



DERMATOLOGY FOUNDATION

PATIENT DIRECTED INVESTIGATION GRANT APPLICATION

GENERAL INFORMATION. PLEASE READ CAREFULLY

PURPOSE AND CRITERIA:

The Dermatology Foundation has initiated a new award program to support research studies that have potential to directly benefit patients. Applications will be judged competitively by a committee of recognized experts in applied medical and surgical dermatology. Funding is intended to enhance the career development of clinical investigators in the early stages of their career development and who have completed their dermatology residency training in the United States. The studies must be performed in the United States, under the sponsorship of an accredited department or division of dermatology. It is the expectation that the recipients of these awards will be future clinical leaders in dermatology helping to shape the future of the specialty.

The funding will be for up to \$20,000 per year. The recipient may apply for a second year of funding 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) and does not provide awards to other foundations without an academic affiliation to dermatology.

PROPOSAL:

A brief discussion of the aims and relevance of the proposed research project must be attached to this application in sufficient detail for evaluation by the Medical and Scientific Committee as specified on page 2. The candidate is expected to personally prepare the application.

BIOGRAPHICAL SKETCH:

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

LETTER OF RECOMMENDATION:

A supporting letter from the applicant's immediate supervisor is required and must accompany this application.

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.

MULTIPLE APPLICATIONS:

No more than one application for a Research Grant, one Patient Directed Investigation Grant, and one Dermatopathology Research Grant will be accepted from a single academic program including affiliated institutions.

AWARD PROCESS:

Applicants are encouraged to be present when awards are announced at the Annual Meeting of the Dermatology Foundation in February. Applicants may not simultaneously apply for Dermatology Foundation fellowship and grant awards.

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

GRANT APPLICATION INSTRUCTIONS

PLEASE TYPE OR PRINT; PLEASE USE BLACK INK – COLOR WILL NOT REPRODUCE.

A. LAYMAN'S STATEMENT

On separate sheets:

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

1. **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.)
2. **Long Statement:** In layman's terms, describe in greater detail your proposal and its significance. **Do not exceed one page.**

B. DESCRIPTION

Describe your proposal in sufficient detail for adequate evaluation by the Medical and Scientific Committee. Make every effort to be succinct and use figures or tables to summarize your plans. **Items 1-6 below cannot exceed ten pages, including figures and tables. Applications exceeding this page limitation will be returned. Font size can be no smaller than 12 pt., no more than 15 characters per inch, and no more than 6 lines within a vertical inch. Leave one inch margins. Figures need to be legible.** Do not submit any appended material except two additional copies of original figures if required for clarity. Include your name and institution in upper right corner of all figures.

A suggested format is listed below:

1. **Specific Aims:** What do you intend to accomplish? What hypothesis is to be tested?
2. **Significance:** Why is the research important? Evaluate existing knowledge in the field and specifically identify the possible contributions that your investigation may make.
3. **Preliminary Studies:** What has already been done in this field?
4. **Organizational Structure:** Please describe in detail your organizational structure vis-à-vis dermatology and include a supporting letter from the sponsor describing the nature of the linkage to a division or department of dermatology.
5. **Experimental Design:** How are you going to accomplish the research? Describe the experimental design, the procedures to be used, and the manner in which the data will be analyzed. Do not include established laboratory procedures.
6. **Literature Cited.**
7. **Checklist:** Please attach the checklist as page 1 of this application.

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

TITLE OF GRANT PROPOSAL _____

Please check if relevant to: Cutaneous Pharmacology Dermatopathology Ichthyosis
Skin Cancer Epidermolysis Bullosa

Amount Requested \$ _____ Starting Date _____

APPLICANT DATA

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

Current mailing address _____

Telephone: _____
(office)

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.

OTHER FUNDING

I am not currently supported or seeking funds from other sources for this or other projects.

I am currently supported or seeking funds for this or other projects from:

Please list all research support, indicating the source, start date and the amount. Please identify (✓) those grants which have budgetary overlap with this application.

TYPE OF SUPPORT	SOURCE	DATE	AMOUNT	OVERLAP

In case of overlap, please indicate how these applications will be adjusted in case of funding. _____

BUDGET DATA

Provide a detailed 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 \$500 or more. Itemize supplies such as glassware, chemicals, and animals in separate categories. If animals are involved, state how many are to be used, their unit purchase cost, and their unit care cost.

THE RELATIVE IMPORTANCE OF FACTORS IN SCORING DERMATOLOGY FOUNDATION AWARD APPLICATIONS*

(This Table is utilized by the Medical & Scientific Committee and the Dermatology Foundation to identify meritorious applications. It is provided to the applicants to assist in preparation of their proposals.)

AWARD	CANDIDATE			PROJECT			ENVIRONMENT	MENTOR
	Previous Training	Track Record in Research	Potential for Res. Career in Derm.	Quality of Written Applic.	Likelihood of Success	Relevance in Dermatology		
Research Career Development Award	2	1	1	1	2	1	1	1
Physician Scientist Career Development Award	2**	2	1	1	3	1	1	1
Healthcare Policy CCDA	2**	1	1	1	2	1	2	2
Research Fellowship	4	3	1	2	2	1	1	1
Pediatric Fellowship	4**	3	1	2	2	1	1	1
Dermatologist Investigator Research Fellowship	4**	4	1	2	2	1	1	2
DERMPATH Grant Award	1***	2	2	2	1	1	3	N/A
Patient Directed Research Grant	2	2	1	2	2	1	1	N/A
Research Grant	3	2	2	2	1	1	3	N/A

*The relative scale reflects the following considerations:

1 = extremely important 2 = highly important 3 = fairly important 4 = less important
5 = not important N/A = not applicable

**Restricted to dermatologists who have completed their residency training in the United States.

***Must have completed a dermatopathology fellowship.



CHECKLIST FOR DERMATOLOGY FOUNDATION

PATIENT DIRECTED INVESTIGATION GRANT 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: Patient Directed Investigation Grant

- | | Check |
|---|--------------------------|
| An original and one copy of the completed application are submitted | <input type="checkbox"/> |
| A. Layman’s Statement | <input type="checkbox"/> |
| B. Detailed Proposal | <input type="checkbox"/> |
| C. Two additional originals of figures are enclosed | <input type="checkbox"/> |
| All signatures are included | <input type="checkbox"/> |
| Applicants biographical sketch is enclosed (not to exceed two pages – use NIH format) | <input type="checkbox"/> |
| Copy of IRB approval letter is enclosed (if applicable) | <input type="checkbox"/> |
| Supporting letters are enclosed | <input type="checkbox"/> |
| The application conforms with the specific instructions, including font size and page limitations. <u>Applications not conforming with these instructions will not be reviewed.</u> | <input type="checkbox"/> |
| The application is submitted to be received at DF Office by October 15th | <input type="checkbox"/> |
| This checklist is placed as page 1 of the application | <input type="checkbox"/> |

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**

PATIENT DIRECTED INVESTIGATION 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.