|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MTF Biologics Research Grant Application 2018 | **Application Category**: \_\_\_\_ Clinical Science \_\_\_\_ Extramural Research \_\_\_\_ Career  **Investigator Type:** \_\_\_\_ Junior \_\_\_\_ Established  **Resubmission Application:** \_\_\_\_YES \_\_\_\_ NO | | | | | | |
| 1. **PROJECT TITLE** | | | | | | | |
| 2. Dates Of Proposed Period Of Support: (*MM/DD/YY)*  From: Through: | | 3. Costs Requested for Each Year | | | | 4. Total REQUESTED Costs | |
| Year 1 | Year 2 | | Year 3 |
|  |  | |  |
| **5. Principal Investigator & INSTITUTION Information** | | | | | | | |
| 5a. Name: (Last, First, Middle) | | 5b. Degrees: | | 5c. NPI # | | | |
| 5d. Position Title: | | 5e. Mailing Address (Street, City, State, Zip)  e-mail | | | | | |
| 5f. DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT | | 5g. E-Mail Address | | | | | |
| 5h. TELEPHONE (Area code, number, extension)  Tel.: | |  | | | | | |
| 6a. Applicant Organization: | | 6b. Address | | | | | |
| 6c: NPI #: | | | | | |
| 7. Department Chairman  Name:  Title:  Street Address:  City, State, Zip  Phone:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | | 8. Official Signing for Applicant Organization  *(Administrative Official to be notified if Award is Made)*  Name:  Title:  Street Address:  City, State, Zip  Phone: | | | | | |
| 9a. Principal Investigator Assurance:  *I certify that the statements 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 or my institution to administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application* | | 9b. Signature of PI Named in 5a:  *(In ink. “Per” signature not acceptable.)* | | | | | Date: |
| 10a. 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 MTF Biologics terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me or my institution to administrative penalties*. | | 10b, Signature of Official Named in 8:  *(In ink. “Per” signature not acceptable.)* | | | | | Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| **11. FINANCIAL OFFICER INFORMATION** | | | |
| 11a. FINANCIAL OFFICER  Name: Phone:  Title & Department: e-mail:  Street Address:  City, State, Zip: | | | |
| 11b. FINANCIAL OFFICER SIGNATURE: | | | |
| 11c. PAYMENT INFORMATION  Payee For Check:  Address For Check:  Street Address:  City, State, Zip: | | | |
| **12. CO-INVESTIGATOR INFORMATION** | | | |
| 12a. Name: (Last, First, Middle) | 12b. Degrees: | 12c. NPI # |
| 12d. Position Title: | 12e. Mailing Address (Street, City, State, Zip)  e-mail | |
| 12f. DEPARTMENT | 12g. E-Mail Address | |
| 12h. TELEPHONE (Area code, number, extension)  Tel.: | 12i. Co-Investigator Signature | |
| 13a. Name: (Last, First, Middle) | 12b. Degrees: | 12c. NPI # |
| 13d. Position Title: | 13e. Mailing Address (Street, City, State, Zip)  e-mail | |
| 13f. DEPARTMENT | 13g. E-Mail Address | |
| 13h. TELEPHONE (Area code, number, extension)  Tel.: | 13i. Co-Investigator Signature | |
| ***Use Continuation Page if Necessary to include more than two Co-Investigators*** | | |
| **14. MISCELLANEOUS GRANT INFORMATION** | | |
| 15. Human Subjects: ­­­\_\_\_ YES \_\_\_ NO  15a. If “YES”, Exemption #:  or  IRB Approval Date:  \_\_\_\_ Full IRB \_\_\_\_ Expedited Review | 16. Vertebrate Animals: \_\_\_\_ YES \_\_\_\_ NO  16a. If, “YES”, IACUC #  16b. Animal Welfare Assurance #: | |

**MTF Biologics Policy on Grant Intellectual Property**

Each application must be accompanied by the following non-negotiable commitment, under the signature of Principal Investigator and an authorized representative of his/her institution, as follows:

**RIGHT-OF-FIRST NEGOTIATION; ALLOGRAFT SUPPLY**

MTF Biologics shall have a right of first and exclusive negotiation to participate in the development and commercialization of any product or intellectual property resulting from work associated with the Grant, as follows:

1. **Notice.** The investigator and his/her academic institution shall deliver written notice to MTF Biologics of the intended commercialization (the “**Commercialization Notice**”). The investigator and his/her academic institution shall promptly respond to reasonable requests for information made by MTF Biologics to permit MTF Biologics to evaluate its interest in the commercialization of the product or intellectual property.
2. **Right-of-First Negotiation.** Within 90 days of receiving the Commercialization Notice, MTF Biologics shall advise the investigator or his/her academic institution of its interest in commercializing such product or intellectual property. The parties will then negotiate the respective rights of the development in good faith, and will use all reasonable efforts to agree upon terms, conditions and other provisions within 60 days of MTF Biologics’ advice as aforesaid. If no such agreement is reached within such period, neither the investigator nor his/her institution will be constrained in the commercialization of such product or intellectual property, except as set forth in Paragraph (c), and except that an agreement with any other party for such commercialization will not be on terms (i) more favorable to the third party than those offered to MTF Biologics; or (ii) less favorable to institution than those proposed by MTF Biologics.
3. **Allograft Supply.** Without limiting the rights of MTF Biologics under Paragraph (b), the parties acknowledge and agree that MTF Biologics will have the exclusive option to become the sole supplier of allograft materials or any other biologic material which MTF Biologics provides to end users to support the commercialization of any product or intellectual property covered by a Commercialization Notice. The parties will execute a written supply agreement, negotiated in good faith, as expeditiously as practicable after the Commercialization Notice. Notwithstanding any other provision in this Paragraph (c), MTF Biologics may at any time deliver notice to the investigator or his/her institution that it does not opt to supply allograft materials in connection with such commercialization, in which case MTF Biologics will not be obligated to supply allograft or biologic materials and neither the investigator nor his/her institution will be constrained in arranging for an alternative supply.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Institutional Representative

**MTF Biologics Grant Keyword Selection List**

Rank three of the provided keywords in order of relevance to the proposed research project, with 1 being the most relevant. If a selection of “Other” is made, please type in one appropriate keyword. This list will be used to assign your grant proposal to the appropriate reviewers.

|  |  |
| --- | --- |
| \_\_\_\_\_\_ | Adipose |
| \_\_\_\_\_\_ | Bio-Reconstruction |
| \_\_\_\_\_\_ | Biomaterials, Bioconstructs, Scaffolds, or Matrix |
| \_\_\_\_\_\_ | Bone Repair, Healing or Incorporation |
| \_\_\_\_\_\_ | Cartilage or Osteochondral |
| \_\_\_\_\_\_ | Genetics or Gene Therapy & Delivery |
| \_\_\_\_\_\_ | Growth Factors |
| \_\_\_\_\_\_ | Health Economics |
| \_\_\_\_\_\_ | Ligaments or Tendons |
| \_\_\_\_\_\_ | Mechanics or Biomechanics |
| \_\_\_\_\_\_ | Meniscus |
| \_\_\_\_\_\_ | Molecular Biology or Cellular Signals |
| \_\_\_\_\_\_ | Muscle |
| \_\_\_\_\_\_ | Nerve |
| \_\_\_\_\_\_ | Physiochemical or Immunochemical Tolerance |
| \_\_\_\_\_\_ | Placental tissue |
| \_\_\_\_\_\_ | Precision Medicine |
| \_\_\_\_\_\_ | Regenerative Medicine |
| \_\_\_\_\_\_ | Soft Tissue Grafts, Fascia, or Mesh |
| \_\_\_\_\_\_ | Stem Cells |
| \_\_\_\_\_\_ | Tissue Banking, Processing, Storage, or Sterilization |
| \_\_\_\_\_\_ | Vascular Marrow |
| \_\_\_\_\_\_ | Viable Allografts |
| \_\_\_\_\_\_ | Wound Healing |
| \_\_\_\_\_\_ | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ABSTRACT OF RESEARCH PLAN:** Provide a **one page abstract** with five underlined key phrases to highlight the project. The abstract should be a stand-alone item that provides some background and rationale to the proposed research; hypotheses; specific aims; experimental design; preliminary data and potential outcomes. **DO NOT EXCEED THE SPACE PROVIDED.**

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**PERFORMANCE SITE(S)** *(organization, city, state) Indicate where the work described in the Research Plan will be conducted. If there is more than one performance site, list all the sites, including V.A. facilities and provide an explanation on the Resources page (HH) of the application.*

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**KEY PERSONNEL**. *Use continuation pages as needed to provide the required information in the format shown below.*

*Describe specific functions under justification on form Page 9.*

|  |  |  |
| --- | --- | --- |
| **Name** | **Organization** | **Role on Project** |
|  |  | Principal Investigator |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Type the name of the principal investigator at the top of each printed page and each continuation page.

**MTF BIOLOGICS RESEARCH GRANT APPLICATION**

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Biographical Sketch - Principal Investigator (*Not to exceed two pages)* 11 - 12

Other Biographical Sketches (*Not to exceed two pages for each.)* \_\_\_

**Research Plan**

***(Items a – d, Not to exceed 8 pages; Item h is not to exceed 2 pages)***

1. Specific Aims \_\_\_
2. Background, Significance and Rationale \_\_\_
3. Preliminary Studies/Progress Report \_\_\_
4. Research Design and Methods \_\_\_
5. Human Subjects and/or Vertebrate Animals \_\_\_
6. Literature Cited \_\_\_
7. Response to Prior Critiques (Resubmissions Applications Only; 1 page max.) \_\_\_
8. Support Items for W.F. Enneking Career Development Grants (2 pages max.) \_\_\_

Career Goals

Time Allocated to the Project

Relevance of the Project to the Mission of MTF Biologics

**BUDGET FORM (Expand as necessary)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SALARIES,WAGES AND FRINGE BENEFITS ((list all personnel associated with project)** | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **PERSONNEL** | RESPONSBILITIES | **% OF TIME** | Year 1 | Year 2 | Year 3 | Total | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | SUBTOTAL | | | | | |  | | | | | |
| **PERMANENT EQUIPMENT (Justification should be appended for items over $1000.00)** | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **DESCRIPTION OF ITEM/EQUIPMENT** |  |  |  | Total | Total | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | SUBTOTAL |  |  |  |  |  | | | | | |
| CONSUMABLE SUPPLIES | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **DESCRIPTION OF SUPPLIES** |  |  |  | Total | Total | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | SUBTOTAL |  |  |  |  |  | | | | | |
| ANIMALS (incl. ANIMAL CARE) AND/OR CLINICAL EXPENSES | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **DESCRIPTION OF SUPPLIES** |  |  |  | Total | Total | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | SUBTOTAL |  |  |  |  |  | | | | | |
| ALL OTHER EXPENSES | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **DESCRIPTION OF EXPENSES** |  |  |  | Total | Total | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | SUBTOTAL |  |  |  |  |  | | | | | |
| TOTAL EXPENSES | | | | |
| **Cost Category** | Year 1 | Year 2 | Year 3 | Total Direct Expenses $ |
| **Total Subdirect Expenses $** | **$** | **$** | **$** | **$** |
| **Total Indirect Expenses $** | **$** | | | **Total Requested $** |
| **Indirect Expenses %** |  | | | $ |

**BUDGET JUSTIFICATION**: Follow the budget justification instructions in the MTF Biologics guidelines. Use continuation pages as needed.

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**FACILITIES AND RESEARCH DISCLOSURE FORM**

|  |
| --- |
| **FACILITIES (Project location, hospital space, laboratory, institutional equipment, animal or clinical facilities, etc.)** |
|  |
| PRIOR MTF BIOLOGICS GRANT SUPPORT |
| |  |  |  | | --- | --- | --- | | **TITLE OF PROJECT** | AMOUNT | **PERIOD OF SUPPORT** | |  |  |  | |  |  |  | |
| OTHER RESEARCH SUPPORT RELEVANT TO THIS PROJECT |
| |  |  |  |  | | --- | --- | --- | --- | | **TITLE OF PROJECT** | SOURCE | **AMOUNT** | **PERIOD/SUPPORT** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| ADDITIONAL SUPPORT TO INVESTIGATORS |
| |  |  |  |  | | --- | --- | --- | --- | | **TITLE OF PROJECT** | SOURCE | **AMOUNT** | **PERIOD/SUPPORT** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

#### **BIOGRAPHICAL SKETCHES**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME / TITLE / DEPARTMENT / NATIONALITY | | | |
| Name of Investigator | Title | Department Affiliation | Present Nationality  (If Non-US Citizen, Please indicate status) |
|  |  |  |  |
| TRAINING AND EDUCATION (Begin with Baccalaureate training include Post-Doctoral and clinical training – if applicable) | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **INSTITUTION** | LOCATION | **DEGREE** | **YEAR CONFERRED** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | |
| HONORS | | | |
|  | | | |
| MAJOR RESEARCH INTEREST | | | |
|  | | | |
| RELATIONSHIP TO PROPOSED PROJECT | | | |
|  | | | |
| OTHER RESEARCH SUPPORT | | | |
|  | | | |

**BIOGRAPHICAL SKETCHES (Continued)**

|  |
| --- |
| RESEARCH AND/OR PROFESSIONAL EXPERIENCE (Start with present position and list ALL experience relevant to project, Include Publications) |
|  |

#### **BIOGRAPHICAL SKETCHES**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME / TITLE / DEPARTMENT / NATIONALITY | | | |
| Name of Investigator | Title | Department Affiliation | Present Nationality  (If Non-US Citizen, Please indicate status) |
|  |  |  |  |
| TRAINING AND EDUCATION (Begin with Baccalaureate training include Post-Doctoral and clinical training – if applicable) | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **INSTITUTION** | LOCATION | **DEGREE** | **YEAR CONFERRED** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | |
| HONORS | | | |
|  | | | |
| MAJOR RESEARCH INTEREST | | | |
|  | | | |
| RELATIONSHIP TO PROPOSED PROJECT | | | |
|  | | | |
| OTHER RESEARCH SUPPORT | | | |
|  | | | |

**BIOGRAPHICAL SKETCHES (Continued)**

|  |
| --- |
| RESEARCH AND/OR PROFESSIONAL EXPERIENCE (Start with present position and list ALL experience relevant to project, Include Publications) |
|  |

**RESEARCH PLAN**