Peter Joseph Pappas Research Grant Program

The “Peter Joseph Pappas Fund” is used to sponsor an annual research grant program entitled the “Peter Joseph Pappas Research Grant.” A request for applications is advertised on our website and through various research channels annually with decisions rendered by December of each year so the next year’s plan and budget can reflect those decisions.

The application process will begin with a call for two-page Letters of Intent (LOI) that include enough information so that the Scientific Advisory Council and Board of Directors can identify projects of interest to the Foundation. The goal is to then invite full proposals that have more than 50% of the reviewers requesting a full application and that fit within our framework, ideally – though not exclusively – contributing to and/or utilizing existing TPR data and/or specimens to validate, enhance, or build upon results from our previous work.

The Preeclampsia Registry (TPR) Scientific Advisory Council (SAC) will serve as the review committee, recusing themselves from submissions they or their colleagues have submitted, and recommending a short list of no more than 3-5 meritorious proposals for Board consideration. The Preeclampsia Foundation Board of Directors will render the final decision.

Timeline 2022

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<td>Advertise call-for-LOIs</td>
<td>June 30, 2021</td>
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<td>LOI Deadline</td>
<td>September 1, 2021</td>
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<td>Applications Invited</td>
<td>September 3, 2021</td>
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<td>Applications Deadline</td>
<td>October 8, 2021</td>
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<td>SAC Review &amp; Recommendations</td>
<td>November 16, 2021</td>
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<td>Board of Directors Approval</td>
<td>December 8, 2021</td>
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<td>PJP Fund Recipient Notification</td>
<td>December 14, 2021</td>
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Individual grant proposal funding will generally be in the $50,000 to $100,000 range, though applications outside that range will be considered with substantial justification. Generally, one large or 2-3 smaller award(s) will be made each year.

Criteria for applications:

- Adherence to the ultimate goal* of the PJP Fund and its intermediary objectives** must be carefully explained/demonstrated in the application.
- Although not required, preference will be given to proposals that USE or BUILD UPON data available through the Registry (self-reported, exome sequencing results, clinical data) with a goal of adding value to the knowledge base by deepening understanding of cause, identifying new biomarkers, or flagging potential treatment/prevention opportunities.
- Priority will also be given to projects aligned with PJP Fund’s long range goal to eliminate pre-term births due to hypertensive disorders of pregnancy.
- Projects must be completed within 2-3 years.
- Budgets must include fees for open source publishing and any fees associated with using The Preeclampsia Registry (contact Registry@preeclampsia.org for fee schedule).
- Data Use Agreement will be created for any proposals interfacing with the Preeclampsia Registry.
- PF Investigator or Registry Manager should be given the option of contributing to authorship of resulting papers; at the very least, The Preeclampsia Registry contribution must be acknowledged.
- Applications will include: the big idea, aims, methods, personnel, detailed budget. Sign off by institution including sponsor, financial officer.
• 10% of any proceeds from IP resulting from this research will be ceded to the PJP Fund held by the Preeclampsia Foundation.
• Call-for-LOIs language will convey that there’s a total of $200,000 to be allocated, preferably among more than one project.

The Peter Joseph Pappas Fund

* #1 goal is to eliminate delivery of pre-term baby as the only intervention for preeclampsia and other hypertensive disorders of pregnancy.

Intermediate goals toward this end will be realized by proposals that include, but are not limited to:

• Understanding pathophysiological pathways and subtypes of preeclampsia
• Mechanisms for improved diagnosis
• Better prediction of who may be severely affected.
• Therapeutic interventions that halt, reverse, or prevent placental and/or organ dysfunction.
• Supporting preconception and interconception health to improve perinatal outcomes