



2024 NAAF Research Grant Application Instructions and Template

Application Deadline: 11:59 PM PT, Thursday, September 26, 2024

NAAF Research Grants are 1-year, non-renewable awards with an expected start date of 1/15/25. Applicants may request up to **\$50,000** (direct costs only). Multiple awards are available for the 2024 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/ targets that could lead to new therapies, and development/ characterization of new animal models
- 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. Applications must be written in 11pt Arial or Calibri font or larger with at least one-half inch margins. Applications must include completed Face Page (next page in this document), including institutional information and signature.

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 for additional information or with any questions on the NAAF Research Grant application or review process.

TITLE OF PROJECT

Do Not Exceed 100 Characters

APPLICANT INFORMATION

APPLICANT NAME

Last, First, Middle Initial

CURRENT POSITION TITLE

e.g. Associate Professor

TELEPHONE

+1-555-777-3333

EMAIL

j.smith@university.edu

DEGREE(S)

e.g. MD, DO, PhD

CURRENT MAILING ADDRESS

Street Address
Building, Unit, Floor, Room
City, State/Province Postal Code
Country

CO-APPLICANT INFORMATION

CO-APPLICANT NAME (if applicable)

CURRENT POSITION TITLE

TELEPHONE

EMAIL

DEGREE(S)

CURRENT MAILING ADDRESS

PROJECT INFORMATION

PROJECT BUDGET

Total Project Budget \$0.00

Total Grant Request \$0.00

HUMAN SUBJECTS RESEARCH YES NO

Human Subjects Assurance No: _____

IRB No. or Status: _____ DSMP Required? _____

RECOMBINANT DNA YES NO

Status: _____ Date: _____

PROJECT PERIOD

Start Date MM/DD/YYYY

End Date MM/DD/YYYY

ANIMAL SUBJECTS RESEARCH YES NO

Animal Welfare Research No: _____

IACUC Status: _____ Letter Attached? _____

BIOHAZARDS YES NO

Adequate Protections Assured? _____

SPONSORING INSTITUTION INFORMATION

NAME OF SPONSORING INSTITUTION

American University

INSTITUTION EIN OR VATIN NUMBER

Tax ID #

NAME OF DESIGNATED OFFICIAL

Last, First, Middle Initial

TELEPHONE

+1-555-777-3333

EMAIL

j.smith@university.edu

SPONSORING DEPARTMENT

Department of Dermatology

INSTITUTION DUNS NUMBER

9-digit D-U-N-S #

TITLE OF DESIGNATED OFFICIAL

e.g. Grants Administrator

CURRENT MAILING ADDRESS

Street Address
Building, Unit, Floor, Room
City, State/Province Postal Code Country

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.

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.

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.

Applicant Signature:

Date:

MM/DD/YYYY

Co-Applicant Signature:

Date:

MM/DD/YYYY

Designated Official Signature:

Date:

MM/DD/YYYY

LAYPERSON ABSTRACT

The layperson project abstract is a succinct and accurate description of the proposed work and should stand on its own (separate from the application). Explain the nature of the work and its potential significance in advancing alopecia areata research. This section should be informative and understandable to non-scientific members of the alopecia areata community and the lay public. **(450 words or less)**

PROJECT SUMMARY

State the project's broad, long-term objectives and specific aims, referring to the potential contributions of the project to the understanding of alopecia areata, including the development of treatments or a cure if applicable. Describe the research design and methods for achieving the stated goals and key focus of the proposed project. Put the project in the context of what is known and what still needs to be understood about alopecia areata and the autoimmune and hair research landscape at this time. **(1 page or less)**

RESEARCH PLAN (7 page maximum, not including references)**A. 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)

B. 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.

C. 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.

D. 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.

E. 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.

F. 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).

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.

DETAILED BUDGET

Start Date

End Date

A. 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
Personnel Total (\$)					= F1 + F2 + F3 + F4

B. 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
Supplies Total (\$)			= D1 + D2 + D3 + D4

C. Travel (Up to \$750)

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

D. 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

E. Patient Care

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

F. Other Expenses

Expense Item	Cost (\$)	
e.g. Submission to journal for publication	e.g. \$150	
Other Expenses Total (\$)		= Sum of Costs
TOTAL BUDGET		= Sum of Totals

BUDGET JUSTIFICATION

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)

QUESTIONNAIRE

- 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.

- 2. 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.

- 3. Has your previously funded work from NAAF been published? Please list titles, publications and dates of publications**

Click or tap here to enter text.

OTHER CURRENT AND PENDING SUPPORT

List current and other pending financial support for the proposed project.

Source

Anticipated Amount (\$) Start Date End Date

Source

Anticipated Amount (\$) Start Date End Date

Source

Anticipated Amount (\$) Start Date End Date

Source

Anticipated Amount (\$) Start Date End Date

Source

Anticipated Amount (\$) Start Date End Date

ATTACHMENTS

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

 BIOGRAPHICAL SKETCH

Use the [NIH biosketch format](#) 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:

- A. 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.
- B. A Data Safety Monitoring Plan (DSMP) for any proposed study that places human subjects at more than minimal risk.
- C. 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.
- D. Research involving Recombinant DNA meets the current requirements outlined in NIH Guidelines.
- E. 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.
- F. 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:

- A. Letters of Collaboration (if applicable)
- B. A copy of the IRB application and patient consent forms (if applicable)
- C. Other materials pertinent to the grant proposal not already described.