

**Curing Retinal Blindness Foundation**  
**2018 Research Grant Application**

The Curing Retinal Blindness Foundation (CRBF) was established by a group of families with children blind due to mutations in the CRB1 gene. The group's mission was defined to raise funds and support research projects directed towards the cure of retinal diseases caused by mutations in CRB1.

**Submission must be received by November 30, 2018**

***Submit one (1) electronic application and attachments  
and mail one original copy of both the application and the attachments to Curing  
Retinal Blindness Foundation, 35 Sienna Circle, Ivyland, PA 18974***

Research Project Title:

Funding Request (\$30,000 maximum, larger requests will be considered if well justified):

**CONTACT INFORMATION**

Institution (Full Name)

Complete Mailing Address (Where check is to be mailed)  
(Include department, room number, street, city, zip)

Principal Investigator (Will serve as primary contact person)

Full Name

Circle One:    Medical Student;    Resident;                      Fellow;                      Faculty;  
                         MD (\_\_\_\_ Year);    PhD (\_\_\_\_ Year)

Title

Email

Phone (work and cell)

FAX

Institution Grant Coordinator

Full Name

Email

Phone (work and cell)

FAX

First Co-Investigator  
Full Name, Degree  
Email  
Phone (work and cell)  
FAX

Mentor (If Principal Investigator is a resident or medical student)  
Full Name, Degree  
Email  
Phone (work and cell)  
FAX

## PROPOSAL

**Project Abstract** (*Please describe your proposal in ONE paragraph using layman's language. Include problem statement, what your research will investigate and accomplish during the one-year term of the grant. Be specific. Grant requests will be held in strict confidence*)

**Purpose of Project or Hypothesis to be Tested**

**How Will This Project Further the Possibility of a Cure for CRB1?**

## Specific Goals/Outcomes of Research Project

## Materials and Methods to Be Used

## Statistical Evaluation to Be Used

### Human Subjects

No

Yes Approval Date \_\_\_\_\_ or Pending anticipated date \_\_\_\_\_  
Enclose copy of Approval Letter

### Animal Subjects

No

Yes Approval Date \_\_\_\_\_ or Pending anticipated date \_\_\_\_\_  
Enclose copy of Approval Letter

**Is this a stand-alone project or an aspect of a larger research project?**

**If part of a larger project, what are the other funding sources and amounts?**

**BUDGET**

Funds cannot be used for major equipment, computers, software (may consider software specialized to the research), indirect costs, institutional administrative fees, manuscript preparation, publication costs.

<u>Budget Category</u>  (Provide in detail - "Supplies" or "Other" will not be considered)	<u>Budgeted Cost</u>  (Round numbers)
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
\$75 scientific poster allowance (optional)	\$
	\$
<b>TOTAL</b>	\$

**Budget Narrative**

*(Provide detail and justification for budgeted items.)*

**CURRICULUM VITAE**

Brief curriculum vitae of the principal investigator including abstracts, publications and grants awarded within the last five years.

*(Insert in this section or provide as attachment)*

**AUTHORIZATION**

**\*Must be original signature. No electronic signatures**

As **Department Head** I authorize this research project and the writing of this grant.

Print Name

Date

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

As **Principal Investigator** I fully participated in the design of the research project and the writing of this grant. I also commit to completing the research project on or before January 31, 2016.

Print Name

Date

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

As **Mentor** I fully participated in the design of the research project and the writing of this grant.

Print Name

Date

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

As **Co-Investigator** I fully participated in the design of the research project and the writing of this grant.

Print Name

Date

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

As **Co-Investigator** I fully participated in the design of the research project and the writing of this grant.

Print Name

Date

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

**Include additional Co-Investigators as needed.**

## ATTACHMENTS

Letter of recommendation from mentor (if Principal Investigator is a resident or medical student)

Curriculum Vitae if not incorporated above.

Approval letter from IRB or IACUC.