

KIDNEEDS GRANT APPLICATION

DENSE DEPOSIT DISEASE

Grant Application - Submission Deadline, Postmark by October 31, 2009

1. TITLE OF PROJECT:
2. PRINCIPAL INVESTIGATOR (Name: Last, First, Middle): _____ Title: _____ Degree(s): _____
3. Application: new _____; renewal _____ (check one)
4. Dates of Proposed Project Period: From _____ through _____
5. Costs Requested: Direct Costs _____ + Indirect Costs _____ = TOTAL COSTS: _____
6. Principal Investigator's Institutional Mailing Address (include phone number, and e-mail): _____
7. Applicant Organization (name and address): _____
8. Performance Site (address and phone number): _____
9. Official Signing for Applicant Organization (name, title, address, telephone): _____
10. Official in Business Office to be Notified if Award is Made (name, title, address, telephone): _____
11. Project Approved by HUMAN SUBJECT RESEARCH COMMITTEE (IRB) ? (Approval letter must be attached to this application or mailed within 30 days.) Yes: _____ Expiration date: _____ No: _____ Pending: _____ Not applicable: _____
12. Project approved by INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC) ? (Approval letter must be attached to this application or mailed within 30 days.) Yes: _____ Expiration date: _____ No: _____ Pending: _____ Not applicable: _____
13. Signature of Principal Investigator: _____ Date: _____ Signature of Institutional Official: _____ Date: _____

2. BIOGRAPHICAL SKETCH (Copy for co-investigator, if needed)

NAME:	POSITION TITLE:
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EDUCATION/TRAINING (Begin with baccalaureate training and include postdoctoral)

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. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to 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. **DO NOT EXCEED TWO PAGES.**

3. BUDGET

A. Personnel

Person	Title	Amount
1. Principal Investigator		-0-

B. Equipment

C. Consumable Supplies (itemize)

D. Other (specify)

E. Indirect Costs (not to exceed 10%)

F. Total Budget

G. **Justification of Budget** (*Use additional pages. Justify all indirect costs and equipment.*)

4. BUDGET REPORT

EXPENDITURES TO DATE AND BUDGET ESTIMATE FOR THE FUTURE

(For Continuing Applications Only)

	Current Approved Budget (\$ amount)	Actual Expenditures (1/1/___ to 6/30/___)	Estimated Total Expenditures	Unobligated Balance (Col. 2 less Col. 4)
Personnel				
Equipment				
Supplies				
Other				
Indirect Costs				
Totals				

(Note: Changes of over \$1,000 to the approved budget require prior written approval from the Secretary-Treasurer.)

5. **HUMAN SUBJECTS STATEMENT** Applicable_____ Not applicable_____

Title of Project:

Principal Investigator:

Institution:

Introduction: (*Brief summary of proposed investigation as it relates to human research*)

Statement: In accordance with the policy of this institution, assurance is given that the rights and welfare of the human subjects in this investigation and the methods to be employed for securing the informed consent of the subjects will be carried out in conformance with the guidelines adopted by this institution.

Signature of Principal Investigator:

Date:

ACTION OF INSTITUTIONAL REVIEW BOARD

Approve: _____ Reject: _____ Pending: _____ Date: _____

Signature of Institutional Official:

Date:

6. **ANIMAL RESEARCH** Applicable _____ Not Applicable _____

Title of Project:

Principal Investigator:

Institution:

Brief Description of how animals will be used in this research project:

Statement: In accordance with the policy of this institution, assurance is given that the animals used in this investigation will be treated in conformity to all institutional and governmental guidelines governing the use of animals in research.

Signature of Principal Investigator:

Date:

ACTION OF INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)

Approve: _____ Reject: _____ Pending: _____ Date: _____

Signature of Institutional Official:

Date:

7. OTHER RESEARCH SUPPORT: *List all other research support for the principal investigator including applications that are active or pending, regardless of relevance to this application. For each grant or source of research support, include the following information: Status: whether active or pending, grant number, if any, source of funds, title of project, name of principal investigator, total grant period and total amount of award per year, brief statement of research objective, and any overlap with current application.*

8. PREVIOUS FUNDING FROM KIDNEEDS AND COLLABORATIONS: *Please indicate which year(s) the Principal Investigator has received funding from KIDNEEDS. Also provide details of collaborative arrangements you have made with other investigators studying MPGN Type II / Dense Deposit Disease. How will you ensure that your discoveries are provided to others studying MPGN Type II / Dense Deposit Disease in a timely fashion to advance our knowledge of this disease as rapidly as possible?*

9. RESEARCH PLAN AND SUPPORTING DATA: *(See instructions, III.B.9.a-g)*

