



**12 COPIES PLUS ORIGINAL
OF ITEMS 1- 6 BELOW REQUIRED**

**DEADLINE FOR APPLYING:
September 22, 2014 by 5 PM**

RETURN TO:

NKF/NCA – Research
5335 Wisconsin Ave., NW, Ste. 300
Washington, DC 20015-2030

Joseph M. Krainin, MD, Memorial Young Investigator Award

Please submit the materials listed below, in the order that they are listed. It is not necessary to submit this instruction sheet. We ask that you use font size 12 or larger and leave margins of at least one inch.

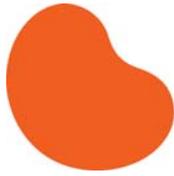
- 1. PROJECT GRANT APPLICATION – (see attached application form)**
- 2. CV** for Principal Investigator, Co-investigators and Collaborators; **limit to 3 page CV, including pertinent and recent bibliography.** Letters of support should be provided from individuals serving as consultants only.
- 3. PROPOSAL**
 - ◆ 1 page response to previous review, for resubmissions only
 - ◆ 1 abstract page of no more than 200 words
 - ◆ 8 pages (maximum) of text to include hypothesis, specific aims, previous work in this area, done by the applicant and others review of the field, methods and materials, experimental protocols, statistical analysis including sample size calculation for human studies and animal experiments, and facilities available to the applicant to conduct his/her research
 - ◆ 2 pages (maximum) of proposal's bibliography, to include titles

APPLICATIONS THAT EXCEED THESE LIMITS WILL BE RETURNED TO THE APPLICANT.

- 4. BUDGET – (see attached application form)**

Please note that the following expenditures are not approved for funding:

 1. Personal salary for investigators, trainees, or fully salaried employees with faculty appointments of any institution.
 2. Investigator travel (including local travel and travel to conferences)
 3. Patient care or travel in excess of 15% of budget
 4. Office supplies (including telephone, computer software)
 5. Establishment of a laboratory
 6. Purchase of permanent equipment
 7. Construction and renovation
- 5. OTHER SUPPORT:** the relationship of your proposed project to active, approved, pending, and planned other support must be described. If the committee is likely to perceive overlap, it is in the investigator's interest to provide specific aims and/ or an abstract for the other projects.
- 6. APPROVALS AND ACKNOWLEDGMENTS**, with required signatures - **(see attached application form)**
- 7. APPENDIX:** 3 copies of one supporting document may be included.



**Joseph M. Krainin, MD, Memorial Young Investigator Award
APPLICATION**

A young investigator must be less than age 42 at time of initiating study, or is within seven (7) years of completion of fellowship/specialty training, and the academic rank must be assistant professor or instructor. **If you are a Young Investigator and have not established a record of independent research, you are strongly encouraged to include a letter from an individual who is knowledgeable about your research activities.**

PROJECT DESCRIPTION

1. Title of application: (limit letters to 65)

2. Dates of proposed project
From: _____ **to** _____
3. Amount Requested:
1 year \$_____ (max. \$25,000)
2 year \$_____ (max. \$50,000)
4. Application is: **New** _____ **Continuation** _____ **Re-submission** _____
Category: Basic _____ Clinical _____
5. Have you received previous NKF/NCA funding? _____ If so, please attach a list of associated publications or abstracts, or indicate "none" _____
And please attach reprint of abstract or **publication resulting from the most recent NKF/NCA. funding. If none, so state:** _____
6. Principal Area of Proposed Research: _____
7. Specific Problem or Disease: _____
8. Institutional Research Committees:
Human Subjects:
Date approved (or pending): _____
Animal Care and Use:
Date Approved (or pending) _____
9. Name (Last, First, MI) _____
10. Title of Present Position _____

11. Professional Address _____
(Department) _____
(Institution) _____
(Street) _____
(City-State-Zip) _____
Telephone: _____ Fax: _____
E-mail: _____

12. Are you a professional member of NKF? _____ Yes _____ No

13. How did you find out about this grant opportunity? _____

14. Institution where work will be done:

(Department) _____

(Institution) _____

(Street) _____

(City-State-Zip) _____

15. Collaborators

	<u>Name (degree)</u>	<u>Title</u>	<u>Institution</u>	<u>Role in Project</u>
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____

BUDGET

A. Budget Detail

1. Personnel

<u>Name</u>	<u>Role</u>	<u>% of time on project</u>	<u>Amount Requested</u>		<u>=</u>	<u>Total</u>
			<u>Salary</u>	<u>+</u> <u>Benefits</u>		
a.) _____						
b.) _____						
c.) _____						
d.) _____						

Subtotal: _____

2. Supplies (Itemize)

Subtotal: _____

3. Other (Omit Overhead)

Subtotal _____

4. For Overhead (less than or = to 15% of Total) _____

TOTAL: _____

*(Not greater than \$25,000 for 1 year funding or
\$50,000 for 2 year funding)*

B. Justification of Budget Items (Use additional sheets if necessary)

APPROVALS AND ACKNOWLEDGMENTS

The undersigned accept the obligation to comply with the Grant-in-Aid policies of the National Kidney Foundation Serving the National Capital Area (NKF/NCA) that are in effect at the time of the award and which are hereby specifically made a part of this application.

The Principal Investigator and Institution affirm:

- ◆ That the investigations involving human subjects proposed and subsequently carried out in the application have been endorsed by the committee on clinical investigations, or other clearly designated appropriate body of the sponsoring institution; and
- ◆ That any research involving human subjects will conform ethically with the guidelines prescribed by the National Institutes of Health (NIH) including the provision of suitable explanation to human subjects or their guardians concerning the experimental design and all significant hazards, so that they may be in a position to provide appropriate informed consent prior to investigations; and
- ◆ That research involving animals will conform with federal laws and regulations; and
- ◆ That wherever applicable, the research protocol will be reviewed and approved by the institution's biohazards committee, as well as conforming to NIH guidelines.

For projects involving human subjects, please submit documentation of IRB approval, or attach a note stating that approval is pending. Funding will not commence until IRB approval has been obtained.

	Typed Names	Signature	Date
Principal Investigator	_____	_____	_____
Department Head	_____	_____	_____
Dean/Director	_____	_____	_____
Fiscal Officer	_____	_____	_____

Fiscal Officer to whom checks should be mailed:

Name _____

Title _____

Institution _____

Address _____

Phone Number: _____ E-mail: _____