. Applicant should be a young (under the age 45) investigator working with an established autoimmune researcher. Preference is given to basic non-specific diseases research.

2. No institutional overhead or other indirect costs will be paid and shall not be included as part of the grant request.

3. All funds awarded shall be used in accordance with the submitted and approved proposal and accompanying budget. Any unused portion shall be returned to the American Autoimmune Related Diseases Association, Inc. (AARDA).

4. At the endpoint of the grant period for a one-year project, a final report must be submitted within 60 days of the completion of the project including a financial report. The final report shall include a paragraph in lay language to be used in AARDA publications.

5. The principal investigator must assure AARDA of his or her intended work location. AARDA must be advised at the time of application of all moves, contemplated or real. The institution at which the proposed project will be completed must be given at the time of application. A project can be moved during a funded period only with the expressed permission of the AARDA.

6. All publications resulting from funded research must include AARDA in a footnote or credit line, and copies of such publications must be provided to AARDA. All publicity and information disseminated about such research must acknowledge AARDA support.

7. The recipient of any research grant awarded must certify that any research will be conducted according to the rules and regulations of the United States Department of Health and Human Services. The recipient must agree to hold AARDA harmless from any and all claims which may arise from such research (use appropriate form).

8. All work involving human subjects must show documented compliance with NIH guidelines for human subjects as provided by the sponsoring institution's committee for clinical investigation. All work involving animal experimentation should comply with NIH guidelines for care and use of laboratory animals (use appropriate form).

9. Any grants awarded by the AARDA are for one time only. If the applicant desires further assistance, a new application must be submitted at such time as additional grant funding may be available.

.

# METHODS AND CRITERIA FOR EVALUATION

All applications will be reviewed NIH-style and ranked by members of the AARDA Scientific Advisory Board and independent reviewers representing areas of expertise relevant to the project. No summary or written review is available to any successful or unsuccessful applicant.

Each proposal will be reviewed using the following criteria:

1. Applicant's past performance and competence to undertake the project

2. The institution where the project will be done

3. The originality and timeliness of the project

4. The project plan including the design and methods, feasibility, relevance to autoimmunity and appropriateness of budget

5. The approval of a senior researcher

# INSTRUCTIONS FOR SUBMITTING GRANT APPLICATIONS

A complete application packet must be submitted, including the following:

\_\_\_\_1. Application Form (use appropriate form). Please indicate whether this application should be considered as a clinical or a basic grant.

\_\_\_\_2. Research Description. A total of five pages, excluding references, bibliography, charts and graphs, typed on one side of the page only, with 1" margins. All pages in excess of five will be discarded.

Please include the following subdivisions:

A. Specific aims

B. Background, including preliminary studies, if any

C. Methods and experimental design

D. Significance

E. Literature cited (Bibliography not included in five-page narrative limit)

\_\_\_\_3. Proposed Budget (use attached form). Please provide itemized costs and narrative budget justification. A statement of concurrent support should be included in the application to avoid duplication of funding.

\_\_\_\_4. Lay-Language Abstract (use attached form). For publicity use, write a brief description in simple lay language summarizing the proposed research and its significance.

\_\_\_\_5. Short Biographical Sketch.

\_\_\_\_6. Evidence of Compliance with Government Requirements (use attached forms). The appropriate compliance form(s) must be submitted with each application if human and/or animal subjects are involved in the research project. It becomes part of your application and must be appropriately signed.

If human and/or animal subjects are not involved in the research project, please so state on the application form in the appropriate place (use attached form).

\_\_\_\_7. Submit original by email to [aarda@aarda.org](mailto:aarda@aarda.org) or by faxing to 586-776-3903 or mail to:

Young Investor Grants Program

AARDA

22100 Gratiot Ave

Eastpointe, MI, 48021

SUBMITTAL DEADLINE: Applications must be received by AARDA no later than September 1, 2018. Late or incomplete applications will not be considered. Applications lacking any of the required materials are considered incomplete. The applicant bears responsibility for receipt of a complete application by AARDA.

Notification of grant awards will be made in late October 2018 with the grant awards beginning December 2018. For further information, call (586) 776-3900.

# AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION

# RESEARCH GRANT APPLICATION FORM

Title of Project:

Total Amount Requested: $\_\_\_\_\_\_ ($20,000 maximum)

Name:

Position Title:

Institution:

Address:

Telephone:

Type of Grant: Clinical\_\_\_\_ Basic\_\_\_\_

Will human or animal subjects be involved in the research project? Yes\_\_\_\_ No\_\_\_\_

If "yes," enclose appropriate human IRB or animal IRB forms. See Instructions, #6.

Official in business office to be notified if grant award is made:

Typed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check to be made payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check to be mailed to (name and address):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. ABSTRACT (150 words or less, single spaced):

II. RESEARCH DESCRIPTION

(Not to exceed a total of five pages, excluding references, bibliography, charts and graphs, typed on one side of the page only, with 1" margins). All pages in excess of five will be discarded. Please use PDF format if e-mailed.

# PROPOSED BUDGET

Please provide itemized budget and narrative justification. NO INDIRECT COSTS ARE ALLOWED.

I. PERSONNEL (Names, positions of all participants, percentage of time):

Subtotal $

II. PERMANENT EQUIPMENT (Itemize.):

Subtotal $

III. CONSUMABLE SUPPLIES (Itemize.):

Subtotal $

IV. OTHER EXPENSES (Itemize and explain specific need.):

Subtotal $

TOTAL GRANT REQUEST: $

V. OTHER SUPPORT (Include all federal, non-federal, institutional, private grants and contracts. Please provide project titles, starting and ending dates, years of support, and amounts.):

1. Active: Amount: $

2. Pending: Amount: $

TOTAL OTHER SUPPORT: $

VI. BUDGET JUSTIFICATION (Please explain specific needs. Use additional page if necessary.)

# LAY-LANGUAGE ABSTRACT

Title of Project:

Name:

Position Title:

Institution:

Address:

Abstract/Summary: Up to 200 words in lay language, understandable to 12th grade education level, suitable for use in AARDA publications.

# HUMAN SUBJECTS

# COMPLIANCE WITH GOVERNMENT REQUIREMENTS

The following statements are signed by an individual authorized to act for the institution and to assume on behalf of the institution the obligations imposed by the following:

The\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_(Institution) agrees, if a research grant is awarded by the American Autoimmune Related Diseases Association, Inc., to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant or Principal Investigator) for the project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Project Title).

If human subjects are used in any of the activities supported by such award, that it will comply with all applicable U. S. Department of Health and Human Services regulations with respect to the rights and welfare of such subjects.

To the extent allowable by the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Institution) agrees to indemnify and hold the American Autoimmune Related Diseases Association, Inc., harmless from any claims arising from such activities, and acknowledges that the said association does not and will not assume responsibility for the subjects involved.

APPROVAL BY THE DEAN OR HEAD OF

INSTITUTION ON BEHALF OF INSTITUTION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Above name (typed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

**ANIMAL SUBJECTS**

**COMPLIANCE WITH GOVERNMENT REQUIREMENTS**

The following statements are signed by an individual authorized to act for the institution and to assume on behalf of the institution the obligations imposed by the following:

The\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Institution) agrees, if a research grant is awarded by the American Autoimmune Related Diseases Association, Inc., to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant or Principal Investigator) for the project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Project title)

If animal subjects are used in any of the activities supported by such award, that it will comply with all applicable U. S. Department of Health and Human Services regulations with respect to the rights and welfare of such subjects.

To the extent allowable by the State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Institution) agrees to indemnify, and hold the American Autoimmune Related Diseases Association, Inc., harmless from any claims arising from such activities and acknowledges that the said association does not and will not assume responsibility for the subjects involved.

APPROVAL BY THE DEAN OR HEAD OF

INSTITUTION ON BEHALF OF INSTITUTION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Above Name (typed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

**AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION, INC.**

**ANNOUNCES**

**SUPPORT OF YOUNG INVESTIGATORS**

**RESEARCH GRANTS**

**RELATED TO AUTOIMMUNITY**

AMOUNT: $20,000 per year

APPLICATIONS MUST BE RECEIVED BY AARDA NO LATER THAN

September 1, 2018

AWARD DATE: October 30, 2018