



# The Brain Aneurysm Foundation

## Research Grant Program

### Application and Guidelines



The Brain Aneurysm Foundation  
Research Grant Application  
2007-2008  
Deadline: April 30, 2007

**PROJECT TITLE:**

**APPLICANT INFORMATION**

Name:

Birth date:

Gender:

Business Street Address:

City:

State:

Zip:

Telephone:

Fax:

Social Security:

E-mail:

Current status (*choose one*)  Medical Student  Resident Yr\_\_  Fellow  Instructor  Assistant Professor  
 Professor

Citizenship Status (*choose one*)  US Citizen

Non-US Citizen

If a non-US citizen, state visa status

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Are human experiments involved in this project?

Are copies of the institutional review board approval attached to the application?

If no, give date of anticipated approval at which time copies will be forwarded:

Are animal experiments involved in this project?

Are copies of the institution's animal care and use committee approval attached to the application?

Name:

**APPLICANT INSTITUTION**

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Name:

Street Address:

City:

State:

Zip:

Telephone:

Fax:

**MENTOR**

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Name:

Degree(s):

Institution:

Street Address:

City:

State:

Zip:

Telephone:

Fax:

E-Mail:

**In the event an award is made, indicate where payment should be sent (institutional authority address):**

Name:

Street Address:

City:

State:

Zip:

**SIGNATURES**

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*By signing below, I hereby attest that information contained in this application is accurate and true.*

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of mentor \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)

Signature of mentor \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)

Signature of financial officer \_\_\_\_\_ Date \_\_\_\_\_  
(of the applicant institution)

Name:

**ABSTRACT OF PROPOSED RESEARCH**

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Briefly describe the research project technical approach and anticipated results. Describe how this project will potentially advance the field of brain aneurysm research and/or translate to directly benefit those affected by brain aneurysms. *Abstract should not exceed half-page, single spaced limit.*

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**DESCRIPTION OF PROJECT IN LAY TERMS** Please include 1) specific aims of project, 2) background, 3) methods, 4) significance 5) appendices (This summary will be submitted to the Board of Directors for final decision and award approval. The summary should also include an explanation of all technical language in lay terms as the Board consists of volunteers who may not be in the medical field and may not be well versed in certain medical terminology. You may use a separate page if necessary.) *Description should not exceed 3 pages, single spaced limit. Appendices should not exceed 5 pages.*

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# BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors  
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

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NAME	POSITION TITLE		
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

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- A. Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors.
- B. Selected peer-reviewed publications (in chronological order).** Do not include publications submitted or in preparation. For publicly available citations, URLs or PMC submission identification numbers may accompany the full reference.
- C. Research Support.** List selected ongoing or completed (during the last three years) research projects. Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project.

# DETAILED BUDGET

**Direct Costs  
Only**

**Budget Period  
09/01/2007 – 08/31/2008**

PERSONNEL (Applicant organization only)		Months Devoted to Project			DOLLAR AMOUNT REQUESTED (omit cents)		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Sum. Mnths	SALARY REQUESTED	FRINGE BENEFITS	TOTALS
	Principal Investigator						

*(EXPLAIN PERSONNEL RESPONSIBILITIES)*

## SUBTOTALS

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CONSULTANT COSTS

EQUIPMENT *(Itemize and justify)*

SUPPLIES *(Itemize by category and justify)*

TRAVEL *(Itemize and justify)*

ALTERATIONS AND RENOVATIONS *(Itemize by category)*

OTHER EXPENSES *(Itemize by category and justify)*

**TOTAL DIRECT COSTS FOR BUDGET PERIOD**

**\$**



**The Brain Aneurysm Foundation  
Research Grant Program Guidelines  
Funding Period: 2007-2008  
Deadline: March 16, 2007**

**Background**

The Brain Aneurysm Foundation invites applications for basic scientific research directed at early detection, improved treatment modalities, and technological advances that will ultimately improve outcomes for patients with brain aneurysms. Any project with the potential to advance *basic scientific and translational brain aneurysm research* will be considered. Clinical projects will not be funded.

**Two grants will be awarded this year in the amount of \$10,000 each.** Funds may be used for start up projects or supplementary funding. Funds will not be granted for indirect costs. Salaries, including graduate student or postdoctoral fellows, may be requested at the principal investigator's discretion.

Grant awards will be presented at the Brain Aneurysm Foundation's Annual Awareness Symposium in Boston, Massachusetts. The meeting will be held in September 2007. **Grant awardees or an appropriate representative must be present to receive the award and will be encouraged to give a short presentation (in lay terms)** of the proposed research.

**Reporting**

A progress report is required at approximately six months from the time the grant is awarded. A comprehensive final report is mandatory upon timely completion of the project. This award is targeted for projects that can be carried out in two years or less.

A statement from the Principal Investigator's business/grants office attesting to the receipt and use of the funds (required by the IRS) must be submitted at the end of the fiscal year.

It is mandatory that proper reference be made to the Brain Aneurysm Foundation in all manuscripts, poster presentations, news releases or institutional publications resulting from this grant-supported work. Reprints and copies should be sent to BAF.

The BAF must be notified of any modification to an already filed or awarded application OR of any new application filed for any part of the proposed project during the process of this review. Failure to do so may result in disqualification of this application and revocation of any grant awarded.

**Please send all reporting materials to:**

**The Brain Aneurysm Foundation  
Attn: RESEARCH GRANT PROGRAM  
612 East Broadway  
South Boston, Massachusetts 02127**

## **Eligibility Requirements**

Grants are available for research conducted in the United States and Canada. Researchers do not have to be citizens of the United States or Canada to apply and receive funding.

Mentors must be faculty at the instructor level or higher. Applications may be submitted by public and private institutions such as hospitals, universities, colleges, and laboratories. The Grant will be awarded to the institution from which the applicant has an affiliation, not to the individual.

## **Application Procedures**

Instructions specified in BAF's Research Grant Application must be followed. Please print or type all information in the spaces provided. Please complete all forms included in this application. A checklist is provided for your convenience. Six (6) hardcopies with original figures and one (1) copy on CD-Rom or floppy disk must be **received** by March 16, 2007.

## **Deadline**

All applications must be received by 5:00pm Eastern Standard Time on the submission deadline. Incomplete applications will not be reviewed. No extensions under any circumstances will be granted, and no appendices or additional materials will be accepted after the deadline. Applicants will receive a postcard acknowledging receipt of their research proposal.

## **Submission**

All application materials must be received no later than 5:00pm Eastern Standard Time on the submission deadline: **March 16, 2007**.

**The Brain Aneurysm Foundation**  
**Attn: RESEARCH GRANT PROGRAM**  
**612 East Broadway**  
**South Boston, Massachusetts 02127**

## **Application Review**

Two grants will be awarded in 2007. The number of grants given each year will be determined on an annual basis. Applications are reviewed by BAF's Research Advisory Council and recommendations are presented to the Board of Directors. The final award decision is made by the Board. Awards will be determined by August 2007. All applicants will be informed of the final decision. *BAF will not provide reviewer comments for applications that are not funded.*

## **Questions**

Please review the [Frequently Asked Questions](#) page.

If your question is not addressed in the FAQ, direct all inquiries regarding the RGP to:

Christine Buckley LeBlanc at: [christineleblanc@bafound.org](mailto:christineleblanc@bafound.org) or 1 888 BRAIN02

*The Brain Aneurysm Foundation is an equal opportunity organization.*



The Brain Aneurysm Foundation  
Research Grant Program  
Checklist  
Deadline: March 16, 2007

- The Brain Aneurysm Foundation Application form with signatures (pages 1 and 2)
- Abstract (page 3)
- Project Description (page 3)
- Biographical Sketch (page 4)
- Detailed Budget and Budget Justification (page 5)
- Six (6) copies of all forms, collated, unstapled
- One (1) copy on CD-ROM

Send/Deliver to:

**The Brain Aneurysm Foundation**  
**Attn: RESEARCH GRANT PROGRAM**  
**612 East Broadway**  
**South Boston, Massachusetts 02127**