



Preeclampsia Foundation Vision Grant Application General Instructions

All applications must be signed by the Applicant, Sponsor and Sponsoring Institution's authorized official.

All applications must be submitted in English.

Collate the application in the following order:

1. Completed and signed application
2. Applicant's Curriculum Vitae
3. Sponsor's Curriculum Vitae (limit to 2 pages, use NIH format)
4. Proposed project description (see page limitation below)
5. Biohazards statement (Projects which do not involve Biohazards must so state)
6. Human Investigation Statement (Projects which do not involve Human subjects must so state).
7. Laboratory Animals Statement (Projects which do not involve laboratory animals must so state)
8. Appendices, Tables, Figures, etc.
9. Sponsor's letter of support (Use of sponsor is optional by the investigator. If the grant is submitted by young or relatively inexperienced investigator, sponsorship is recommended).
10. Three (3) letters of reference one of which may be by sponsor.

REMINDERS

1. Proposed research projects must be directly related to **preeclampsia**. Proposals that do not propose to study pregnant human subjects or specimens derived from pregnant human subjects will need to CAREFULLY justify the relevance of the project to the improved understanding of preeclampsia that will potentially translate into enhanced pregnancy outcomes.
2. All applications MUST contain statements relevant to human investigation biohazards and the use of laboratory animals.
3. Applicants may choose to secure a Sponsor for his/her proposed research project. The Sponsor's role is to assure (on behalf of the institution that the specific aims of the project are met and to present the institution's role in the development of the applicant's career).
4. Confirmation of receipt of your application will be provided by return e-mail only.

The Preeclampsia Foundation Medical Board will review all applications. Following the review meeting, grantees will be notified and a contractual agreement will be forwarded for signature by the grantee, the sponsor and the sponsoring institution. Funding will commence January 1, 2010. The institution will be responsible for the disbursing funds to the grantee in accordance with the budget submitted with the application. Review of grants will not be available.

Please email **AS ONE PDF DOCUMENT** to the Foundation's Executive Director:
Eleni.Tsigas@preeclampsia.org

Please type your name and institution on the top of each page when submitting your application. The application must be received complete by May 15, 2009. Incomplete applications will not be considered.

Final Report

A Final Report will be expected which should include a description of completed work, summary of expenditures and future plans. Copies of abstracts submitted and manuscripts accepted for publication should be submitted to the Foundation.

In addition to submitting a final report, the recipient will be expected to attend our annual *gala Saving Grace: A Night of Hope*, on October 24, 2009 in Chicago, IL, to receive his/her award. In addition, recipients will be interviewed for our newsletter and will be asked to provide full credit to the Preeclampsia Foundation in any media or publications.

Our success at future fund raising will be dependent on the Foundation's ability to demonstrate scientific productivity.

Preeclampsia Foundation - Vision Grant Application Specific Instructions

Follow these instructions to organize the application. Please make sure applicant's name is printed clearly on the TOP of each page of the application.

PAGE 1

DATE
PROJECT TITLE

Name of Applicant
Degree
Current Address
Telephone#
Fax#
E-mail address

Sponsor Name
Sponsor Address
Sponsor Telephone#
Sponsor Fax#
Sponsor e-mail address

Checks made payable to:
Institution
Financial Officer
Address
Telephone#

PAGE 2

Non-Technical Abstract (100 words - single space)

Technical Abstract (100 words - single space)

PAGE 3

Approximately what portion of your time will be devoted to?

Research
Teaching
Clinical Work
Administration
Other (specify)

List all active and pending research support for the Applicant. Include all individual and institutional support available for the proposed work during its duration. For each item, please give:

Source of support
Identifying number
Project title
Name of Principal Investigator
Annual direct costs
Total period of support

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List three (3) additional individuals who are familiar with your past work and/or training and who are providing letters of recommendation.

Name/Title
Institution
Address
Telephone#
E-mail address

NOTE: Letters of recommendation should be appended to the original application.

PAGES 5-14

Provide a detailed description of the proposed project. Limit to ten (10) pages.

Specific aims
Background
Methods and procedures
Relevance and significance of project to preeclampsia
Facilities available to you
Previous experience pertaining to this research
References are not included in this page limitation.

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Please prepare a budget for the proposed work. While the grant may be used to support research personnel where appropriate, funds may not be used to support salaries of Investigators. Due to the small size of the Grant travel cannot be funded.

If this Grant is to be used to collect preliminary data for a larger project, please outline the budget for the entire project.

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Biohazards statement. Projects which do not involve biohazards must so state.

Human investigation statement. Projects which do not involve human materials/subjects must so state.

Laboratory animals' statement. Projects which do not involve laboratory animals must so state.

Please attach copies of all relevant institutional reviews, (e.g. Human Subjects).

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The following text shall be at the head of this page:

"This application has been reviewed by _____ (department / institution name) and its submission is hereby approved.

NOTE: Application is considered incomplete and therefore invalid, without the following signatures and information.

1. Authorized Institutional official's signature along with official's printed name & title
2. Applicant's signature and printed name
3. Sponsor's signature with printed name and title/position
4. Name, address, telephone number of fiscal officer to contact regarding budget and payments (no signature required)

Please attach the following:

Applicant's curriculum vitae.

Sponsor's curriculum vitae (limit 2 pages – use NIH format)

Scanned copy of page 17 with appropriate signatures.

Letters of recommendation