

OHF GRANT APPLICATION

Applicant (Please do not list any Co-Investigators):	Degree(s):	
Institution Name:		
Institution Address:		
Telephone (outside of the U.S please be sure to list Country & City Codes):	Fax:	
E-mail Address:		
Title of Proposal:		
Total Budget Amount Requested:	Year 1:	Year 2:

Responsible financial officer to whom funds should be sent, and who will keep a full account of disbursements:

Name (please print):	Title:
Institution Name:	
Address:	
Telephone:	Fax:
E-mail Address:	
Signature:	

CERTIFICATION

We, the undersigned, certify that the information submitted is accurate and complete to the best of our know-ledge and accept the terms and conditions of the OHF if this application is funded.

SIGNATURES

Applicant

Responsible Administrative Official

Please provide a **NON-TECHNICAL** description of the proposed work and its relevance to oxalosis and hyperoxaluria so that a non-health professional can easily understand what you intend to do and why.
(Do not exceed 400 words.)

Description for Laypersons:

RESEARCH GRANT BUDGETS

Note: This page is designed to calculate sub-totals and totals as necessary. Please don't modify or remove the formulas. Select the entire table and press F9 to update totals.

Budget Page - Year 1 FROM: _____ THROUGH: _____

Budget Category Personnel	Role on Project	% Effort on Project	Institution Base Salary	Salary Request	Benefits	TOTALS
			SUB TOTALS:			

SUPPLIES (Description):

TOTAL \$ _____

OTHER COSTS (Please specify):

TOTAL \$ _____

TRAVEL (up to \$1,500):

TOTAL \$ _____

SUB-TOTAL DIRECT COSTS \$ _____

INDIRECT COSTS (Maximum 10%) \$ _____

EQUIPMENT (Please Describe):

TOTAL \$ _____

TOTAL BUDGET REQUEST (Direct + Indirect costs) - \$ _____

BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT

Note: This page is designed to calculate sub-totals and totals as necessary. Please don't modify or remove the formulas. Select the entire table and press F9 to update totals.

Budget Category TOTALS	Year 1	Year 2
Personnel: Salary & Benefits		
Supplies		
Other Costs		
Travel (up to \$1,500/yr)		
Subtotal Direct Costs		
Equipment		
Indirect Costs (Not to exceed 10% of Direct Costs)		
Total Costs By Year		

TOTAL DIRECT & INDIRECT COSTS FOR ENTIRE PROPOSED PERIOD OF SUPPORT (may not exceed \$200,000 over two years)	
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BUDGET JUSTIFICATION: (Use Continuation Pages as needed)

1. Personnel
2. Supplies
3. Other Costs
4. Travel
5. Equipment

BIOGRAPHICAL SKETCH: Use the NIH biographical sketch template for PHS398 grants (see <http://grants.nih.gov/grants/forms.htm>) **for all key personnel.** If the link to NIH's template doesn't work properly, please cut and paste the address in your web browser. (Use Continuation Pages as needed)

COVER PAGE FOR RESEARCH PLAN

RESEARCH PLAN

The Research Grant program assists investigators, new or established, who have research projects for which they need support. While the OHF primarily seeks to fund grants which will increase the understanding of Primary Hyperoxaluria and oxalosis and improve the clinical management and treatment of the genetic diseases, applications focused on hyperoxaluria and oxalosis associated with other conditions and diseases will also be considered.

This section should be completed by the Principal Investigator (Applicant). The Research Plan must **NOT** exceed 15 pages in length, in addition to this cover page. **A resubmission of a grant application requires an additional 2 pages of introduction addressing the Reviewers' comments from the prior review of the grant application.** The narrative sections should be typewritten, single-spaced, according to the outline given below. Font size should be 11 pt, Times-Roman. Please note that the OHF requires that the **15 pages include all figures and tables.** References are not included in the 15-page limit. **AN APPLICATION WITH PAGES IN EXCESS OF FIFTEEN WILL NOT BE ACCEPTED FOR REVIEW.** Complete information should be included to permit review of each application without reference to previous applications. **(Please use this page as your signed cover page to the Research Plan. Use the next page to begin your Research Plan)**

- a. Introduction
 1. General Objectives and Rationale.
A short paragraph should be included at the end of this section describing the relevance of the proposed research to the goals of the OHF which are to find a cure for oxalosis, Primary Hyperoxaluria, and related stone diseases and to improve the care and treatment of those it affects.
 2. Background and Significance.
 3. Revised grant applications submitted to OHF require a 2-page introduction addressing the Reviewers' comments from the prior review of the grant application.
- b. Specific Aims.
- c. Preliminary data.
- d. Experimental Design and Methods.
- e. Facilities available.
- f. Collaborative and/or Consultant Arrangements (a confirming letter from each collaborator or consultant is required at time of submission).
- g. References (no page limit, and to include title with inclusive pages).
- h. If an appendix is necessary, one set of the appendix must be attached to the paper copy of the mailed application. Material not attached will not be considered by the reviewers.
- i. Principal Investigators Assurance: The undersigned agrees to accept responsibility for the scientific, ethical and technical conduct of the research project, and agrees to all terms and conditions of the award.

Date

Principal Investigator (Applicant) Signature

RESEARCH PLAN: (Use Continuation Pages as needed)

OHF GRANT APPLICATION CHECKLIST PAGE

Is human experimentation involved in this project?	Yes	No
a. Are copies of the institutional review board approval attached to the application?*	Yes	No
b. If NO, give date of anticipated approval at which time copies will be forwarded.		
Is animal experimentation involved in this project?	Yes	No
a. Are copies of the institution's animal care and use committee approval attached to the application?*	Yes	No
b. If NO, give date of anticipated approval at which time copies will be forwarded.		

Appropriate institutional review board and/or animal care and use committee approval forms must be submitted before release of funds in case of approval.

***Please note: If funded, payments will NOT be sent without appropriate forms.**

OHF GRANT APPLICATION CONTINUATION PAGE

Please reproduce (copy/paste in place) as many continuation pages as needed; do not modify this sheet in any way before copying.