KIDNEEDS GRANT APPLICATION

C3 GLOMERULOPATHY

**Grant Application** - Submission Deadline, December 30, 2021

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| --- |
| 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, e-mail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10. Official in Business Office to be Notified if Award is Made (name, title, address, e-mail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  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-investigators as needed; can substitute NIH Biosketch)

|  |  |
| --- | --- |
| **NAME:** | **POSITION TITLE**:  |

**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)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  <div align="center">   | 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.)</div>

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: \_\_\_\_\_

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: \_\_\_\_\_

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 C3Glomerulopathy (C3G). How will you ensure that your discoveries are provided to others studying C3G 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)*