

**Research, Education and Awareness for Children with Hirschsprung’s**

**REACHirschsprung’s Foundation Research Grant 2024**

**Application Form**

The completed application must include:

1. Completed Application Form.
2. Budget (NIH Format) not to exceed $30,000 (direct costs) with full justification for each category requested. No funds will be provided for equipment. Provide background/experience of key personnel and explain their role in the proposed project. The award period will be from July 1st 2024 through June 30, 2025.
3. The applicant’s Biosketch in NIH Format.
4. The research proposal should be a maximum of five single-spaced, single-sided pages, Arial 11, including figures and references. The proposal should be organized as follows (including approximate lengths for each section):
   1. Hypothesis and Specific Aims (1 page). The relevance to Hirschsprung research should also be clearly stated.
   2. Background, Significance, and Innovation (1 page)
   3. Experimental Approach (including Preliminary Data, if available) (2½ pages)
   4. References (½ page)
5. Letter of support from the Chief of the applicant’s Department, Division, or Laboratory.
6. A copy of the institutional Human Study and/or Animal Study approval notice, as appropriate.

Support from the REACHirschsprung’s Foundation should be acknowledged on all resulting manuscripts and presentations.

Please submit all applications to the REACHirschsprung’s Foundation with the subject “2023 Research Grant Application” via email to REACHirschsprungs@gmail.com no later than 5:00pm on May 15, 2024.

**REACHirschsprung’s Foundation Research Grants 2024**

**APPLICATION FOR RESEARCH GRANT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant’s Name: | |  | | |
| Academic Title: | |  | | |
|  |  |  | | |
| Service/Dept/Unit: | |  | | |
|  | |  | Telephone |  |
| Address: | |  | Fax |  |
|  | |  | E-mail |  |
|  | |  |  |  |
| Project Title: | |  | | |
| Amount Requested | |  | | |
| Project Period | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Human Subjects: |  | No |  | Yes - include the institutional approval notice |
|  | Animals: |  | No |  | Yes - include the institutional approval notice |
|  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Signature of Principal Investigator |  | Date |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Signature of Chief of Department, Division, or Laboratory |  | Date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Received by REACH: |  |  | | | |
|  |  | | | | |
| Human Subjects and/or Animal Approvals: |  |  | | | |
|  |  | | | | |
| Date Sent to Reviewers: |  | Date Reviews received: |  | |  |
|  |  | | | | |
| Approved: |  | Disapproved: | |  |  |
|  |  | | | | |
| NOTES/COMMENTS |  | | | | |



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator (Last, First, Middle): | | | | | | | | |  | | | | | |
| PROJECT SUMMARY: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Brief Lay Summary and Significance: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page) | | | | | | | | | | | | | | |
| Project/Performance Site Primary Location | | | | | | | | | | | | | | |
| Organizational Name: | | | |  | | | | | | | | | | |
| DUNS: | |  | | | | | | | | | | | | |
| Street 1: | |  | | | | | | | | Street 2: |  | | | |
| City: |  | | | | | | | County: | |  | | | State: |  |
| Province: | | |  | | Country: | |  | | | | | Zip/Postal Code: | |  |
| Project/Performance Site Congressional Districts: | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Additional Project/Performance Site Location | | | | | | | | | | | | | | |
| Organizational Name: | | | |  | | | | | | | | | | |
| DUNS: | |  | | | | | | | | | | | | |
| Street 1: | |  | | | | | | | | Street 2: |  | | | |
| City: |  | | | | | | | County: | |  | | | State: |  |
| Province: | | |  | | Country: | |  | | | | | Zip/Postal Code: | |  |
| Project/Performance Site Congressional Districts: | | | | | |  | | | | | | | | |

PHS 398 (Rev. 6/09) Page \_ Form Page 2



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator (Last, First, Middle): | | |  | | | | |
| SENIOR/KEY PERSONNEL. See instructions. Use continuation pages as needed to provide the required information in the format shown below.  Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first. | | | | | | | |
| Name | eRA Commons User Name | | | Organization | | Role on Project |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
| OTHER SIGNIFICANT CONTRIBUTORS | | | | | | | |
| Name | | Organization | | | Role on Project | | |
|  | |  | | |  | | |
|  | |  | | |  | | |
|  | |  | | |  | | |
|  | |  | | |  | | |
|  | |  | | |  | | |



|  |  |  |  |
| --- | --- | --- | --- |
| Principal Investigator (Last, First, Middle): |  | | |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | | FROM | THROUGH |
|  |  |

List PERSONNEL

Use Cal, Acad, or Summer to Enter Months Devoted to Project

Enter Dollar Amounts Requested for Salary Requested and Fringe Benefits

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ON PROJECT | Cal.  Mnths | Acad.  Mnths | SummerMnths | | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | | TOTAL |
|  |  |  |  |  | |  |  |  | |  |
|  |  |  |  |  | |  |  |  | |  |
|  |  |  |  |  | |  |  |  | |  |
|  |  |  |  |  | |  |  |  | |  |
|  |  |  |  |  | |  |  |  | |  |
| SUBTOTALS | | | | | | |  |  | |  |
| CONSULTANT COSTS | | | | | | | | | |  |
| EQUIPMENT (Itemize) | | | | | | | | | |  |
| SUPPLIES (Itemize by category) | | | | | | | | | |  |
| TRAVEL | | | | | | | | | |  |
| INPATIENT CARE COSTS | | | | | | | | | |  |
| OUTPATIENT CARE COSTS | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS (Itemize by category) | | | | | | | | | |  |
| OTHER EXPENSES (Itemize by category) | | | | | | | | | |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | DIRECT COSTS | | | |  | |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (Item 7a, Face Page) | | | | | | | | | $ |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | FACILITIES AND ADMINISTRATIVE COSTS | | | |  | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | $ |  |

