



APPLY FOR FUNDING

applications will be reviewed on a rolling basis

*gross amount available up to \$150,000 per year, per grant
grant could be for a maximum of 3 years*

The explicit goal of the CMT4B3 Research Foundation is to expedite development of a treatment or cure for CMT4B3/SBF1/MTMR5. Your proposed project **MUST** have application to this disease, or it will not be considered. Research projects should be aimed at developing a therapy for CMT4B3. To this aim, projects aimed at developing CMT4B3 models, validating therapeutic approaches, and at understanding the cell specificity of the MTMR5 protein function will be prioritized. Hunter's CMT4B3 Research Foundation will grant awards to principal investigators, physician residents, hospitals, universities and clinicians who are interested in studying CMT4B3. Our grants are intended to help researchers explore novel ideas and answer questions related to the clinical aspects, therapies and/or genetic causes of CMT4B3. Research proposals will be carefully vetted by the Scientific Advisory Board. The Board evaluates each proposal based on the excellence of the investigator, the work plan and the environment, as well as the project's ability to be translated into treatments for people with CMT4B3.

Because we feel a sense of urgency to deliver important scientific breakthroughs, proposals will be quickly vetted while assuring a comprehensive and optimal approach designed with a single goal in mind: to expedite development of a treatment for CMT4B3



SUBMISSION GUIDELINES

The project must have direct relevance to CMT4B3 - either to extend our understanding of the disease or a unique approach to a treatment for the disease.

The project should not have been previously performed elsewhere and sufficient due diligence should have been done to find out if the same project is currently being done in another lab. We will confirm this independently.

The proposal should be approximately 6-10 pages (excluding references) and must contain the following mandatory sections:

1. Cover Page: Proposal Application (please use template provided)
2. Relevant background
3. The specific aims
4. The experimental methodology and plan that will be employed. Please define statistical analyses and justify sample numbers accordingly
5. Preliminary data supporting the specific aims and methodology
6. References
7. Gantt Chart for completion of Experimental Plan (see example)
8. Other Supports (Current and Pending: please specify overlapping if any)
9. Include a detailed budget covering personnel, materials, and all other direct costs for the proposed project, followed by justification for each expense (please use template provided)

As a private foundation focused on a rare disease that is funded by patients, their families and donations, we try to maximize the impact our funding has in the field. Therefore, it is the policy of the CMT4B3 Research Foundation, as written in our bylaws, not to cover indirect costs and we request all institutions waive indirect costs for CMT4B3 Research Foundation funded projects.

Proposals without a detailed budget and justification will not be considered.

Application should be sent in pdf format (less than 15 Mb including figures) to:
Alessandra Bolino, bolino.alessandra@hsr.it & Robin Schultz, info@cmt4b3research.org



COVER PAGE: Proposal Application

Submission Date:					
PROPOSAL INFORMATION					
1. Title of Project					
2. Type of Application:			2a. If renewal, dates of first funding:	3. Dates of Proposed Period:	
New	Revision	Renewal*		From:	Through:
2c. * if renewal, please attach any publications resulting from previous funding					Yes No
4. Budget requested for proposed period of project:					
5. Human Subjects Research:			5b. Research Exempt: If checked yes, answer 5c	5c. **Exemption Number:	
Yes	No	If yes, answer 5b – 5e	Yes** No		
5d. Federal Wide Assurance No.	5e. Clinical Trial	6. Vertebrate Animals:	6b. Animal Welfare Assurance No.	6c. IACUC Approval Date:	
	Yes No	Yes No If yes, answer 6b-6c			
7. Does this project involve collaborations with other researcher?				7a. ***Please attach letter(s) of collaboration?	
Yes***	No	If checked yes, answer 7a		Yes	No
PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR					
Name: (Last, First, Middle)			Degree(s)		
Position Title:			Mailing Address (Street, city, state, zip code, country)		
Department					
Major subdivision:					
Telephone and Fax (Area code, number and extension)					
Tel:		Fax:		Email Address:	
Shipping address for express delivery					
Name:					
Address (including room number):					
Phone:					
Lab or Department Administrator to be contacted for administrative matters (e.g. quarterly expense reports)					
Name:			1.		
Title:			2.		
Address:			3.		
			4.		
Tel:		Fax:		5.	
Email:			6.		



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 914-589-8047
cmt4b3research.org
info@cmt4b3research.org
bolino.alessandra@hsr.it

Principal Investigator/Program Director (Last, First, Middle):

DETAILED BUDGET FOR ANNUAL BUDGET PERIOD DIRECT COSTS ONLY *	FROM	THROUGH
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PERSONNEL <i>(Applicant organization only)</i>		Annual Percentage Devoted to Project	AMOUNT REQUESTED (in applicant's home currency)			
NAME	ROLE ON PROJECT		Please specify home currency in the box to the right			
			INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
SUBTOTALS						

ANIMAL COSTS	
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SUPPLIES <i>(Itemize by category)</i>	
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OTHER EXPENSES <i>(Itemize by category)</i>	
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TOTAL DIRECT COSTS FOR ANNUAL BUDGET PERIOD	(indicate currency)	
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***On a separate sheet, please provide justification for each expense listed above**

