

# 2019 Fall Medical Research Application

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*Robert J. Kleberg, Jr. and Helen C. Kleberg Foundation*

## *Instructions*

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This application is for **medical research related requests** only. This includes medical research studies, medical animal research studies, and medical research faculty requests. Use the '2019 Fall General Grant Application' for all other requests.

Review the Grant Guidelines on our website at [www.klebergfoundation.org](http://www.klebergfoundation.org) for instructions on how to apply. Review the application questions and required attachments by clicking 'Print Questions' on this screen or from the Logon page.

This application employs many forms similar to a National Institutes of Health (NIH) application. Please refer to the NIH guidelines at <https://grants.nih.gov/grants/funding/phs398/phs398.pdf> for definitions of terms. Download the Foundation's Medical Research Budget form to complete and submit with your application. Applications must be submitted before midnight CST on Monday, September 30. Late submissions cannot be accepted.

**Questions and attachments with an asterisk (\*) are required** and must be answered or uploaded before you can submit. Questions without an asterisk are optional and should be answered if they apply. Answers are automatically saved and you do not have to complete the application in one session.

For questions, contact Margret Bamford at [margretb@alexventures.com](mailto:margretb@alexventures.com) or call 210-316-8398 if urgent.

## *I. Organization Information*

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### **Organization Name\***

*Character Limit: 150*

### **Other Name Used**

If you are doing business under a different name, list your d/b/a name here.

*Character Limit: 150*

## Organizations Doing Business Under Another Name

If the organization is doing business under another name than its legal name, upload a scanned copy of the documentation from the applicable state/government entity, generally the secretary of state's office, recognizing the d/b/a name.

*File Size Limit: 1 MB*

## Organization Verification\*

Please review and verify the organization and contact information for this account in the online system; make any needed corrections. By clicking Yes, you confirm that you have done so and that the information for this account is correct and up to date. Contact Margret Bamford at 210-271-3691 if changes need to be made.

### Choices

Yes, the organization and contact information is correct.

## Organizational Development

Use this space to highlight any significant organizational developments or changes that might impact or relate to your study or field of study, if any.

*Character Limit: 1300*

## Requested By Name\*

For universities or medical schools, the Provost, Chancellor, President, or Executive Vice President overseeing all research should submit the request letter. Enter the **name only** (no credentials) of this person (the Officer) who will sign the request letter using this **format**:

**Robert Smith**

*Character Limit: 35*

## Requested by Salutation\*

i.e.: Dr., Ms., Mr., or Mrs.

*Character Limit: 5*

## Requested By Title\*

Title of the Officer who will sign the request letter.

*Character Limit: 50*

## Requested By Mailing Address\*

Enter the Officer's mailing address.

*Character Limit: 250*

## FedEx Address\*

Enter the contact name, mailing address, and phone number for the person who could receive a FedEx delivery of an award letter and check, should a grant be awarded.

*Character Limit: 250*

### Cover Letter\*

A short request letter that includes a brief description of the request, the amount requested, request period, how this research will be transformative, and the reasons why this principal PI and this study was selected above all other possible requests; this should be signed by the person listed above. This letter must be in pdf format.

*File Size Limit: 2 MB*

### IRS Ruling\*

A scan copy of the IRS ruling or determination letter (see grant guidelines on our website for details).

*File Size Limit: 1 MB*

## II. Request Details and Research Plan

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### Executive Summary\*

Provide a succinct, stand-alone summary of the proposed work, including study goals, design and methods, expected results, impact, and relevance to the field. **The Executive Summary should be written in layman terms that is understandable by a general audience.**

*Character Limit: 2500*

**This following section should be written in terms that are understandable to a medical researcher who may not necessarily have conducted research in your focus area.**

### Study Title\*

*Character Limit: 100*

### Amount Requested\*

Total amount of your request from the Foundation. If this is a multi-year request, provide the total amount requested for all years combined. Please note that the Foundation generally does not provide funding for more than 3 years and does not fund organization indirect or administrative costs, or overhead allocations.

*Character Limit: 20*

Enter the amount requested for each year. Enter the number zero for all years beyond those for which you are requesting funding.

### Year 1 Request\*

*Character Limit: 20*

### Year 2 Request\*

*Character Limit: 20*

### Year 3 Request\*

Character Limit: 20

### Study Cost\*

Provide the **total direct costs** of the study for the years of your request. Do not include indirect costs or overhead allocations since the Foundation does not cover such costs.

Character Limit: 20

### Begin Date\*

Beginning date of the grant period/proposed period of support.

Character Limit: 10

### End Date\*

Ending date of the grant period/proposed period of support.

Character Limit: 10

### Principal Investigator\*

Provide the full name of the **primary** principal investigator responsible for carrying out the study using this **format: Dr. Joseph K. Smith**

Character Limit: 50

### Principal Investigator Information\*

Provide the **primary** principal investigator's title and credentials and highlight current and past affiliations.

Character Limit: 2000

### Additional Investigators

Provide the names and academic credentials only of additional principal investigators or co-investigators participating in the study, if any. Enter one name with academic credentials per line.

Character Limit: 250

### Additional Investigator Information\*

Provide the titles and highlight the credentials and current and past affiliations of any additional investigators.

Character Limit: 3000

### Key Staff

Provide the names and titles of other key staff and their involvement in the study, if any, and describe how the study will be overseen, as appropriate.

Character Limit: 1000

**Will the work described in the Research Plan be conducted at more than one site?\***

**Choices**

- Yes
- No

**Project Address\***

Please provide the physical address for all sites where the work will be conducted. List the address of the applicant organization site first.

*Character Limit: 500*

**Request Type\***

**Choices**

- Basic Science Medical Research
- Translational or Clinical Medical Research
- Both

**Medical Focus Area\***

Please check the general medical focus area where your proposed study best fits.

**Choices**

- Allergy and Immunology
- Biochemistry
- Cardiology
- Dermatology
- Dietetics
- Embryology
- Endocrinology
- Gastroenterology
- Genetics
- Hepatology
- Immunology
- Infectious Disease
- Nephrology
- Neurology
- Oncology
- Ophthalmology
- Personalized Medicine
- Psychiatry
- Pulmonology
- Rheumatology
- Toxicology
- None of these

**If None of These, please list**

*Character Limit: 60*

## Specific Aims\*

Describe the specific aims of the proposed research, how each will be accomplished, and the impact on the research field involved. List specific objectives, e.g., to test a stated hypothesis, create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, develop new technology, etc.

**If Entering Text Only, PLEASE enter your text directly into this text box, do not upload it as a separate document.** If you wish to include exhibits, charts, graphics or tables, insert these into your document, upload it as a pdf copy here, and leave this text box blank. Limit your pdf upload file to **2 pages** (no character count needed); clearly label it as Specific Aims.

*Character Limit: 4000 | File Size Limit: 3 MB*

## Preliminary Work

Briefly describe any preliminary work. **If Entering Text Only, PLEASE enter your text directly into this text box, do not upload it as a separate document.** If you wish to include exhibits, charts, graphics or tables, insert these into your document, upload it as a pdf copy here, and leave this text box blank. Limit your pdf upload file to **2 pages** (no character count needed); clearly label it as Preliminary Work.

*Character Limit: 3000 | File Size Limit: 3 MB*

## Research Strategy\*

Describe your research strategy, addressing the following areas as applicable: significance to the field; innovation; study approach in terms of methodology, experimental procedures and analyses used to accomplish the specific study aims; the outcomes expected including possible unanticipated developments; and feasibility and high risk aspects of the proposed work. If vertebrate animals are involved, provide details in a subsequent question of this section.

**If Entering Text Only, PLEASE enter your text directly into this text box, do not upload it as a separate document.** If you wish to include exhibits, charts, graphics or tables, insert these into your document, upload it as a pdf copy here, and leave this text box blank. Limit your pdf upload file to **5 pages** (no character count needed); clearly label it as Research Strategy.

*Character Limit: 10000 | File Size Limit: 4 MB*

## Literature Cited

*File Size Limit: 1 MB*

## Population Most Impacted

Please explain if your study focuses on a specific demographic segment of the population.

*Character Limit: 500*

## Project Collaboration, Consultants, Consortium

If applicable, describe other organizations, consultants, subcontractors, or companies with whom you have contractual or formal arrangements regarding this study or its outcomes, the nature of your arrangement(s) and how you will work together.

*Character Limit: 1500*

## Collaboration Letters

For each institution listed as a collaborating partner or subcontractor, obtain a one-page letter of support confirming your proposed collaboration. This letter should be signed by their Executive Officer. Scan all such letters into one document and upload that single document here.

*File Size Limit: 2 MB*

## Vertebrate Animals\*

Does your study involve vertebrate animals?

### Choices

Yes

No

## Vertebrate Animal Certification

If your study involves vertebrate animals, does it conform with NIH requirements found at <http://grants.nih.gov/grant/funding/phs398/phs398.pdf>, Section 5.5.5? You may be asked to provide substantiating documents, if funded.

### Choices

Yes

No

Not Applicable

## Vertebrate Animals Details

If your study involves vertebrate animals, please describe the animals and proposed procedures following NIH guidelines, addressing the three criteria listed by NIH. See <http://grants.nih.gov/grants/funding/phs398/phs398.pdf>, Section 5.5.5.

*Character Limit: 2000*

## Human Subjects and Clinical Trials\*

Does your study involve human subjects?

### Choices

Yes

No

## Human Subject Certification

If your study involves human subjects, does your study conform to NIH requirements as described in the NIH application found at

<http://grants.nih.gov/grants/funding/phs398/phs398.pdf>, Section 5.5.12, and in the Human Subjects Research found at <https://grants.nih.gov/policy/humansubjects.htm>? You may be asked to provide substantiating documents if funded.

#### Choices

Yes

No

Not Applicable

### Human Embryonic Stem Cells\*

Does your study involve human embryonic stem cells?

#### Choices

Yes

No

### Human Embryonic Stem Cell Certification

If your study involves human embryonic stem cells, will the line used be one from the stem cell registry at [https://grants.nih.gov/stem\\_cells/registry/current.htm](https://grants.nih.gov/stem_cells/registry/current.htm)? See NIH requirements at <http://grants.nih.gov/grants/funding/phs398/phs398.pdf>, Section 4.2. You may be asked to provide substantiating documents, if funded.

#### Choices

Yes

No

Not Applicable

## III. Project Budget and Funding

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Download the Foundation's Medical Research Study Project Budget file by clicking **HERE - use it**. The budget is similar to NIH, see <https://grants.nih.gov/grants/funding/phs398/phs398.pdf> Section 4.4 for definition of terms.

**Follow the instructions in the Foundation's budget file.** The budget worksheet has 2 sections: 'Total Medical Study Budget' and 'Request From Foundation.' **Both sections must be completed, even if they are the same** (Foundation asked to cover the entire cost of the study). Do not include indirect costs or overhead allocations in your budget or your request from the Foundation.

This file also includes a **worksheet asking about other funding** you have secured or will be requesting. Please make sure you **also complete this funding worksheet, if appropriate**.

Save this file to your computer for your annual Evaluation Report, should your request be approved.

**Requests that do not use the Foundation's Excel Budget file, or do not complete both sections, will not be considered.**

### **Project Budget\***

Upload your completed Medical Research Study Project Budget file (excel format). You are able to download this file in the Budget section of this application. **DO NOT UPLOAD A DIFFERENT FILE.**

*File Size Limit: 2 MB*

### **Project Budget Justification**

Please explain any unusual items, special considerations, or line items that are not self-explanatory in your excel project budget file.

*Character Limit: 6500*

### **Project Funding**

Please include any other pertinent information on how this project will be funded beyond the information provided in the excel Project Budget file.

*Character Limit: 4000*

### **Research Continuation**

Describe your plans for continued research on this topic after completion of this proposed study, if any, and how you expect to fund this effort.

*Character Limit: 2000*

## ***IV. Biographical Sketch and Curriculum Vitae***

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### **Biographical Sketch - Primary Principal Investigator responsible for study\***

Please format the biographical sketch according to NIH specifications and limit it to five pages. The NIH format can be found at <http://grants.nih.gov/grants/funding/phs398/phs398.pdf>, Section 4.6.

*File Size Limit: 1 MB*

### **Biographical Sketch - Second Principal Investigator or Co-Investigator**

Please format the biographical sketch according to NIH specifications and limit it to five pages.

*File Size Limit: 1 MB*

### **Biographical Sketch - Third Principal Investigator or Co-Investigator**

Please format the biographical sketch according to NIH specifications and limit it to five pages.

*File Size Limit: 1 MB*

### **Curriculum Vitae - Primary Principal Investigator responsible for study\***

*File Size Limit: 2 MB*

## **Curriculum Vitae - Second Principal Investigator or Co-Investigator**

*File Size Limit: 2 MB*

## **Curriculum Vitae - Third Principal Investigator or Co-Investigator**

*File Size Limit: 2 MB*

**THANK YOU FOR YOUR TIME AND EFFORT IN COMPLETING THIS APPLICATION!**

**Your request will be considered at the December 9 board meeting. You will receive an email no later than December 11 notifying you of the board's decision.**