

# Dent Disease Foundation.

308 Wild Willow Drive  
Francis, Utah 84036  
435.640.6288  
[www.dentdisease.org](http://www.dentdisease.org)  
TID# 46-2912070

Applicant: \_\_\_\_\_ Degree(s): \_\_\_\_\_

(Please do not list any Co-Investigators)

Title of Proposal:  
\_\_\_\_\_  
\_\_\_\_\_

Institution Name:  
\_\_\_\_\_

Institution Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

(Outside of the U.S. please be sure to list Country & City Codes)

E-mail Address:  
\_\_\_\_\_

Total Budget Amount Requested: Year 1: \_\_\_\_\_

---

**DO NOT WRITE BENEATH THIS LINE**

Responsible financial officer from institution's Office of Research Administration to whom funds should be sent, and who will keep a full account of disbursements:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(please print)

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**CERTIFICATION:** We, the undersigned, certify that the information submitted is accurate and complete to the best of our knowledge and accept the terms and conditions of The Dent Disease Foundation if this application is funded.

**SIGNATURES:** Applicant: \_\_\_\_\_

Please provide a **NON-TECHNICAL** description of the proposed work and its relevance to so that a non-health professional can easily understand what you intend to do and why.  
**(Do not exceed 400 words.)**

Description for Laypersons:

**RESEARCH GRANT BUDGETS:**

*Note: This page is designed to calculate subtotals and totals as necessary. Please don't modify or remove the formulas. Select the entire table and press F9 to update totals. The Dent Disease Foundation does not fund personnel or salaries.*

Budget Page - Year 1

FROM: \_\_\_\_\_ THROUGH: \_\_\_\_\_

---

Supplies (Description):

TOTAL \$

Other Costs (Please Specify):

TOTAL \$

SUB-TOTAL DIRECT COSTS \$

INDIRECT COSTS (Maximum 10%) \$

Equipment (Please Describe) :

TOTAL \$

**TOTAL BUDGET REQUEST (Direct + Indirect costs) - \$**

---

**DO NOT WRITE BENEATH THIS LINE**



**BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT**

*Note: This page is designed to calculate subtotals and totals as necessary. Please don't modify or remove the formulas. Select the entire table and press F9 to update totals.*

Budget Category TOTALS	Year 1
---------------------------	--------

SUPPLIES	
OTHER COSTS	
SUB TOTAL DIRECT COSTS	0
EQUIPMENT	
INDIRECT COSTS (Not to exceed 10% of Direct Costs)	
TOTAL COSTS BY YEAR	0

<b>TOTAL DIRECT &amp; INDIRECT COSTS FOR ENTIRE PROPOSED PERIOD OF SUPPORT</b>	0
--	---

**BUDGET JUSTIFICATION:** (Use [Continuation Pages](#) as needed)

1. Supplies
2. Other Costs
3. Equipment

BIOGRAPHICAL SKETCH: **Use the NIH biographical sketch template for PHS398 grants (see <http://grants.nih.gov/grants/forms.htm>) for all key personnel.** *If the link to NIH's template doesn't work properly, please cut and paste the address in your web browser. (Use [Continuation Pages](#) as needed)*

## COVER PAGE FOR RESEARCH PLAN

### **Research Plan:**

The Research Grant program assists investigators, new or established, who have research projects for which they need support. The Dent Disease Foundation primarily seeks to fund grants which will increase the understanding of Dent Disease and improve the clinical management and treatment of Dent.

This section should be completed by the Principal Investigator (Applicant). The Research Plan must **NOT** exceed 6 pages in length (a-e), in addition to this cover page. **A resubmission of a grant application requires an additional 2 pages of introduction addressing the Reviewers' comments from the prior review of the grant application.** The narrative sections should be typewritten, single-spaced, according to the outline given below. Font size should be 11 pt, Times-Roman. Please note that The Dent Disease Foundation requires that the **6 pages include all figures and tables**. References are not included in the 6-page limit. Complete information should be included to permit review of each application without reference to previous applications. **(Please use this page as your signed cover page to the Research Plan. Use the next page to begin your Research Plan)**

- a. Introduction
  1. General Objectives and Rationale.  
A short paragraph should be included at the end of this section describing the relevance of the proposed research to the goals of the Dent Disease Foundation.
  2. Background and Significance.
  3. Revised grant applications submitted to The Dent Disease Foundation **require** a 2-page introduction addressing the Reviewers' comments from the prior review of the grant application.
- b. Specific Aims.
- c. Preliminary data.
- d. Experimental Design and Methods.
- e. Anticipated outcome (publication, future grant applications, matching funding, therapeutic approaches, etc). What is the potential relevance to benefit for Dent Disease patients?
- f. Facilities available.
- g. Collaborative and/or Consultant Arrangements (a confirming letter from each collaborator or consultant is required at time of submission).
- h. References (no page limit, please include title with inclusive pages).
- i. If an appendix is necessary, one set of the appendix must be attached to the **paper copy** of the mailed application. Material not attached will not be considered by the reviewers.
- j. Principal Investigators Assurance: The undersigned agrees to accept responsibility for the scientific, ethical and technical conduct of the research project, and agrees to all terms and conditions of the award.

---

Date

---

Principal Investigator (Applicant) Signature



**RESEARCH PLAN:** (Use [Continuation Pages](#) as needed)

**DENT DISEASE GRANT APPLICATION CHECKLIST PAGE**

Is human experimentation involved in this project? YES  NO

a. Are copies of the institutional review board approval attached to the application?\* YES  NO

b. If **NO**, give a date of anticipated approval at which time copies will be forwarded. \_\_\_\_\_

Is animal experimentation involved in this project? YES  NO

a. Are copies of the institution's animal care and use committee approval attached to the application? YES  NO

b. If **NO**, give a date of anticipated approval at which time copies will be forwarded. \_\_\_\_\_

**Appropriate institutional review board and/or animal care and use committee approval forms must be submitted before release of funds in case of approval.**

**\*Please note: If funded, payments will NOT be sent without appropriate forms.**

**DENT DISEASE GRANT APPLICATION CONTINUATION PAGE**

Please reproduce (copy/paste in place) as many continuation pages as needed; do not modify this sheet in any way before copying.

---