

2025 Fall Medical Research Study Application

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

Instructions and Executive Summary

At this time, the Foundation will ONLY accept medical research study applications from institutions that they have funded within the past 10 years. Please do not submit an application if you have not been funded within the past 10 years as it will not be considered.

The Foundation is seeking highly innovative and groundbreaking medical research proposals from **top tier institutions** with whom we have a funding history in both basic biological and applied research that will have the greatest impact on scientific knowledge and human health. Proposals should be distinctive and novel in their approaches, not being done elsewhere, question the prevailing paradigm, and lead to advancement of knowledge in the field. A highly qualified scientific advisory committee will review all proposals. Applications are highly competitive, see our website for past awards.

For requests not related to medical research, use the 2025 Fall General Grant Application. For other medical research requests (other than medical research studies), or if you have any questions or are unsure which application to use, please contact Margret Bamford at margretb@alexventures.com.

Review the Grant Guidelines on our website at www.klebergfoundation.org for instructions on how to apply. Review the application questions and required attachments by clicking 'Preview' on the application screen, or from the Logon page.

This application is similar to a National Institutes of Health (NIH) application, but much simpler. 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 Study Project Budget Form to complete and submit with your application. Do not submit your own budget form.

By using the **COLLABORATE** feature, you can invite others, such as the PI, to also work in the application (and any follow ups if awarded). The **COLLABORATE** button appears at the top right of your application once you have started an application. For instructions on how to use this feature, [CLICK HERE](#). Please **ask your Collaborators when you invite them to click on the Existing Applications button and NOT to start a new application.**

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. **Your application must be submitted by midnight CST on Tuesday,**

September 30, 2025. Late applications cannot be accepted. For questions, contact Margret Bamford at margretb@alexventures.com or call 210-316-8398. Email is preferred.

Study Title*

Character Limit: 80

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: 2200

I. Organization Information

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*

STOP! 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 210-316-8398 if you were not able to make the needed changes.

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. Use 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

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. **No P.O. Box addresses.**

Character Limit: 250

Cover Letter*

A short request letter limited to **one page** that includes a very brief description of the request, the amount requested, request period, how this research will be transformative, and the **reasons why this PI and this study were selected** above all other possible requests. This letter should be signed by the Officer listed above and 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

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.

Amount Requested*

Enter the total amount of your request for all years. While the total project cost listed below may include indirect or administrative costs, or overhead allocations, include only costs that are directly related to your project in your request from the Foundation. Do not include indirect or

administrative costs, or overhead allocations in your request.

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.

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 costs** of the study for the years of your request. This may include indirect costs or overhead allocations.

Character Limit: 20

Begin Date*

Beginning date of the grant period/proposed period of support. This may be several months after the award date to allow sufficient time to prepare for the study to begin.

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. Use this **format: Dr. Joseph K. Smith**

Character Limit: 30

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.

Limit your pdf upload file to **2 pages** (no character count needed); clearly label it as Specific Aims.

File Size Limit: 3 MB

Preliminary Work*

Briefly describe any preliminary work. Limit your pdf upload file to **2 pages** (no character count needed); clearly label it as Preliminary Work.

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 (do not duplicate your study aims); and feasibility and high risk aspects of the proposed work. If vertebrate animals are involved, provide details in a subsequent question of this section.

Limit your pdf upload file to **5 pages** (no character count needed); clearly label it as Research Strategy.

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, list your collaborators and describe how you will work together and what contractual or formal arrangements you have with them regarding this study or its outcomes. **Explain who will derive any financial benefits from the study outcomes and how.**

Character Limit: 2000

Collaboration Letters

For each other institution listed as a collaborating partner or subcontractor (**other than your own**), 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.

Note: Collaboration letters are not required from researchers at your own institution.

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>? 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 and addressing each of the three NIH criteria. See <http://grants.nih.gov/grants/funding/phs398/phs398.pdf>.

Character Limit: 8000

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>, 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? See NIH requirements at <http://grants.nih.gov/grants/funding/phs398/phs398.pdf>. You may be asked to provide substantiating documents, if funded.

Choices

Yes

No

Not Applicable

III. Project Budget and Funding

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

Follow the instructions in the Foundation's budget file. Complete the 'Total Medical Study Budget' and 'Request From Foundation' sections, **even if they are the same**. You may include indirect costs or overhead allocations in your budget, but not in your request from the

Foundation. **Please enter the grant period date** at the top of your budget columns for each year of your request.

This file also includes a worksheet for other funding sources. Complete this worksheet only if you will also be using other funding sources, including institutional support, for this study.

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 all requested information, 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

Character Limit: 8500

Project Funding

If other funding will also be used to support this study, or if you have applied for other funding, please include that information here.

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

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 3, 2025, board meeting. The account Applicant will receive an email within a few days notifying the organization of the board's decision. Please check with that person about the board's decision.