

Application for Grant-in-Aid

The Glaucoma Foundation offers grants to researchers striving to improve the lives of glaucoma patients through novel innovations and scientific advances. The areas of current focus for TGF's Grant Research program are Exfoliation Syndrome and Exfoliation Glaucoma, Pressure Independent Mechanisms of Glaucoma, Neuroprotection, and Genetics of Glaucomas that affect people under the age of 40 years. Examples of research that may be considered range from basic science to clinical interventions, such as genetics and genomic medicine, disease modeling, assessment of ocular perfusion, artificial intelligence, and clinical research. **The deadline for grant applications is September 6, 2024. A priority will be given to novel proposals with a viable study hypothesis leading to impactful results that are fundable at the NIH level.** Initial grant funding for one year is for up to \$75,000; a grantee is permitted to apply for a grant renewal of up to \$75,000. A renewal grant is a one-year grant based on research findings from the initial research.

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 asteel@glaucomafoundation.org by **Friday, September 6, 2024. 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 9, 2024, 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
asteel@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

Proposals are evaluated annually, with an application deadline of September 6, 2024.

Applications submitted for the September deadline will be awarded in the winter of 2024.

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 \$75,000. The Principal Investigator may apply for a renewal for up to \$75,000. 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 for the primary investigator and each of the key personnel conducting the research.