

MCBRIDE

FOUNDATION

RESEARCH GRANT APPLICATION CHECKLIST

APPLICANTS:

This application is complete and has been checked for the following components:

- Data Page, page 1
- Abstract, Relevance, Quality of Life, page 2
- Detailed Budget Proposal, page 3
- Staff Resources and Environment, page 4-7
- Research Assurances Form, page 8
- Progress Report (if applicable), page 15

PLEASE SUBMIT THE ORIGINAL APPLICATION AND FIVE COPIES OF EACH APPLICATION.

**McBride Foundation
RESEARCH GRANT APPLICATION**

DATA PAGE

<p>TYPE OF PROJECT: <i>(check one)</i></p> <p style="text-align: center;"> <input type="checkbox"/> Research Grant <input type="checkbox"/> Feasibility Study <input type="checkbox"/> Continuation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach progress report.</i> </p>	<p>STUDY SECTION: <i>(check one)</i></p> <p style="text-align: center;"> <input type="checkbox"/> Biochemistry <input type="checkbox"/> Inflammation <input type="checkbox"/> Cell Biology <input type="checkbox"/> Molecular Biology <input type="checkbox"/> Cellular Immunology <input type="checkbox"/> Molecular Immunology <input type="checkbox"/> Clinical Immunology <input type="checkbox"/> Technologies/Biomechanics <input type="checkbox"/> Clinical/Therapeutics/Outcomes </p>
<p>1. Name and Degree of P.I.:</p> <p style="margin-left: 20px;">Title:</p> <p style="margin-left: 20px;">Social Security #:</p>	<p>2. Name and Title of Co-Investigators or Consultants:</p>
<p>3. Mailing Address <i>(list institution)</i>:</p> <p style="margin-left: 20px;">Office Phone Number:</p>	<p>4. Date of Proposed Grant Period:</p>
<p>5. Total Funds Requested</p>	<p>6. Title of Project:</p>
<p>7. Financial Officer who is responsible for proposed grant funds, and who will provide the annual accounting report of these funds.</p> <p style="margin-left: 20px;">Name:</p> <p style="margin-left: 20px;">Title:</p> <p style="margin-left: 20px;">Address:</p> <p style="margin-left: 20px;">Phone:</p>	<p>8. I agree to accept responsibility for the specific conduct of the proposed project and to provide the required progress reports. Any research conducted under such a grant sponsored in whole or in part by the foundation will be conducted according to the rules and restrictions of the U.S. Department of Health and Human Services including IRB approval.</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">Signature of Principal Investigator</p>

COMPLETED APPLICATIONS MUST BE RECEIVED BY:_____

9. **ABSTRACT:** *Please underline five key words.*

10. **RELEVANCE TO MUSCULOSKELETAL DISEASES:**

Is this a “Quality of Life” project? Please check the appropriate box: Yes No

Quality of Life research is defined as research with the following characteristics: 1) use of human subjects; and 2) incorporates clinically relevant outcome measures, and 3) has as its primary focus the prevention, treatment, or management of rheumatic and musculoskeletal disease.

DEFINITION OF MCBRIDE FOUNDATION STUDY SECTIONS

1. **Biochemistry** studies relating to the pathogenesis of arthritis are designed to:
 - delineate basic biochemical pathways involved in cellular metabolism;
 - investigate methods for the isolation and biochemical characterization of biological molecules;
 - investigate enzymes involved in matrix degradation;
 - study the role of cytokines and growth factors in cellular metabolism and/or signal transduction;
 - study how biomechanical factors may influence cellular metabolism in rheumatic diseases.
2. **Cell Biology** studies are designed to understand:
 - the function of cells besides those involved in the immune system;
 - the biology of connective tissue cells such as fibroblasts, chondrocytes, osteoblasts;
 - the physiology of intact organs or tissues such as bone and cartilage;
 - abnormalities in the function of these cells and tissues in diseases states;
 - the genetic basis of normal and abnormal function of connective tissue.
3. **Cellular Immunology** studies are designed to understand the cellular mechanisms of immune responses including:
 - development, function, and interactions of immune cells;
 - lymphocyte activation and inactivation;
 - regulation of immune responses.
4. **Clinical Immunology** studies are designed to understand the immunopathogenesis of rheumatic diseases, including:
 - immunologic abnormalities in patients with rheumatic diseases;
 - genetic associations with rheumatic diseases;
 - animal models of autoimmune diseases;
 - immunopharmacology.
5. **Clinical/Therapeutics/Outcomes** studies include research on:
 - clinical studies – interventional (pharmacologic, surgical, and rehabilitative);
 - clinical studies – noninterventional (genetic, biochemical, inflammatory);
 - epidemiology – clinical/community-based;
 - health services research;
 - quantitative research and quality of life research;
 - other evaluation research (including educational programs).
6. **Inflammation** studies are designed to understand:
 - endothelial cell biology and leukocyte endothelial adhesion;
 - fluid phase mediators of inflammation such as complement and acute phase reactants;
 - biology of cytokines including their production and actions, but not the lymphocyte-related aspects of cytokine biology;
 - activation mechanisms of neutrophils, monocytes, and other myeloid cells in inflammatory diseases.
7. **Molecular Biology and Genetics** studies are designed to:
 - clone and sequence genes relevant to rheumatic disease;
 - evaluate genetic structure;
 - understand gene regulation;
 - molecular studies of autoantibodies.
8. **Molecular Immunology** studies are designed to understand at a molecular level the immune system, including:
 - structure-function relationships of molecules relevant to the immune response, for example, MHC antigens and immunoglobulins, T cell antigen receptors;
 - the regulation of expression of genes encoding these molecules;
 - signaling mechanisms of immune cell receptors.
9. **Technologies/Biomechanics** studies include research on:
 - biomaterials;
 - biomechanics;
 - computing and medical informatics;
 - technology (diagnostic and treatment).

11. DETAILED BUDGET PROPOSAL: Request for the period

to

EXPENDITURE CATEGORY	COSTS					
<p>A. SALARIES</p> <table border="1"> <thead> <tr> <th data-bbox="87 321 467 363"><u>Name/Degree</u></th> <th data-bbox="467 321 748 363"><u>Position</u></th> <th data-bbox="748 296 938 363"><u>% Time/ Effort</u></th> <th data-bbox="938 321 1133 363"><u>Salary</u></th> <th data-bbox="1133 296 1372 363"><u>Soc. Sec. & Other Benefits</u></th> </tr> </thead> </table>	<u>Name/Degree</u>	<u>Position</u>	<u>% Time/ Effort</u>	<u>Salary</u>	<u>Soc. Sec. & Other Benefits</u>	
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<p>B. PERMANENT EQUIPMENT</p> <table border="1"> <thead> <tr> <th data-bbox="87 716 748 758"><u>Item</u></th> <th data-bbox="748 716 1372 758"><u>Purpose</u></th> </tr> </thead> </table>	<u>Item</u>	<u>Purpose</u>				
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<p>C. EXPENDABLE SUPPLIES</p>						
<p>D. OTHER EXPENSES</p>						
<p>E. TOTAL DIRECT COSTS (sum of A+B+C+D)</p>						
<p>F. INDIRECT COSTS (not to exceed 8% of direct costs)</p>						
<p>G. TOTAL BUDGET REQUEST FOR ONE YEAR</p>						

Signature of Principal Investigator

Date

12. PROFESSIONAL PERSONNEL

11. BIOGRAPHICAL SKETCH: (NIH FORMAT MAY BE SUBSTITUTED FOR THESE PAGES.)

Give the following information for professional personnel listed on page 4, beginning with the Principal Investigator. *Photocopy this page for each person.*

NAME:

TITLE:

BIRTHDATE: *(mm,dd,yyyy)*

EDUCATION: *Begin with baccalaureate training and include postdoctoral training.*

Institution/Location	Degree	Year Conferred	Field of Study

RESEARCH AND/OR PROFESSIONAL EXPERIENCE:

Concluding with present position, list in chronological order previous employment, experience, and honors. Include present membership on any Federal Government Public Advisory Committee. List, in chronological order, the titles and complete references to recent representative publications, particularly those most pertinent to this application. *Do not exceed 2 pages.*

14. FINANCIAL SUPPORT

For all professional personnel listed on page 4, list source and amounts of financial support, as well as applications pending for support. Include titles of all projects of both current and pending support. Provide justification for apparent overlaps in project funding. If it appears from the title of any existing or pending grants that such funds could also be used to support the projects described in the Research Plan, explain how the funds being applied for in this application will be used to extend or expand current work beyond what is already supported.

15. SUPPORT SERVICES

List additional information that describes the support services available to the proposed research project, such as consultant and non-professional staff support.

16. AVAILABLE FACILITIES

List and describe the resources available for the proposed project. Include specifics of the laboratory, clinical, animal, computer, office, and other pertinent facilities.

15. AVAILABLE EQUIPMENT

List and describe the major equipment that will be available to the proposed project.

11. MCBRIDE FOUNDATION RESEARCH AWARD ASSURANCES:

Principal Investigator's Full Name:

Social Security Number:

Title of Research Project:

TO BE COMPLETED BY SPONSORING INSTITUTION: Will any of the following be used in this project?
Human Subjects? Animal Subjects? Recombinant DNA? Biohazards?

Sponsoring Institution:

CERTIFICATION AND ACCEPTANCE

The following statements are signed by an individual authorized to act for the institution and to assume on behalf of the institution the obligations imposed by this clause:

The (institution) _____ agrees, if a McBride Foundation Award is accepted by (P.I.) _____ and if human or animal subjects are used in any of the activities supported by such, that it will comply with all applicable U.S. Department of Health and Human Services' regulations with respect to the rights and welfare of such subjects.

The institution acknowledges and agrees that the work to be performed pursuant to this award is the responsibility of the institution; that the institution shall be responsible for any and all claims that may arise out of or in connection with such work; that the McBride Foundation shall be responsible for or to the subjects involved; and, to the full extent permitted by law, that the institution shall indemnify and hold the McBride Foundation harmless from and against any and all claims, liabilities and/or expenses arising from or related to this award and the work performed pursuant thereto.

APPROVAL BY DEAN OR HEAD OF INSTITUTION ON BEHALF OF INSTITUTION

Signature

Above Name (typed)

Title

19. RESEARCH PROPOSAL (6 pages)

Please number your research proposal pages 9-14. The name and social security of the Principal Investigator should appear in the upper right-hand corner of each page.

20. PROGRESS REPORT FOR GRANT ENDING:

Name of Principal Investigator:

Social Security Number:

Position/Academic Rank:

Type of Award:

Dates of Award:

to

Use the space below to answer questions A-D in Grant Application. Use a continuation page if necessary.

Comments concerning this research program:

Signature of Principal Investigator

Date