



# Aplastic Anemia & MDS International Foundation

100 Park Avenue, Suite 108, Rockville, Maryland 20850  
800.747.2820      301.279.7202      301.279.7205 fax  
help@AAMDS.org      www.AAMDS.org

## Research Grant Application

*Applications are due by Friday, February 26, 2010. When completing this application, you are encouraged to refer to the AA&MDSIF's Research Grant Guidelines.*

**Proposed Title of Research:**

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### SECTION I: APPLICANT INFORMATION

**Investigator's Name:**

I am applying as an:     Established Investigator     New Investigator

**Title / Position:**

**Institution:**

**Department:**

**Mailing Address:**

**Telephone:**

**Extension:**

**Email:**

**Birthplace:**

**Citizenship:**

**Visa number, if working in the United States and not a U.S. citizen**

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**SECTION II: SPONSORSHIP INFORMATION**

*New investigators must complete this section. Sponsors must also provide a standard NIH (PHS 398) biographical sketch separately.*

**Sponsor's Name:**

**Title / Position:**

**Institution:**

**Department:**

**Mailing Address:**

**Telephone:**

**Extension:**

**Email:**

*(See Certification Page for Signature of Sponsor)*

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**SECTION III: INSTITUTIONAL INFORMATION**

**Check to be drawn to the order of:**

**Name of authorized institutional officer:**

**Title:**

**Name of organization:**

**E.I.N.:**

**Full business address:**

**Telephone:**

**Email:**

*(See Certification Page for Signature of Authorized Institutional Officer)*

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## **SECTION IV: ADDITIONAL INFORMATION REQUIRED**

Please submit the following documents via electronic mail. The font size in all documents must be at least 11 point; incomplete applications will not be reviewed.

1. Describe the proposed research project: title, abstract (300 words or less), summary, objective background information (including a literature review and any preliminary data), hypotheses and specific aims, research plan and experimental methods, figures, and significance for bone marrow failure research.  
*Not to exceed 5 single-spaced pages.*
2. Include the anticipated budget for each year in the two-year period for the following categories: salaries and fringe benefits for scientific personnel directly engaged in the research project, consumable supplies, disposables, animals, travel, indirect costs, and other expenses. Please also disclose all available and pending funds to support the proposed research. *Not to exceed 1 single-spaced page.*
3. If applicant is a new investigator, explain his/her career objectives and how the use of an AA&MDSIF research award would advance those objectives. *Not to exceed 1 single-spaced page.*
4. Describe the facilities and support available to the applicant for his/her research project. If applicant is a new investigator, the statement should be written by the sponsor and should also describe the sponsor's plans for training the applicant. *Not to exceed 2 single-spaced pages.*
5. New investigators need three (3) letters of recommendation from persons who can provide a detailed evaluation of the applicant's research potential. Signed letters of recommendation **MUST** be emailed directly from the sponsor or an administrative assistant separately from the grant application in a pdf. *No limitations on the number of pages.*
6. Include the certification for protection of human subjects, precautions involving biohazards, and care and treatment of laboratory animals, if applicable. (See the AA&MDSIF's Research Grant Guidelines for more information.) *No limitations on the number of pages.*
7. Include a concise title and description in lay terms of the project and its potential value in the field of bone marrow failure research treatment. *Not to exceed 1 single-spaced page.*
8. **Submit the Certification Page with required signatures separately via mail, fax or e-mail.**

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**APPLICATIONS MUST BE SENT VIA E-MAIL TO ALICE HOUK,  
DIRECTOR OF HEALTH PROFESSIONAL PROGRAMS, AT [houk@AAMDS.org](mailto:houk@AAMDS.org).  
(See Additional Instructions for Submission of Certification Page)**

## **SECTION V: CERTIFICATION**

I, the applicant herein named, if granted AA&MDSIF Research Grant, agree to submit a detailed and thorough progress report and detailed and thorough final report to the AA&MDSIF on the work performed during the period of the award and to acknowledge AA&MDSIF support in any published work and/or oral presentations deriving from the award.

**Signature of the applicant:**

**Date:**

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## **SPONSORSHIP INFORMATION**

**Sponsor's Name:**

**Title / Position:**

**Signature of Sponsor:**

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## **INSTITUTIONAL INFORMATION**

**The institution acknowledges that it holds the funds in trust for the purposes of the grant and not as the owner of the funds.**

**Name of authorized institutional officer:**

**Title:**

**Signature of authorized institutional officer:**

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**THIS COMPLETED CERTIFICATION PAGE MUST BE SENT TO ALICE HOUK,  
DIRECTOR OF HEALTH PROFESSIONAL PROGRAMS VIA:**

**MAIL:** AA&MDSIF, 100 Park Avenue, Suite 108, Rockville, Maryland 20850  
**E-MAIL (scanned pdf):** houk@AAMDS.org  
**or FAX:** 301.279.7205