



Barth Syndrome
Foundation

www.barthsyndrome.org

2019 BSF GRANT APPLICATION INFORMATION FORM

Principal Investigator:

Name (Last, First, Middle Initial) _____

Title _____

Department _____

Institution _____

Full Mailing Address _____

City _____ State _____ Postal Code _____ Country _____

Telephone _____ Fax _____

E-Mail _____

Institutional Information:

Division or Department Head:

Name _____

Title _____

Telephone _____ Fax _____

E-Mail _____

Authorized Institutional Officer Signing for Organization:

Name _____

Title _____

Mailing Address _____

City _____ State _____ Postal Code _____ Country _____

Telephone _____ Fax _____

E-Mail _____

Fiscal Official to Whom Funds Should be Sent:

Name _____

Title _____

Mailing Address _____

City _____ State _____ Postal Code _____ Country _____

Telephone _____ Fax _____

E-Mail _____

Exact Name of Institution or Account to Which Funds Should be Made Payable:

Project Title:

Application Type:

____ **Idea** grant (\$50,000 maximum budget; 1-2 years)

____ **Development** grant (\$100,000 maximum budget; 2-3 years)

Is this application responding to RFA? ____ Yes ____ No

If Yes, what RFA? _____

Letter of Intent Sent to BSF—REQUIRED FOR DEVELOPMENT GRANT

APPLICATIONS: ____ Yes ____ No

Proposed Starting Date for the Project: _____

Project Funding Request:

TOTAL Funds Requested \$ _____ (U.S.) – NOT TO EXCEED US \$50,000
FOR IDEA GRANT OR \$100,000 FOR DEVELOPMENT GRANT

To be Paid Over: ____ years

This Project Will Involve the Following:

Human Subjects: No ____ Yes ____ - *If yes, please plan to submit institutional approval if awarded—funds cannot be issued without institutional approval*

Vertebrate Animals: No ____ Yes ____ - *If yes, please plan to submit institutional approval if awarded—funds cannot be issued without institutional approval*

For budget purposes, PI is:

“Young Investigator” ____ (non-tenured position or temporary employee)

“Established Investigator” ____ (tenured position or permanent employee)

X
X
X

I confirm that all of the information contained in this grant application is accurate and not misleading. I agree to accept responsibility for the scientific direction and conduct of this project. I certify that I have read the attached research grant policies, version 2 updated 2/20/2019, of Barth Syndrome Foundation, Inc. and that I will abide by them, if this grant is awarded. I acknowledge that I am aware that all decisions about grant applications made by Barth Syndrome Foundation, Inc. are final and are not subject to appeal.

Name of Applicant (*please print*) _____

Signature of Applicant _____

Date _____

I confirm that all of the information contained in this grant application is accurate and not misleading. I agree to accept oversight, legal and financial responsibility for this project. I certify that I have read the attached research grant policies, version 2 updated 2/20/2019, of Barth Syndrome Foundation, Inc. and that the institution I represent will abide by them, if this grant is awarded. I acknowledge that I am aware that all decisions about grant applications made by Barth Syndrome Foundation, Inc. are final and are not subject to appeal.

Name of Institutional Officer (*please print*) _____

Signature of Institutional Officer _____

Date _____

BSF RESEARCH GRANT APPLICATION BUDGET FORM/TABLE

Complete one Budget Form for the **TOTAL** project budget and a separate one for each year of the project (NOTE: the annual figures will serve as the basis for funds distribution -- one half of the annual amount will be disbursed semi-annually unless explicit six-month budgets are submitted in addition); **list all amounts in US \$.**

Budget Categories as listed:

Time Period: _____

Salaries and Benefits (listed by individual): [if PI is "Young Investigator," then <= 75% of Direct costs] [if PI is "Established Investigator," then <= 10% of Direct costs]	
SUBTOTAL (Subtotal not to exceed 75% of Direct costs)	
Non-capital Equipment and Supplies (listed by category):	
SUBTOTAL	
Patient Care (itemized by type of expense):	
SUBTOTAL	
Other (itemized by type of expense):	
SUBTOTAL	
TOTAL DIRECT COSTS	
TOTAL INDIRECT COSTS <i>(not to exceed 10% of Direct costs)</i>	
TOTAL (Direct + Indirect) COSTS (NOT TO EXCEED US \$50,000 FOR IDEA GRANTS OR US \$100,000 FOR DEVELOPMENT GRANTS)	