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| **FFB Enhanced Career Development Award****Grant Application Face Page**  | **For FFB Use Only** | **Rec’d:** |
| **Rev’d:** | **Award:** **[ ] Yes** **[ ] No** |
| **Term:** | **Amount:** |
| **Title of Project:** (use title of proposed research project)       |
| **CDA Applicant** |
| **Name:** (last, first, middle initial):      | **Address:** (street, city, state, zip)                |
| **Degrees:**       |
| **Title:**       |
| **Dept:**       | **E-Mail:**       |
| **Institution:**       | **Ph:**       | **Fx:**       |
| **Program:** Your application should address one of the following NNRI priority program areas. **Please select 1 only**. |
| [ ]  Cell and Molecular Mechanisms of Disease [ ]  Clinical: Structural and Functional Relationships [ ] Gene Therapy [ ]  Genetics [ ] Novel Medical Therapies (encompasses Neuroprotection and Nutritional) [ ] Regenerative Medicine (encompasses Cell Based Therapy)  |
| **Conflict of Interest** | **Stem Cells** |
| Do you have any commercial financial interest in the molecule or studies? [ ] Yes [ ] No | Does this research use stem cells? [ ] Yes [ ] No[ ] Human [ ] Embryonic [ ] Fetal [ ] Adult [ ] Umbilical/Cord Blood |
| **Human Subjects, Animal Welfare and Recombinant DNA** |
| **Human Subjects** **[ ]** Yes [ ] No**Clinical Trial** [ ] Yes [ ] No**If Yes, Human Subjects****Assurance #**      | **Vertebrate Animals** **[ ]** Yes **[ ]** No**If Yes, IACUC app’l date:**     **If Yes, Animal Welfare Assurance #:**       | **Does this involve recombinant DNA?** **[ ]** Yes [ ] No**If Yes, IBC approval received?****[ ]** Yes [ ] No |
| **Disease & Research Area Categories –** For tracking purposes, please indicate: |
| Which **diseases** are of **primary focus**?  | Which **research categories apply**?  |
| [ ]  Dry Age-related Macular Degeneration[ ]  Bardet-Biedl Syndrome[ ]  Best Disease[ ]  Choroideremia[ ]  Dominant Retinitis Pigmentosa[ ]  Leber Congenital Amaurosis[ ]  Recessive Retinitis Pigmentosa[ ]  Retinitis Pigmentosa[ ]  Retinoschisis[ ]  Stargardt Disease [ ]  Usher Syndrome[ ]  X-linked Retinitis Pigmentosa[ ]  Other – Specify       | [ ]  Cell and Molecular Mechanisms of Disease[ ]  Clinical: Structural and Functional Relationships[ ]  Gene Therapy[ ]  Genetics[ ]  Novel Medical Therapies  (e.g., technologies and drug delivery)[ ]  Regenerative Medicine (e.g., stem and progenitor cells) |
| **Key Words** (max of three): | 1)       | 2)       | 3)       |
| **Grant Administrator to be Notified of Award** | **Official Signing for Applicant Organization** |
| **Name:**       | **Name:**       |
| **Title:**       | **Title:**       |
| **Address:**                      | **Address:**                      |
| **Ph:**       | **Fx:**       | **Ph:**       | **Fx:**       |
| **E-mail:**       | **E-Mail:**       |
| **Applicant Organization Certification and Acceptance:** I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with FFB terms and conditions if a grant is awarded as a result of this application. I am aware that false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.  | **Signature of Official Named Above:** |
| **Date:**       |
| **CDA Applicant:**  I certify that the statements made 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 FFB required reports if a grant is awarded as a result of this application.  | **Signature of CDA Applicant:** |
| **Date:**       |

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| **Foundation Fighting Blindness****Enhanced Career Development Application Face - Page 2** |
| **CDA Applicant Name:** |
| **Title of Project:**       |
| **Supervisor – Translational Research Project** |
| **Name:** (last, first, middle initial):      | **Address:** (street, city, state, zip)                |
| **Degrees:**       |
| **Title:**       |
| **Dept:**       | **E-Mail:**       |
| **Institution:**       | **Ph:**       | **Fax:**       |
| **Signature:** | **Date:**  |
| **Supervisor – Clinical Studies (if applicable)** |
| **Name:** (last, first, middle initial):      | **Address:** (street, city, state, zip)                |
| **Degrees:**       |
| **Title:**       |
| **Dept:**       | **E-Mail:**       |
| **Institution:**       | **Ph:**       | **Fax:**       |
| **Signature:** | **Date:** |
| **Supervisor – Clinical Trials (if applicable)** |
| **Name:** (last, first, middle initial):      | **Address:** (street, city, state, zip)                |
|  |
| **Title:**       |
| **Dept:**       | **E-Mail:**       |
| **Institution:**       | **Ph:**       | **Fax:**       |
| **Signature:** | **Date:** |
| **Sponsoring Department Chair** |
| **Name:** (last, first, middle initial):      | **Address:** (street, city, state, zip)                |
|  |
| **Title:**       |
| **Dept:**       | **E-Mail:**       |
| **Institution:**       | **Ph:**       | **Fax:**       |
| **Signature:** | **Date:** |