

# Application for Grant-in-Aid

## Instructions

- A. Please read through the application carefully and include all the required information. There are five parts to this application: 1) a Summary Information sheet; 2) a Supplemental Information section; 3) a Budget Form and an Other Funding portion 4) a Project Description, and 5) a Biographical Sketch. Please make sure each section is complete.
- B. Submit a PDF of your application to [asteele@glaucomafoundation.org](mailto:asteele@glaucomafoundation.org) by **Friday, September 8, 2023**. **The email should be titled "TGF Grant Application" with the PDF application attached to the email.**
- C. Submit one original and three copies of the completed application and the related appendices. **The hard copy applications must be in our office by Monday, September 11, 2023, 5:00 p.m. EST.**
- D. Mail/Email applications to: **Andrea Steele**  
Director of Operations  
The Glaucoma Foundation  
80 Maiden Lane, Suite 700  
New York, NY 10038  
[asteele@glaucomafoundation.org](mailto:asteele@glaucomafoundation.org)

For technical questions, please contact: **Louis Pasquale, MD, FARVO**  
Shelley and Steven Einhorn Distinguished Professor of  
Ophthalmology  
Site Chair, Department of Ophthalmology,  
Mount Sinai Hospital Vice Chair, Translational Ophthalmology  
Research  
Mount Sinai Healthcare System  
[louis.pasquale@mssm.edu](mailto:louis.pasquale@mssm.edu)

**Proposals are evaluated annually, with an application deadline of September 8, 2023.**

**Applications submitted for the September deadline will be awarded in the winter of 2023.**

## Terms and Restrictions

- A. Grants are awarded for a one-year period and are renewable.
- B. Applicants must clearly demonstrate the Principal Investigator's understanding of glaucoma or his or her collaboration with an investigator who has experience in glaucoma research. If collaboration is warranted, a letter of support from the glaucoma researcher must be included in the application.
- C. Applicants must have a full-time faculty position or the equivalent.
- D. Initial grant funding for a one-year period is limited to a maximum of \$60,000. The Principal Investigator may apply for a renewal for up to \$60,000. Renewal grants are for an additional year's research and must be based upon findings from the first year's work.
- E. The Glaucoma Foundation does not provide funds for Investigator salaries, travel, overhead or other indirect costs. However, technician salaries are eligible.

- F. Excluding renewal grants, Principal Investigators are required to wait a minimum of two years from the funded cycle before submitting a new research application for consideration.
- G. Renewal Grant Applications are accepted after 18 months have elapsed from the beginning of an original grant award.

# Part One

# Summary Information

## A. Title of Project

## B. Principal Investigator

1. Name:
2. Degree(s):
3. Title:
4. Department:
5. Mailing Address:
6. Phone:
7. Fax:
8. Email Address:

## C. Names of Co-Investigators

## D. Name and address of institution at which project will be performed

## E. Dates of Proposed Period of Support (*month, day, year--MM/DD/YY*)

## F. Total amount of funds requested

## G. Signatures:

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 disqualify me as a future applicant. 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 understand that failure to submit the required reports will disqualify me as a future applicant.

\_\_\_\_\_ Date \_\_\_\_\_  
**Principal Investigator**

I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the terms of agreement if a grant is awarded as a result of this application.

\_\_\_\_\_ Date \_\_\_\_\_  
**Department Chair/ Official of Institution**

Principal Investigator \_\_\_\_\_

# Part Two

# Supplemental Information

### Summary

Please attach a description of the project's specific aims. Include the research design and the methods to be employed. If the application is funded, this description will become public information. Therefore, exclude proprietary/confidential information (200-500 words).

### Lay summary

Please write a summary which clearly describes the goals and importance of this project, in language which a person without professional and specialized knowledge of this subject should be able to understand (100-200 words).

Principal Investigator \_\_\_\_\_

## Part Three

## Proposed Budget/ Other Funding

### A. Budget Form

Note: At the present time, The Glaucoma Foundation does not provide funds for Investigator salaries, travel, overhead or other indirect costs.

**Budget Justification:** Please attach an explanation for proposed equipment expenditures and for proposed technician salaries.

#### Equipment

#### Cost

Total Equipment:

#### Consumable Supplies

#### Cost

#### Other:

#### Cost

Total Other:       \$

#### **Total Budget**

Total Budget:       \$

Principal Investigator \_\_\_\_\_

## Part Three (cont'd.)

## Proposed Budget/ Other Funding

### B. Other Support

Other support includes all financial resources, from public or private institutions, available in direct support of an individual's research projects. This definition includes research grants, cooperative agreements, contracts and/or institutional awards.

*There are no forms supplied for this section. Please use additional pages as needed.*

1. Using the format below, please describe all other support for this project and related research. In addition, please list all other institutions to which you have applied for funding for this project.

Name of Individual	Dates of Approved/Proposed Project	Percent Effort
<u>ACTIVE/PENDING</u>		
Principal Investigator:		
Amount Awarded/Requested:		
Source:		
Title of Project:		
The major goals of this project are:		
OVERLAP ( <i>summarized for each individual</i> ).		

2. Using the same format, please describe all other support for all current projects. Use additional sheets as necessary.

3. List all other institutions and foundations to which you have applied for funding for all current projects. Use additional sheets as necessary.

4. List all projects for which funding has been applied, but which is not a current project.

Principal Investigator \_\_\_\_\_

## **Part Four**

## **Project Description**

- A. Objective**
- B. Background**
- C. Experimental Design/Methodology**
- D. Preliminary Results**
- E. Significance**
- F. References**

## **Part Five**

## **Biographical Sketch**

Please provide a CV or Biosketch for the primary investigator and each of the key personnel conducting the research.