

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 <table border="1"> <tr> <td>Year 1</td> <td>Year 2</td> <td>Year 3</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		Year 1	Year 2	Year 3			
Year 1	Year 2	Year 3							
		4. TOTAL REQUESTED COSTS							
5. PRINCIPAL INVESTIGATOR & INSTITUTION INFORMATION									
5a. NAME: (Last, First, Middle)		5b. DEGREES:	5c. NPI #						
5d. POSITION TITLE:		5e. MAILING ADDRESS (Street, City, State, Zip)							
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>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</i>		9b. SIGNATURE OF PI NAMED IN 5a: (In ink. "Per" signature not acceptable.)	Date:						
10a. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: <i>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.</i>		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)

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)

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:

(A) 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.

(B) 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.

(C) 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 _____
Principal Investigator

Date _____

Signature _____
Authorized Institutional Representative

Date _____

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 _____

Principal Investigator (Last, First) _____

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.**

Principal Investigator (Last, First,) _____

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.

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.

<u>Name</u>	<u>Organization</u>	<u>Role on Project</u>
		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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Research Plan

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

- a) Specific Aims ___
 - b) Background, Significance and Rationale..... ___
 - c) Preliminary Studies/Progress Report
 - d) Research Design and Methods..... ___
 - e) Human Subjects and/or Vertebrate Animals..... ___
 - f) Literature Cited..... ___
 - g) Response to Prior Critiques (Resubmissions Applications Only; 1 page max.)
 - h) 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	RESPONSIBILITIES	% 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
SUBTOTAL						
CONSUMABLE SUPPLIES						
DESCRIPTION OF SUPPLIES						Total
SUBTOTAL						
ANIMALS (incl. ANIMAL CARE) AND/OR CLINICAL EXPENSES						
DESCRIPTION OF SUPPLIES						Total
SUBTOTAL						
ALL OTHER EXPENSES						
DESCRIPTION OF EXPENSES						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 %						\$

Principal Investigator (Last, First,) _____

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

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

Principal Investigator (Last, First,) _____

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			

RESEARCH AND/OR PROFESSIONAL EXPERIENCE

(Start with present position and list ALL experience relevant to project, Include Publications)

Principal Investigator (Last, First) _____

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			

Principal Investigator (Last, First) _____

BIOGRAPHICAL SKETCHES (Continued)

RESEARCH AND/OR PROFESSIONAL EXPERIENCE

(Start with present position and list ALL experience relevant to project, Include Publications)

Principal Investigator (Last, First)_____

RESEARCH PLAN