



National CMV Foundation Early Career CMV Research Award

2024

Background:

The National CMV Foundation's mission is to prevent pregnancy loss, childhood death, and disability due to congenital CMV. The foundation awards funds annually to support innovative research.

Award:

The National CMV Foundation (NCMVF) Early Career Congenital CMV Research Award is a \$15,000-30,000 award to fund innovative research related to maternal or congenital CMV infections. Preference will be given to projects in areas including, but not limited to, health services implementation, proof of concept or program evaluation, CMV disparities, public health messaging, prevention, treatment, or outcomes.

Eligibility:

Priority will be given to early career researchers including mentored pre- and post-doctoral trainees or junior faculty members who have not been a principal investigator (PI) on a National Institutes of Health (NIH) grant. Trainee applicants must provide a letter of support and a mentoring plan from the Mentor. Mid-career researchers may be considered if congenital CMV is a new area for their research. Applications will be accepted from researchers in the United States and Canada.

Terms:

- Number of Awards: One-Two
- Amount: \$15,000-30,000
- Period: 12 or 24 months, non-renewable; maximum of one-year no-cost extension allowable contingent on approval from the NCMVF Scientific Advisory Committee.
- Use of Funds: A detailed budget and budget justification constitute part of the application and will be evaluated as part of the review process. Funding may not be used for travel or to support the PI's salary during the period of the award. Award funds are designated for direct costs only and do not include an indirect cost component. Unexpended funds will be returned to the National CMV Foundation.
- Institutions: Awards may be made to not-for-profit organizations (e.g., hospitals, universities, national charities, and foundations).

Application Process:

Applications for awards must be submitted electronically to grants@nationalcmv.org by 11:59pm EST on July 31, 2024. Late applications will not be considered. Applications must comply with the standardized format

described below. The NCMVF Scientific Advisory Committee will review applications and make a funding recommendation to the foundation's board of directors for final approval.

Review Timeline:

- 11:59pm EST July 31, 2024 – Award applications due
- October 14, 2024 – Reviews complete
- November 1, 2024 – Award recipient announced
- November 15, 2024 – Funding available

Review Process:

All acceptable applications will be peer-reviewed by outside expert reviewers and/or the NCMVF Scientific Advisory Committee. The review process will follow that of the NIH, whereby there will be a primary and two secondary reviewers. Formal reviews will be written on each application and the critique returned to the investigator within a reasonable period after the completion of the review process. Applications will be evaluated according to the NIH scoring system. Each application will be evaluated for Significance, Innovation, Approach, Investigator and Overall.


The NCMVF Scientific Advisory Committee will review all applications prior to making funding decisions and will review all applications for consistency of the peer review. Committee members will not review applications from collaborators or students.

Application Format:

Applications are in a similar format to the NIH. All applications must be completed and submitted to grants@nationalcmv.org.

1. Face Page (use attached form)
2. Project Summary, Relevance, Suggested Reviewers, Key Personnel (1 page)
3. Specific Aims (1/2 page)
4. Research Strategy (3 ½ pages)
5. Budget for Year One with Justification
6. Applicant biographical Sketch(es) (use attached form)
7. Human Subjects or Vertebrate Animals approval
8. Literature Cited
9. Letter(s) from Collaborators (as applicable)
10. Letter of Support from Mentor (required for trainee investigators) including a detailed mentoring plan. The mentoring plan should include the mentor's CV, including [detail relevant methodologic and/or career experience and be committed to supporting the applicant].

If the proposed research involves human subjects or vertebrate animals at any time, the project must be reviewed and approved by the appropriate Institutional Review Board (IRB) or Animal Care and Use Committee (IACUC). This approval should be obtained prior to submission if possible and submitted with the application. If such approval is unavoidably delayed, enter "pending" instead of the approval date on the face page. NCMVF will not release any monies until all appropriate approvals have been obtained.

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|---|--|--|----------------------|---|
|  <p>National CMV Foundation Grant Application <i>Do not exceed character length restrictions indicated.</i></p> | | LEAVE BLANK—FOR NCMVF USE ONLY. | | |
| | | Type | Activity | Number |
| | | Review Group | | Formerly |
| | | Council/Board (Month, Year) | | Date Received |
| 1. TITLE OF PROJECT <i>(Do not exceed 81 characters, including spaces and punctuation.)</i> | | | | |
| 2. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR | | | | |
| 2a. NAME (Last, first, middle) | | 2b. DEGREE(S) | | |
| 2c. POSITION TITLE | | 2d. MAILING ADDRESS <i>(Street, city, state, zip code)</i> | | |
| 2e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | | |
| 2f. MAJOR SUBDIVISION | | | | |
| 2g. TELEPHONE <i>(Area code, number and extension)</i> | | | | |
| TEL: | | E-MAIL ADDRESS: | | |
| 3. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes | | 3a. Research Exempt If "Yes," Exemption No. <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3b. Federal-Wide Assurance No. | | 3c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes | | 4a. Animal Welfare Assurance No. | | |
| 5. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i> | | 6. COSTS REQUESTED FOR INITIAL BUDGET PERIOD | | 7. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT |
| From | | Through | | |
| | | 7a. Direct Costs (\$) | 7b. Total Costs (\$) | 8a. Direct Costs (\$) |
| | | | | 8b. Total Costs (\$) |
| 8. APPLICANT ORGANIZATION | | 9. TYPE OF ORGANIZATION | | |
| Name | | Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local | | |
| Address | | Private: → <input type="checkbox"/> Private Nonprofit | | |
| | | For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business | | |
| | | <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged | | |
| | | 10. ENTITY IDENTIFICATION NUMBER | | |
| | | DUNS NO. | | Cong. District |
| 11. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE | | 12. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION | | |
| Name | | Name | | |
| Title | | Title | | |
| Address | | Address | | |
| Tel: | | FAX: | | |
| E-Mail: | | Tel: | | FAX: |
| | | E-Mail: | | |
| 14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with National CMV Foundation terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. | | SIGNATURE OF OFFICIAL NAMED IN 13. <i>(In ink. "Per" signature not acceptable.)</i> | | DATE |



National CMV Foundation, adapted from NIH

BIOGRAPHICAL SKETCH

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

NAME:

POSITION TITLE:

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

| <i>INSTITUTION AND LOCATION</i> | <i>DEGREE (if applicable)</i> | <i>Completion Date MM/YYYY</i> | <i>FIELD OF STUDY</i> |
|---------------------------------|---------------------------------------|--|-----------------------|
| | | | |

A. **Personal Statement**

B. **Positions and Honors**

C. **Contributions to Science**

D. **Additional Information: Research Support and/or Scholastic Performance**