

***Scientific Research Award Application Template***

All applications must be completed online. One additional page of informational figures or key illustrations may be uploaded at the end of the application.

This application template is for reference only. All applications and materials must be submitted through the website.

All applications are due by midnight EDT on **April 12, 2019**.

**Contact us**

**Phone:** (312) 469-5557

**Email:** grants@eversightvision.org

***Research Proposal***

Title:

Category:

* Cornea and external diseases
* LensEyelids and eye movement
* RetinaGlaucoma
* Multiple ocular defects and diseases affecting bilateral vision
* Other

## *Principal Investigator*

First name:

Last name:

Position:

Research Institution:

Email:

Phone:

Address:

Co-Investigator(s)

Name: Name:

Total Budget Request:

***1. Research Goals, Plan and Methodology***

State the specific goal(s) of this study and describe your research plan. Provide a concise description methodology to be used. Relate the research techniques directly to the specific goal(s). Provide a brief description of long-term plans for further research on the proposed topic or area of investigation, explain how this will be pursued. **Limit: 12,000 characters.**

Research Goals, Plan and Methodology**\***

Answer:

***2. Qualifications***

What are your qualifications to carry out this study? **Limit: 3,000 characters.**

Qualifications**\***

***3. Facilities***

What facilities do you have to carry out this study? Please include responsibilities of key personnel pertaining to this study. **Limit: 3,000 characters.**

Facilities**\***

***4. Other Funding Sources***

What other funds do you have to assist in the completion of this study (e.g., technician support, equipment, etc.)? List all grant applications pertinent to this study that are currently submitted or planned within the next year. If you do have funding that has relevance to or overlaps with this proposal, please explain why you believe grant support is justified. **Limit: 3,000 characters.**

Other funding sources**\***

***5. References***

What previous studies are related to this project? **Limit: 5,000 characters.**

References**\***

***6. Budget***

Review any Proposal Guidelines pertaining to budgetary concerns. Itemize all proposed expenditures as follows:

**a. Personnel**

**b. Equipment**(application of equipment to research objective must be explained clearly).

**c. Supplies**(include cost per individual item).

**d. Other Expenses**(be sure to allow sufficient funding to cover processing fees for each eye/corneal tissue required for research purposes - consult with Eversight for current tissue processing fees).

**e. Total**(indicate total expenditures from a, b, c and d above).

Also provide a brief justification for any item for which the need may not be obvious.

No more than 10% of the total grant may be allocated to fund salary costs for principal investigators.

Please note that Eversight **does not** pay indirect costs. Approved budgets for individual projects will not include indirect or overhead charges, training costs and travel expenses. However, investigators can request approval for funding travel to professional meetings to present findings from the funded project. **Limit: 3,000 characters.**

Budget**\***

***7. Abstract***

Please provide a brief abstract in layman's terms, suitable for the general public, which may be used by Eversight for press releases. **Limit: 3,000 characters.**

Abstract**\***

***7. Research Grant Application Acknowledgement Form***

If this project is approved for support, I agree to provide a project report and financial statement at the completion of the one-year award duration. I agree to return to Eversight any unexpended funds. I agree to acknowledge the support of Eversight in all publications resulting from this grant and to submit to Eversight timely reports on publications, presentations, and any further funding from other sources. Failure to meet these agreements could jeopardize future funding in the academic departments or units associated with the investigator.

Does this proposed research project include the use of laboratory animals? **\***

Yes/No

Does this proposed research project include the use of human subjects? **\***

Yes/No

I have read and agree to all the terms and conditions**\***

I Agree

## *Acknowledgement Form Submission Instructions*

**Principle Investigator\***

Name:

Signature:

Department Chair

Name:

Signature:

Date:

## *Submit supporting graphs, figures and additional documents*

## *\*\*Upload your supporting documents online\*\**