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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:** | |