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**Research Awards Program**

*If you have been* ***invited*** *to submit a full proposal to the Focused Ultrasound Surgery Foundation (FUSF) Research Awards Program, please complete this form and submit it electronically via the Foundation’s online submission system located at* [*http://fusf-rap.edmgr.com*](http://fusf-rap.edmgr.com)*. Please be sure to provide all information requested. Incomplete submissions will be returned to the applicants for revision.*

**Project Proposal Form: Pre-Clinical Track**

**Part A – Cover Page**

1. **Project Title:**
2. **Principal Investigator:**

Name, Degree & Position:

Mailing Address:

Email Address:

Telephone:

Fax:

Name of institution:

1. **Co-Investigators** *(Please limit the number of co-investigators to five (5))***:**

**Co-Investigator 1:**

Name, Degree & Position:

Mailing Address:

Email Address:

Telephone:

Fax:

Name of institution:

**Co-Investigator 2:**

Name, Degree & Position:

Mailing Address:

Email Address:

Telephone:

Fax:

Name of institution:

**Co-Investigator 3:**

Name, Degree & Position:

Mailing Address:

Email Address:

Telephone:

Fax:

Name of institution:

**Co-Investigator 4:**

Name, Degree & Position:

Mailing Address:

Email Address:

Telephone:

Fax:

Name of institution:

**Co-Investigator 5:**

Name, Degree & Position:

Mailing Address:

Email Address:

Telephone:

Fax:

Name of institution:

1. **Total Project Budget** *(in US Dollars)***:** **$**
2. **Total Funding Requested from FUSF** *(in US Dollars)***: $**
3. **Length of Proposed Funding Period** *(e.g., 1 year)***:**
4. **Please provide a 50-100 word abstract** *(i.e., a non-enabling description that may be posted on the Foundation's website if the proposal is funded)*:

**Part B – Research Proposal**

**- not to exceed 7 pages –**

***Please Note:*** *if you would like to include figures or images as part of your application, please upload them as separate files into the foundation’s online submission system, as opposed to incorporating them into the application form itself. Figures, images and literature citations will not be counted towards the total page limit.*

1. **Hypothesis:**
2. **Specific aims:**
3. **background & Significance**

1. **Statement of work** *(****Please note:*** *if the proposed project is a clinical trial, please be sure to include the patient selection criteria (i.e., inclusion/exclusion criteria) as well as a detailed description of the investigational plan.)*
2. **Please complete the following table of quarterly research goals:**

|  |  |
| --- | --- |
| **Quarter** | **Research Goals** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |

1. **Summary of measurable results:**
2. **Please explain how the proposed project will lead to the rapid development of a reimbursable clinical indication and/or will impact the advancement of the field of focused ultrasound.**

**Part C – Budget & Budget Justification**

*Please attach a* ***budget and budget justification*** *detailing the direct cost (in US dollars) of the entire project, including salaries, costs for laboratory materials, contracted services, etc.* ***Please note:*** *The Foundation will not pay for institutional overhead or indirect costs. The* ***budget and budget justification*** *should be uploaded directly into the Foundation’s online submission system and should not be incorporated into the application form itself.*

**Part D – Biographical Sketches**

***Please attach a biographical sketch*** *for the principal investigator and for each of the co-investigators listed in Part A of the application form. Whenever possible, biographical sketches should be in NIH format. Biographical sketches should be uploaded directly into the Foundation’s online submission system and should not be incorporated into the application form itself.*

**Part E – Debarment**

*Copies of all FDA Notices of Violation on Form 483 and Warning Letters naming or addressed to any investigator identified in the application, together with all written responses. Each applicant must certify that no investigator identified in the Application is on the FDA’s debarment list.*

**Part F – Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Could the proposed project:** | **Yes** | **No** | **N/A** |
| 1. **…lead to the development of a new clinical indication that fulfills a critical unmet clinical need in 5 to 7 years?** | ☐ | ☐ | ☐ |
| 1. **…lead to a treatment that is superior to best current therapy?** | ☐ | ☐ | ☐ |
| 1. **…lead to a treatment that is safer than best current therapy?** | ☐ | ☐ | ☐ |
| 1. **…improve quality of life, longevity, and/or recovery period?** | ☐ | ☐ | ☐ |
| 1. **…decrease treatment time?** | ☐ | ☐ | ☐ |
| 1. **…Improve patient satisfaction (convenience, comfort, etc)?** | ☐ | ☐ | ☐ |
| 1. **…decrease procedure cost?** | ☐ | ☐ | ☐ |
| 1. **…Decrease societal cost?** | ☐ | ☐ | ☐ |
| 1. **…lead to a treatment that could easily be made available in a large number of centers?** | ☐ | ☐ | ☐ |
| 1. **…impact a large number of patients?** | ☐ | ☐ | ☐ |
| 1. **…increase awareness of patients and clinicians?** | ☐ | ☐ | ☐ |
| 1. **…facilitate regulatory approval?** | ☐ | ☐ | ☐ |
| 1. **…facilitate healthcare reimbursement?** | ☐ | ☐ | ☐ |

**Comments:**