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| The National Marrow Donor Program® Be The Match Foundation® | | | **LEAVE BLANK⎯FOR NMDP/BTMF USE ONLY.** | | | | | | |
| **Amy Strelzer Manasevit Research Program**  **Grant Application**  Follow instructions carefully | | | Date Received | | | | |  | |
|  | | |  | | | | |  | |
| 1. TITLE OF PROJECT | | | | | | | | | |
| 2. TYPE OF PROJECT  Pre-clinical investigation  Clinical Investigation | | | | | | | | | |
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|  | | | | | | | | | |
| 3. **PRINCIPAL INVESTIGATOR** | | | | | | | | | |
|  | | | | | | | | | |
| 3a. NAME (Last, First, M. I.) | | | | 3b. DEGREE(S) | | | | | |
| 3c. POSITION TITLE | | | | 3d. MAILING ADDRESS (Street, city, state, zip code) | | | | | |
| 3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | |
| 3f. MAJOR SUBDIVISION | | | |
| 3g. TELEPHONE AND FAX (Area code, number and extension) TEL: FAX: | | | | E-MAIL ADDRESS: | | | | | |
| 4. HUMAN  SUBJECTS  No  Yes | 4a. If (4) is “Yes”, IRB approval date or Exemption Number. | | | 5. VERTEBRATE ANIMALS  No  Yes | | | 5a. If (5) is “Yes” IACUC approval date: | | 5b. Animal welfare assurance no.: |
| 6. DATES OF PROPOSED PERIOD OF  SUPPORT (month, day, year--MM/DD/YYYY) From: Through: 07/01/2020 06/30/2025 | | 7. COSTS REQUESTED FOR INITIAL  BUDGET PERIOD 7a. Direct Costs ($) 7b. Total Costs ($) | | | | | 8. COSTS REQUESTED FOR PROPOSED  PERIOD OF SUPPORT 8a. Direct Costs ($) 8b. Total Costs ($) | | |
| 9. GRANT APPLICATION ORGANIZATION  Name: Address: | | | | | | | | | |
| 10. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE  Name: Title: Address:  Telephone: Fax: E:Mail Address: | | | | | 11. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION  Name: Title: Address:  Telephone: Fax: E:Mail Address: | | | | |
| 12. SIGNATURE OF P.I. NAMED IN 3a. (In ink. “Per” signature not acceptable.) | | | | | | DATE | | | |
| 13. SIGNATURE OF OFFICIAL NAMED IN 11. (In ink. “Per” signature not acceptable.) | | | | | | DATE | | | |

Page 1

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| Principal Investigator (Last, first): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Description: State the application’s broad, long-term objectives and specific aims. Describe the research design and methods for achieving these goals. This description will serve as a succinct and accurate description of the proposed work when separated from the application. **DO NOT EXCEED 250 WORDS.** |
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| **PERFORMANCE SITE(S)** (organization, city, state) |

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| Principal Investigator (Last, first): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Type the name of the principal investigator at the top of each printed page and each continuation page. | |
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| **RESEARCH GRANT** | |
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| Budget for Entire Proposed Period of Support ............................................................................................................................. | \_\_\_\_ |
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| d. Research Design and Methods\*....................................................................................................................... | \_\_\_\_ |
| e. Literature Cited |  |
| \* Items a - d must not exceed 12 pages……………………………………………………………………………. |  |
|  | \_\_\_\_ |
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| **APPENDICES** |  |
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| Principal Investigator (Last, first): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY** | | | | | FROM | | | | THROUGH | |
| **PERSONNEL** (Applicant organization only) | |  | **%** |  | | **DOLLAR AMOUNT REQUESTED** (Omit cents) | | | | |
| **NAME** | **ROLE ON PROJECT** | **TYPE APPT.** (months) | **EFFORT ON PROJECT** | **INST. BASE SALARY** | | **SALARY REQUESTED** | | **FRINGE BENEFITS** | | TOTALS |
|  | P.I. |  |  |  | |  | |  | |  |
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| **SUBTOTALS** | | | | | |  | |  | |  |
| CONSULTANT COSTS | | | | | | | | | |  |
| EQUIPMENT (Itemize) | | | | | | | | | |  |
| SUPPLIES (Itemize by category) | | | | | | | | | |  |
| TRAVEL | | | | | | | | | |  |
| OTHER EXPENSES (Itemize by category) | | | | | | | | | |  |
| **TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** (Item 7a, Face Page) | | | | | | | $ | | | |
| **TOTAL INDIRECT COSTS** (Not to exceed 8% of Direct Costs) | | | | | | | $ | | | |
| **TOTAL COSTS FOR INITIAL BUDGET PERIOD** (Item 7b, Face Page) | | | | | | | $ | | | |

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| Principal Investigator (Last, first): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT**  **DIRECT COSTS ONLY** | | | | | |
| BUDGET CATEGORY TOTALS | INITIAL BUDGET PERIOD  (from previous page) | 2nd YEAR OF SUPPORT REQUESTED | 3rdYEAR OF SUPPORT REQUESTED | 4thYEAR OF SUPPORT REQUESTED | 5thYEAR OF SUPPORT REQUESTED |
| PERSONNEL: Salary and fringe benefits  Applicant organization only |  |  |  |  |  |
| CONSULTANT COSTS |  |  |  |  |  |
| EQUIPMENT |  |  |  |  |  |
| SUPPLIES |  |  |  |  |  |
| TRAVEL |  |  |  |  |  |
| OTHER EXPENSES |  |  |  |  |  |
| SUBTOTAL DIRECT COSTS |  |  |  |  |  |
| **TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PERIOD OF SUPPORT** (Item 8a, Face Page) | | | | | $ |
| **TOTAL INDIRECT COSTS FOR ENTIRE BUDGET PERIOD** (Not to exceed 8% of Direct Costs) | | | | | $ |
| **TOTAL COSTS** (Item 8b, Face Page. Not to exceed $400,000) | | | | | $ |

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| Principal Investigator (Last, first): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **BIOGRAPHICAL SKETCH**  Provide the following information for the Principal Investigator. | | | | |
|  | | | | |
| NAME | | POSITION TITLE | | | |
| EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.) | | | | |
| INSTITUTION AND LOCATION | DEGREE  (if applicable) | | YEAR(S) | FIELD OF STUDY |
|  |  | |  |  |
| RELEVANT RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. List, in chronological order, the titles, all authors, and complete references to all publications. **DO NOT EXCEED TWO PAGES.** | | | | |
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| Principal Investigator (Last, first): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| OTHER SUPPORTInformation on other support should be provided in the format shown below, use continuation page if necessary.Format | | |
| NAME OF INDIVIDUAL ACTIVE/PENDING | | |
| Project Principal Investigator  Source of Funding | Dates of Approved/Proposed Project  Annual Direct costs | Percent Effort |
| Title of Project (or Subproject)  The major goals of this project are… |  |  |
| OVERLAP with the current proposal. | | |
| EXAMPLEPAT A. SCIENTIST ACTIVE  Pat A. Scientist, P.I. 7/1/2020 – 06/30/2025 10%  University of Science Foundation $20,000  Title: A Study of Important Things  The major Goals: 1) Identify Important Things, 2) Etc., Etc.  OVERLAP: None | | |
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| Principal Investigator (Last, first): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **RESOURCES** |
| FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Under “Other”, identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary.  Laboratory:  Clinical:  Animal:  Computer:  Office:  Other: |
| MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each. |
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| Principal Investigator (Last, first): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CONTINUATION PAGE: STAY WITHIN MARGINS INDICATED:** |
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