**2023 NAAF Research Grant Application**

**Instructions and Template**

**Application Deadline:** 11:59 PM PT, Thursday, September 28th, 2023

NAAF Research Grants are 1-year, non-renewable awards with an expected start date of 1/15/24. Applicants may request up to **$50,000** (direct costs only). Multiple awards are available for the 2023 funding cycle.

Priority consideration will be given to proposals that address one or more of the following areas of interest:

* Basic science research to advance understanding of the pathophysiology of AA, including investigations of pathways or targets that could lead to new therapies
* Investigations to improve understanding of disease triggers
* Advances in treatment or tools for treatment decision-making by patients and families
* Elucidation of the burden of alopecia areata on patients and families including the psychosocial impact

Applications must be submitted by email as a single PDF file to [grants@naaf.org](mailto:grants@naaf.org). Applications must be written in 11pt Arial or Calibri font or larger with at least one-half inch margins.

Complete the Face Page form provided.

For Budget, use the form provided. Note: indirect costs are not allowed on NAAF research grants.

Use the rest of the application packet as a template for your application components.

**Please combine application pages and additional documents into a single pdf.**

**Questions?**

Email Lisa Anderson, PhD, Senior Director of Research, at [lisa@naaf.org](mailto:lisa@naaf.org) for additional information or with any questions on the NAAF Research Grant application or review process.

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| **TITLE OF PROJECT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do Not Exceed 100 Characters** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT NAME** | | | | | | | | | | | | | | | |  | **DEGREE(S)** | | | | | | | | | | | | | | |
| **Last, First, Middle Initial** | | | | | | | | | | | | | | | |  | **e.g. MD, DO, PhD** | | | | | | | | | | | | | | |
| **CURRENT POSITION TITLE** | | | | | | | | | | | | | | | |  | **CURRENT MAILING ADDRESS** | | | | | | | | | | | | | | |
| **e.g. Associate Professor** | | | | | | | | | | | | | | | |  | **Street Address**  **Building, Unit, Floor, Room**  **City, State/Province Postal Code**  **Country** | | | | | | | | | | | | | | |
| **TELEPHONE** | | | | | | | | | | | | | | | |  |
| **+1-555-777-3333** | | | | | | | | | | | | | | | |  |
| **Email** | | | | | | | | | | | | | | | |  |
| **j.smith@university.edu** | | | | | | | | | | | | | | | |  |
| **Co-Applicant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CO-APPLICANT NAME (if applicable)** | | | | | | | | | | | | | | | |  | **DEGREE(S)** | | | | | | | | | | | | | | |
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| **CURRENT POSITION TITLE** | | | | | | | | | | | | | | | |  | **CURRENT MAILING ADDRESS** | | | | | | | | | | | | | | |
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| **TELEPHONE** | | | | | | | | | | | | | | | |  |
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| **Email** | | | | | | | | | | | | | | | |  |
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| **Project Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Budget** | | | | | | | | | | | | | **PROJECT PERIOD** | | | | | | | | | | | | | | | | | | |
| **Total Project Budget** | | | | **$0.00** | | | | | | | | | **Start Date** | | | | | | | | | | **MM/DD/YYYY** | | | | | | | | |
| **Total Grant Request** | | | | **$0.00** | | | | | | | | | **End Date** | | | | | | | | | | **MM/DD/YYYY** | | | | | | | | |
| **HUMAN SUBJECTS RESEARCH** | | | | | |  | | **Yes** | |  | | **No** | **Animal SUBJECTS RESEARCH** | | | | | | | | | | | | | |  | | **Yes** |  | **No** |
| **Human Subjects Assurance No:** | | | | |  | | | | | | | | **Animal Welfare Research No:** | | | | | | | | | | |  | | | | | | | |
| **IRB No. or Status:** | |  | | | | **DSMP Required?** | | | | |  | | **IACUC Status:** | | | | |  | | | | | | | | **Letter Attached?** | | | | |  |
| **RECOMBINANT DNA** | | |  | | **Yes** | |  | | **No** | | | | **BIOHAZARDS** | | | | | | |  | | **Yes** | | |  | | | **No** | | | |
| **Status:** |  | | | | | | **Date:** | |  | | | | **Adequate Protections Assured?** | | | | | | | | | | | | | | |  | | | |
| **Sponsoring Institution Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME OF SPONSORING INSTITUTION** | | | | | | | | | | | | | |  | **SPONSORING DEPARTMENT** | | | | | | | | | | | | | | | | |
| **American University** | | | | | | | | | | | | | |  | **Department of Dermatology** | | | | | | | | | | | | | | | | |
| **INSTITUTION EIN or VATIN Number** | | | | | | | | | | | | | |  | **INSTITUTION DUNS Number** | | | | | | | | | | | | | | | | |
| **Tax ID #** | | | | | | | | | | | | | |  | **9-digit D‑U‑N‑S #** | | | | | | | | | | | | | | | | |
| **Name of designated official** | | | | | | | | | | | | | |  | **TITLE of designated official** | | | | | | | | | | | | | | | | |
| **Last, First, Middle Initial** | | | | | | | | | | | | | |  | **e.g. Grants Administrator** | | | | | | | | | | | | | | | | |
| **TELEPHONE** | | | | | | | | | | | | | |  | **CURRENT MAILING ADDRESS** | | | | | | | | | | | | | | | | |
| **+1-555-777-3333** | | | | | | | | | | | | | |  | **Street Address**  **Building, Unit, Floor, Room**  **City, State/Province Postal Code Country** | | | | | | | | | | | | | | | | |
| **Email** | | | | | | | | | | | | | |  |
| **j.smith@university.edu** | | | | | | | | | | | | | |  |
| **SIGNATURES and ASSURANCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.** | | | | | | | | | | | | | | | | | | |  | | **Applicant Signature:** | | | | | | | | | | |
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|  | | **Date:** | | | | | | | | | | |
|  | | **MM/DD/YYYY** | | | | | | | | | | |
| **CO-APPLICANT ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.** | | | | | | | | | | | | | | | | | | |  | | **Co-Applicant Signature:** | | | | | | | | | | |
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|  | | **Date:** | | | | | | | | | | |
|  | | **MM/DD/YYYY** | | | | | | | | | | |
| **SIGNING OFFICIAL ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the grantor’s terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.** | | | | | | | | | | | | | | | | | | |  | | **Designated Official Signature:** | | | | | | | | | | |
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|  | | **Date:** | | | | | | | | | | |
|  | | **MM/DD/YYYY** | | | | | | | | | | |

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| **LAYPERSON Abstract** |
| The project abstract is a succinct and accurate description of the proposed work and should be able to stand on its own (separate from the application). Be sure to explain the nature of the work and its significance. This section should be informative and understandable to non-scientific members of the alopecia areata community and the lay public. Please be concise. **(250 words or less)** |

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| **Pr0ject Summary** |
| State the project’s broad, long-term objectives and specific aims, referring to the contributions of the project to the understanding of alopecia areata and development of a treatment or cure. Describe the research design and methods for achieving the stated goals and key focus of the proposed project. Put this project in the context of what we know and what we need to know about alopecia areata and the autoimmune, skin, and hair research landscape at this time. (1 page or less) |

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| **Research Plan (7 page maximum)** |

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| 1. **Specific Aims and Hypotheses** |
| State concisely and realistically what the research described in this application is intended to accomplish during the period of the grant, including the hypotheses to be tested or the need(s) to be fulfilled. (1 page or less) |

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| 1. **Background and Significance** |
| Describe why the research is important and what has already been done in the field. Evaluate existing knowledge in the field, and specifically identify the possible contributions your investigation may make. |

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| 1. **Preliminary Results** |
| If applicable, describe any preliminary results found by you or others in this field that lead you to believe this project has merit. |

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| 1. **Research Design and Methods** |
| Explain the methods by which you will accomplish the specific aims of the research project. Describe in detail the experimental design, the process to be used, and the way the data will be analyzed. If new methods, techniques, or procedures are to be used, explain their potential advantages over existing methodologies. Discuss potential difficulties and/or limitations of proposed procedures and alternative approaches to achieve aims. |

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| 1. **Consultant or Collaboration Arrangements** |
| If the proposed project includes consultant arrangements and/or collaboration with other individuals outside the applicant’s group, describe the working relationships and support this description by letter(s) of intent or contract(s) signed by collaborating individuals. If clinical material required for this grant is to be furnished by other individuals, include a statement from these individuals agreeing to their participation and precautions taken to ensure anonymity of patients. |

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| 1. **Literature Cited** |
| List resources cited in this application in alphabetical order by first author in the following format: Author (Year). Title of Article, Title of Journal, Month/Issue: page(s). |

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| **PROPOSED PROGRESS REPORT MILESTONES** |
| Propose measurable milestones on which progress can be evaluated at each six-month project period. These milestones are not expected outcomes of the research, but actions that will have been completed and documented which demonstrate timely and effective progression of the research. Reporting on completion or satisfactory explanation of challenges in meeting these milestones is a condition of receiving ongoing payments. |

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| **DETAILED BUDGET** |

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|  | **Start Date** | MM/DD/YYYY | **End Date** | MM/DD/YYY |

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| 1. **Personnel (Applicant Organization Only)** | | | | | |
| **A** | **B** | **C** | **D** | **E** | **F=C\*(D+E)** |
| **Name** | **Position Title** | **% of Time to Project** | **Base Salary ($)** | **Fringe Benefits ($)** | **Total Request for Project ($)** |
| Last, First | e.g. Principal Investigator | e.g. 25% | e.g. $75,000 | e.g. $7,500 | e.g. $20,625 |
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| **Personnel Total ($)** | | | | | = F1 + F2 + F3 + F4 |

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| 1. **Supplies** | | | |
| **A** | **B** | **C** | **D=B\*C** |
| **Supply Item** | **Quantity** | **Cost per Item ($)** | **Total Request** |
| e.g. Lab Reagent (50 ml) | e.g. 2 | e.g. $18.50 | e.g. $37 |
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| **Supplies Total ($)** | | | = D1 + D2 + D3 + D4 |

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| 1. **Travel (Up to $750)** | |
| **Purpose** | **Cost ($)** |
| e.g. For PI to attend one domestic conference to present project results | e.g. $500 |
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| **Travel Total ($)** | = Sum of Costs |

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| 1. **Animal Purchase and Care** | | | | |
| **A** | **B** | **C** | **D** | **E = B + ([A\*C]\*D)** |
| **Quantity** | **Purchase Price ($)** | **Cost per Day ($)** | **Estimated number of days** | **Animal Total ($)** |
| e.g. 40 Mice | e.g. 40 Mice | e.g. $0.83 | e.g. 90 | e.g. $3,354.40 |

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| 1. **Patient Care** | | |
| **Number of Patients** | **Total Cost per Patient ($)** | **Patient Care Total ($)** |
| e.g. 40 Patients | e.g. $120 | e.g. $4,800 |

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| 1. **Other Expenses** | |
| **Expense Item** | **Cost ($)** |
| e.g. Submission to journal for publication | e.g. $150 |
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| **Other Expenses Total ($)** | = Sum of Costs |

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| **TotAL Budget** | = Sum of Totals |

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| **BUDGET Justification** |

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| Describe the nature of costs listed in the Detailed Budget, how they were calculated and why they are needed. Describe how this award money will be used toward the total cost of the research and how any additional money needed to complete the research will be obtained. (1 page or less) |

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| **Questionnaire** |

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| 1. **What percent of effort will the principal investigator(s) be spending on this project? How will the research proposed in the Application be accomplished in conjunction with your other projects?** |
| Click or tap here to enter text. |

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| 1. **Have you had previous funding from NAAF? If so, list date(s), amount(s), and project title(s).** |
| Click or tap here to enter text. |

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| 1. **Has your previously funded work from NAAF been published? Please list titles, publications and dates of publications** |
| Click or tap here to enter text. |

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| **Other Current and Pending Support** |

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| **List current and other pending financial support for the proposed project.** |  |
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| **Source** | Funding Source | | | | | |
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| **Anticipated Amount ($)** | | $0.00 | **Start Date** | MM/DD/YYY | **End Date** | MM/DD/YYYY |

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| **Source** |  | | | | | |
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| **Anticipated Amount ($)** | |  | **Start Date** |  | **End Date** |  |

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| **Anticipated Amount ($)** | |  | **Start Date** |  | **End Date** |  |

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| **Attachments** |

**Please combine application pages and the following documents into a single pdf for upload.**

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|  | **Biographical Sketch**  Use the [NIH biosketch form](https://grants.nih.gov/grants/forms/biosketch.htm)at to provide a biographical sketch of the Applicant and other Key Project Personnel. Applicants should include a description of their past experience and training and future career plans related to alopecia areata research and care. (5 page maximum per biosketch) |
|  | **Letters of Support**  Submit up to three letters of support that speak to the ability of the Applicant and Key Personnel to conduct the proposed research. These letters should discuss scientific and clinical abilities, interests, and potential and attest to the academic qualifications, research experience, motivation and commitment to alopecia areata research. |
|  | **Institutional Requirements Letter**  A signed letter from the appropriate sponsoring institution official must accompany this application to verify that research conducted in accordance with this award has met all institutional requirements, including:   1. Any proposed study involving the use of human subjects, specimens, cells, or data must be reviewed and approved by an institutional review board (IRB) in accordance with the pertinent Department of Health and Human Services regulations for the Protection of Human Research Subjects. Include the IRB number and a copy of the approval letter or indicate that the protocol is pending approval. 2. A Data Safety Monitoring Plan (DSMP) for any proposed study that places human subjects at more than minimal risk. 3. A plan to include, recruit and retain subjects from both genders, all racial and ethnic groups (and subgroups), and children as appropriate for the scientific goals of the research. 4. Research involving Recombinant DNA meets the current requirements outlined in NIH Guidelines. 5. Research involving the use of animals must meet NIH and U.S. Public Health Service guidelines and be reviewed and approved by an Institutional Animal Care and Use Committee (IACUC). Provide the federally approved Animal Welfare Research Number, and the IACUC letter of approval, or indicate that the protocol is pending approval. 6. A plan to assure adequate protection for any Biohazards involved in the research. |
|  | **Additional Material**  The following items may also be submitted with the application if they will be helpful to reviewers in assessing the proposed research project:   1. Letters of Collaboration (if applicable) 2. A copy of the IRB application and patient consent forms (if applicable) 3. Other materials pertinent to the grant proposal not already described. |