



Cornelia de Lange Syndrome Foundation 2019 Research Grant Application

Funding is available to young investigators defined as students, fellows, or faculty within the first 5 years of their appointment at academic and research institutions in the United States. Overhead, salary or indirect costs *are not* supported by these grants. **The maximum funding request per application in 2019 is \$10,000, with a total of \$20,000 available.**

The format for submitting proposals is outlined below.

Letter of Intent

Submit a one-page Letter of Intent including the applicant's name, degrees and current institution as well as a brief description of the proposed study via email to director@CdLSusa.org by February 28, 2019. Proposals will only be accepted from applicants who have submitted the Letter of Intent by the indicated due date.

Face page

Complete the cover page with appropriate signatures (see page 3).

Bio-sketch (limit to two pages)

- Name of applicant and degrees
- Undergraduate and postgraduate education and degrees granted
- Current and past positions
- Other grant support available to you or your lab for the study, if applicable
- Relevant publications

Budget

Indirect and overhead costs *are not* supported by this grant mechanism. The funding period is for 12 months and must begin in 2019. Please include the dollar amount you request to complete the different phases of your study (e.g., data collection, data analysis, etc.). Budgets should also include costs for materials necessary to perform the study (e.g., equipment, testing, etc.).

Summary of Need for Study (limit to one-half page)

For clinical projects, please indicate:

- Clinical relevance to individuals with CdLS
- Comparison of your area of focus between individuals with CdLS and those without
- Ages at which your area of focus is most significant and/or originates
- What the study will measure and what question(s) the study will answer
- How these findings will be of value to the overall population of people with CdLS

For basic science projects, please indicate:

- Relevance to understanding the pathophysiology of CdLS
- Samples and/or systems to be used to address hypothesis





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- What the study will measure and what question(s) the study will answer
- How these findings will be of value to the overall population of people with CdLS

Study design (limit to four pages, excluding references)

Following your study summary, please detail the steps in your study design:

- Hypothesis
- Specific aims
- Background and significance of study
- Preliminary results
- Research design and methods, including:
 - Start date and duration of the study
 - Number of participating people with CdLS (if applicable)
 - Number of people without CdLS or source of non-CdLS data to be used for comparison (if applicable)
 - Animals to be used (if applicable)
 - Methodology for sample collection (if applicable)
 - Methodology for clinical/behavioral/educational assessments (if applicable)
 - Status of the IRB and/or IACUC and Animal Welfare Assurance approval for this study. (Please note that approval *is required* before starting your study but application can be concurrent).

References

- Literature cited

Please submit a copy of your proposal via email to director@CdLSusa.org by March 30, 2019.

The CdLS Foundation appreciates the efforts of the scientific community to better diagnose and understand CdLS. Each day, we enlist the expertise of professionals from many fields including genetics, biology, behavior, dentistry, and education in a collective effort toward advancing global recognition and understanding of the syndrome. We are grateful for your interest in our mission and your submission of this research proposal.

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CdLS Foundation | 302 West Main Street, #100 | Avon, CT 06001 | www.CdLSusa.org





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Cornelia de Lange Syndrome Foundation Research Study Application

Title of application:

Name of applicant:

Post-graduate degree(s) of applicant:

Title of applicant at present institution:

Division/department of applicant:

Applicant's institutional address:

Tel.: _____ Fax: _____ Email: _____

Administrative official to be notified if approval is made

Name: _____ Tel./email: _____

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If human subjects are used as part of this proposal: status of IRB approval (required):

- not submitted
- submitted, approval pending
- approved/protocol number: _____

Name and Signature of IRB-official:

Name Signature Date

If animals are used as part of this proposal: Status of IACUC approval:

- not submitted
- submitted, approval pending
- approved/protocol number: _____

Name and Signature of IACUC official:

Name Signature Date

Please check the category that best fits the area of focus for your study:

- Clinical
- Developmental Biology
- Molecular Biology
- Behavior
- Education
- Other (specify): _____

Name and signature of Applicant:

Name Signature Date

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