

Part I - Project Summary

Degrees and Field(s) of Specialization:

2001 Beacon Street, Suite 208, Boston MA 02135-7787
Tel: +1.617.277.5667 or toll free +1-800.767.4845
Fax: +1.858.712.8712 or toll free +1-866-209-0288
http://www.vhl.org
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VHL Alliance Competitive Research Grant Program

Mission: The VHL Alliance is dedicated to research, education, and support to improve diagnosis, treatment, and quality of life for those affected by von Hippel-Lindau.

Application for Research Grant

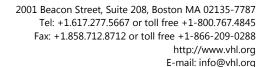
Title of Proposed Project:
Total Funds Requested:
Principal Investigator:
Name:
Title:
Address:
Telephone:
Fax number:
E-mail:



Responsible Administrator

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Sponsoring Institution Name: Address: Address where research is to be performed (if different): Name & Title of Authorized Responsible Administrative Official: Does this project involve human subjects? Yes____ No____ If yes, has project been cleared with sponsoring institution? Yes____ No____ Are legally acceptable consent forms and procedures enclosed? Payee as it should appear on all checks: Institutional official to whom checks should be mailed: <u>Certification:</u> We, the undersigned, certify that the statements contained herein are true and complete to the best of our knowledge, and we agree to accept the terms and conditions of the VHL Alliance, Inc., in effect at the time of award of the Grant for which we hereby apply. Signatures: Date: _____ Principal Investigator Date: _____ Department Chairman Date: _____





VHL Alliance Competitive Research Grant Program

Part II - Application for (Grant
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Scientific Summary of Project: (limit to half-page single spaced)

Description of Project in lay terms: (limit to half-page single spaced. To be used by non-scientific national officers of the Alliance)



Detailed Budget for Year 1

Professional

Title of Position	% Effort	Salary based on % Effort	Fringe Benefits based on % Effort	Total Amount

Non-Professional

Title of Position	% Effort	Salary based on % Effort	Fringe Benefits based on % Effort	Total Amount

Equipment (list each item)

Item	Cost



Supplies

Item	Cost
Miscellaneous Expenses:	
Item	Cost
Total Direct Costs:	
Indirect Costs: (VHLA grants include no overhead):	
Total Budgetary Request for Year 1:	



Detailed Budget for Year 2 (Research Grants only)

Professional

Title of Position	% Effort	Salary based on % Effort	Fringe Benefits based on % Effort	Total Amount

Non-Professional

Title of Position	% Effort	Salary based on % Effort	Fringe Benefits based on % Effort	Total Amount

Equipment (list each item)

Item	Cost



Supplies

Item	Cost
Miscellaneous Expenses:	
Item	Cost
Total Direct Costs:	
Indirect Costs: (VHLA grants include no overhead):	
Total Budgetary Request for Year 2:	



Justification of Budget

Explain Salary requests for all personnel for the year. Justify equipment requirements.



Research Support

Please list all research support, current and pending. Please include:

- a) All other sources of support
- b) Title of project
- c) Amount of support and percent effort of applicant
- d) Period of support
- e) Name of primary investigator
- f) Indicate relationship of this proposed project to all current support and/or to any pending applications.



Research Plan

<u>Applications exceeding 5 pages limit will be returned to the applicant.</u>

(Progress report for Year 2 renewal will not be included in page count)

Your Research Plan must include the following items:

- A. Specific Aims: List Specific objectives for the period of requested support
- B. Significance (Please emphasize implications for VHL)
 - Background (previous work in area by others and preliminary work or background studies by investigator(s))
 - Rationale
- C. Preliminary Data (required for Research Grant) or Progress Report (required for Year 2 renewal) should include: summary in 200 words or less; detailed report on progress toward objectives; publications/manuscripts resulting from project
- D. Experimental methods
- E. Facilities available to carry out proposed study
- F. Attach approved consent form if human subjects are at risk
 NOTE: No funds will be disbursed without the appropriate consent forms, if applicable
- G. Attach approval consent forms if live animals are to be used **NOTE**: No funds will be disbursed without the appropriate consent forms, if applicable

E-mail: info@vhl.org



Biographical Sketches for Each Investigator

Your biographical sketches for each investigator must include the following items:

- 1. Name, date of birth
- 2. Academic and Institutional titles
- 3. Education (year of degree, degree awarded, institution)
- 4. Chronological listing of professional experience and positions
- 5. Publications including hyperlinks

The format used for NIH applications is acceptable.