**Please note: This document contains both grant applications, fellowship and LOI. For the LOI, please follow instructions and complete pages two through four. For the fellowship application, please follow instructions and complete pages five through nine. For questions you can email us at research@projectalive.org.**

**Letter of Intent**

**General Instructions:**

* Please complete this form in single-spaced, 12-point Calibri (body) font.
* Email your completed Letter of Intent, including all relevant data, as a **SINGLE .PDF document** to [Research@projectalive.org](mailto:Research@projectalive.org).
* Title the PDF document with Investigator’s last name-LOI-date (month year). (i.e. Smith-LOI-Nov2020)
* Applicants should demonstrate a thorough understanding of the existing literature and base of work in their area of proposed study so as to build on those existing findings and avoid proposing duplicative work unless supportive rationale is provided.

| **Research Project Title** |  |
| --- | --- |

| **LOI Submission Date** |  |
| --- | --- |

| **Institution/Clinic** |  |
| --- | --- |

| **Principal Investigator** | |
| --- | --- |
| Name: |  |
| Preferred Pronouns: |  |
| Title: |  |
| Mailing Address: |  |
| Phone Number: |  |
| Email Address: |  |

| **Funding Mechanism** Please place a check alongside the funding mechanism for which you are applying | |
| --- | --- |
|  | General Research |
|  |  |
|  | **Fellowship Award Mechanism**  If applying for this funding opportunity, complete the separate Fellowship Award Mechanism Application. |

| **Projected Costs of the Project and Timeframe** Funding levels and timeframes are unique to each project and will be considered on an individual basis.  (Note: Maximum allowable indirect costs/overhead may be no more than 5% of total approved grant amount and cannot exceed $10,000 regardless of total approved grant amount.) | |
| --- | --- |
| Total Project Budget (in USD): |  |
| Study Timeframe: |  |

| **Investigator Qualifications** |
| --- |
| Describe your experience in the field of Hunter syndrome or related diseases, and/or associated disease mechanisms which are relevant to the proposed research (in 250 words or less): |
|  |

| **Hunter syndrome subtype(s) to be investigated in the proposed work** |
| --- |
|  |

| **Hunter syndrome subtype(s) that may benefit from the proposed work** |
| --- |
|  |

| **Hypothesis and Specific Aims/Objectives** |
| --- |
| State the relevant background information, central hypothesis, and specific aims for the proposed project (in 700 words or less): |
|  |

| **Preliminary Data** |
| --- |
| Please include relevant preliminary data, if available. Provide figures and detailed figure legends for all preliminary data. Insert or add additional pages with this information to your LOI. **Do not send as a separate file.** |

| **Co-Investigator(s)** | | |
| --- | --- | --- |
| Co-Investigator #1 | Name: | Title: |
|  | Institution/Clinic: | |
|  | Email Address: | |
| Co-Investigator #2 | Name: | Title: |
|  | Institution/Clinic: | |
|  | Email Address: | |
| Co-Investigator #3 | Name: | Title: |
|  | Institution/Clinic: | |
|  | Email Address: | |

**Fellowship Application Form**

**General Instructions:**

* Please complete this form in single-spaced, 12-point Calibri (body) font.
* Email your completed form, including all relevant data, as a **SINGLE .PDF document** to [Research@projectalive.org](mailto:Research@projectalive.org).
* Title the PDF document with Investigator’s last name-FA-date (month year). (i.e., Smith-FA-Nov2020)
* Applicants should demonstrate a thorough understanding of the existing literature and base of work in their area of proposed study so as to build on those existing findings and avoid proposing duplicative work unless supportive rationale is provided.

| **Fellowship Research Project Title:** |  |
| --- | --- |

| **Submission Date:** |  |
| --- | --- |

| **Institution:** |  |
| --- | --- |

| **Fellow Applicant:** | |
| --- | --- |
| Name: |  |
| Preferred Pronouns: |  |
| Title: |  |
| Mailing Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Year(s) of postdoc/fellow experience: |  |
| Terminal degree award date: |  |

| **Share Your Motivation:** Describe your motivation for wanting to conduct research into Hunter syndrome, your career goals, and the need for this Fellowship support (in 1000 Words or less). |
| --- |
|  |

| **Proposed Fellowship Research Project:** Please describe the research you plan to conduct during the requested fellowship period (in 1000 Words or less). |
| --- |
|  |

| **Hunter syndrome subtype(s) to be investigated in the proposed work: Attenuated, Neuronopathic, Both** |
| --- |
|  |

| **Hunter syndrome age group(s) to be investigated in the proposed work: Minors (up to 18), Adults (18 and up), Both** |
| --- |
|  |

| **Research Method:** |
| --- |
|  |

| **Preliminary Data (if available):** |
| --- |
| Please include relevant preliminary data, if available. Provide figures and detailed figure legends for all preliminary data. Insert or add additional pages with this information to your LOI. Do not send as a separate file. |

| **Mentor’s Relevant Experience: Investigator Qualifications** |
| --- |
| Describe your experience in the field of Hunter syndrome or related diseases, and/or associated disease mechanisms which are relevant to the proposed research (in 500 words or less): |
|  |

| **Letters of Support** | | |
| --- | --- | --- |
| Mentor Letter | Name: | Title: |
|  | Institution/Clinic: | |
|  | Email Address: | |
| Additional Reference Letter | Name: | Title: |
|  | Institution/Clinic: | |
|  | Email Address: | |
| Optional Reference Letter | Name: | Title: |
|  | Institution/Clinic: | |
|  | Email Address: | |

**Award Requirements and Evaluation Criteria:**

Eligibility to apply:

* Work at a US academic institution
* Are a US citizen or are approved to remain in the country for the duration of the fellowship
* PhD, MD or post-doctoral researchers
* Resident-or Fellowship level physicians or early career physicians are encouraged to apply, however this is not a requirement
* For non-medical research (social science, humanities, ethics, etc.), a bachelor’s degree will suffice

Required Application Supplemental Information:

* Attach Applicant CV/Biosketch
* Attach Mentor CV/Biosketch if applicable
* Attach program budget

Awardee Requirements:

* Awardees will be required to present an annual summary of their efforts and research conducted over the award period no later than 3 months after the anniversary of their award. Depending on the timing of PA hosted meetings/conferences, awardees will be asked to attend/present as well.
* Awardees will be required to participate in an orientation with the organization prior to or within 1 month of activating their fellowship.

Evaluation Criteria:

Fellowship applications will be evaluated upon the scientific merit and relevance of their research plan in addition to the following: 

| **Applicant** | **Environment** | **Training Research & Development Plan** |
| --- | --- | --- |
| • Applicant's commitment to, or intent to pursue, a research career in Hunter syndrome  • Potential to develop an independent research career in Hunter syndrome  • Research/Clinical Care accomplishments | • Quality (breadth and depth) of faculty in basic and/or clinical sciences related to Hunter syndrome at applicant's institution  • Quality of institution's research and training programs  • Demonstrated interaction between basic and clinical investigators  Institution's commitment and ability to provide opportunities and facilities necessary for research career development in Hunter syndrome | • Feasibility and impact of the proposed plan  • Scientific and technical merit of the proposed research  • Ability of the proposed plan to develop research skills of the applicant needed for independence  • Relationship to applicant’s career development |

Letters of Support and/or Reference are weighted heavily in the review.  Letters are to be included in the application packet and are not to be submitted separately.

At least two (2) letters are required as follows:

* **Mentor (for this award) reference** – A Letter of Support from the applicant's proposed fellowship Mentor should clearly identify the merits of the applicant and must include a description of Hunter syndrome specific and other training the applicant will receive while working under the Mentor’s direction (i.e., seminars, new techniques, professional development, patient engagement, etc.).
* **Additional reference** – Letter of Reference from at least one (1) other individual familiar with the applicant’s scientific interests and abilities. This second letter should be from outside the proposed Mentor's lab and should attest to the candidate’s academic qualifications, motivation, research potential and potential to enhance the scientific knowledge and/or clinical care within the Hunter syndrome community.