



DERMATOLOGY FOUNDATION

PROGRAM DEVELOPMENT GRANT APPLICATION

GENERAL INFORMATION. PLEASE READ CAREFULLY

PURPOSE AND CRITERIA:

The Dermatology Foundation has initiated a program to support development of scientific infrastructure in those dermatology departments/divisions which have not successfully competed for DF funding during the most recent five-year period. These one-year \$10,000 awards are intended to assist in enhancing the scientific basis of those departments/divisions accredited for residency training in the United States. Intended use of funds could include, but is not limited to, acquisition of critical research equipment; stimulate promising pilot projects; facilitate travel of accomplished scientists to the department; support visits by young potential investigators to established programs at other institutions; and to encourage other similar efforts. The applicant should be the Chair/Chief or research director of the unit.

Application proposals should be brief, not exceeding two pages, excluding projected budget. They should include an overview of the goal(s) that can be achieved or more closely approached by this seed funding. Applications will be reviewed and awarded on a competitive basis. The Dermatology Foundation does not fund awards to be performed as part of the U.S. government research program (with the exception of the Veterans Administration) or provide awards to private foundations without an academic affiliation to dermatology.

PROPOSAL:

A brief discussion (not exceeding two pages) of the aims and relevance of the proposed project must be attached to this application in sufficient detail for evaluation by the Medical and Scientific Committee. Please type or print; please use black ink – color will not reproduce.

BIOGRAPHICAL SKETCH:

Attach a brief biographical sketch (not to exceed two pages-NIH format) of the applicant.

HUMAN SUBJECTS:

Applications related to research on human subjects must be accompanied by a letter indicating approval by the Institutional Review Board (IRB), of the type required by the U.S. Department of Health and Human Services (this applies to renewal as well as original requests). Applications without a valid institutional IRB approval will not be reviewed.

AWARD PROCESS:

Applicants are encouraged to be present when awards are announced at the Annual Meeting of the Dermatology Foundation in March.

DISTRIBUTION OF FUNDS:

Grant monies are disbursed on the **project initiation date of July 1**. Funds are paid directly to the institutional fiscal officer designated in the application, and are to be used only for the recipient and project for which the application was made. **These awards may not be used for the payment of indirect costs.**

DEADLINE:

Application and supporting materials must be received **NOT LATER THAN OCTOBER 15** for consideration at the February meeting of the Medical and Scientific Committee. No additional materials will be accepted for consideration after the deadline. Approved applications will be funded the following July.

MAIL APPLICATION AND SUPPORTING MATERIALS TO:

Dermatology Foundation

Medical and Scientific Committee

1560 Sherman Avenue, Suite 870

Evanston, IL 60201-4808

Phone: (847) 328-2256 • Fax: (847) 328-0509



CHECKLIST FOR DERMATOLOGY FOUNDATION PROGRAM DEVELOPMENT RESEARCH GRANT RESEARCH AWARD APPLICATION

It is essential that all applications are complete and received prior to deadline. **This checklist must accompany each application. If any items are missing or the application is incomplete, all material may be returned without further consideration.**

Name of Applicant: _____
Last First Middle Initial

Title of Research Project: _____

Type of Application: Program Development Research Grant

Check

- An original and one copy of the detailed proposal and completed application are submitted. (Include two additional originals of all figures.)
- My department/division has not received a DF Award within the past five years
- All signatures are included
- Copy of IRB approval letter is enclosed (if applicable)
- The application conforms with the specific instructions, including font size and page limitations. Applications not conforming with these instructions will not be reviewed.
- The application is submitted to be received at DF Office by **October 15th**
- This checklist is placed as page 1 of the application

 If any items are not checked, please explain: _____

MAIL THE ENTIRE APPLICATION AND ALL SUPPORTING LETTERS TO:
**Dermatology Foundation, Medical and Scientific Committee, 1560 Sherman Avenue, Suite 870,
 Evanston, IL 60201-4808**

TITLE OF PROGRAM DEVELOPMENT GRANT PROPOSAL _____

Amount Requested \$ _____ Starting Date _____

APPLICANT DATA

Name _____ Date of Birth _____
(last) (first) (middle) (degree)

Current mailing address _____

Telephone _____
(office) (home)

Fax _____ E-mail _____

Position: _____
(current) (during period of proposed support)

U.S. Citizen: Yes / No If not, citizenship and type of visa _____

Med Ed# _____ I am / I am not a member of the Dermatology Foundation.

BUDGET DATA

Provide a budget as a separate attachment. Include a concise statement of how you propose to allocate funds (amount and for what purpose). Separately list each item of equipment with a unit acquisition cost of \$2000 or more and provide a supply budget by category.

LAYMAN'S STATEMENT

On separate sheets:

Include your name, institution, award type and title of project in upper right corner of statement.

Short Statement: In a brief paragraph describe your proposal in layman's terms. **Do not exceed 75 words.** (This will be used for press announcements and award presentation purposes.)

Please submit two (2) copies of the application and two (2) additional originals of all figures.

PROGRAM DEVELOPMENT GRANT INSTITUTIONAL DATA

Name of Institution _____

Address _____

Sponsoring Division/Department, Service, Laboratory, or Equivalent _____

Head of Sponsoring Division/Department _____

Address _____

_____ Telephone _____

Med Ed# _____ FAX _____

Institutional Officer (dean or designated official) _____

Title _____

Address _____

Telephone _____

Fiscal Officer (to whom check should be mailed) _____

Title _____

Address _____

Telephone _____

Signature of Project Director or Applicant

Date

Signature of Sponsoring Division/Department Head

Date

Signature of Institutional Officer

Date

“I certify that the statements in this application are true to the best of my knowledge. In the event that I receive simultaneous funds from sources other than those indicated in my application (except departmental funds of my sponsoring institution), I understand that my Dermatology Foundation grant will be terminated as of the day I begin to receive such funds. I agree to immediately notify the Foundation in writing upon notification of another award and will return any unused award funds. I agree that the award funds will be used only for the purpose reflected in my application. Any unused funds will be returned to the Foundation. I hereby agree to provide a written progress and financial report to the Dermatology Foundation within 30 days of the termination of the grant.”

Signature of Applicant

Date

APPLICATIONS WILL NOT BE PROCESSED UNLESS ALL COMPONENTS (see Checklist) HAVE BEEN COMPLETED AND SUBMITTED BY DEADLINE.