



ANNOUNCES

Goldie Simon Preceptorship Award

**Supported in part by
The PA Department of Health
Donations to the LFA's Julius Erving Research Fund**

**FOR STUDENT RESEARCH PROJECTS RELATED TO LUPUS
IN THE
PHILADELPHIA TRI-STATE REGION**

PURPOSE:

**To foster an interest in lupus in the areas of
basic, clinical or psychosocial research
under the supervision of an established investigator**

Award Amount: \$1,000 - \$2,000 per student

**Lupus Foundation of America, Philadelphia Tri-State Chapter
New Address: 101 Greenwood Avenue, Suite 200
Jenkintown, PA 19046
215-517-5070
Fax: 215-517-8483
<http://www.lupustristate.org>
Email: amyarick@lupustristate.org**

APPLICATION DEADLINE: Friday, June 16, 2017 5:00 pm

Notification of Award: June 23, 2017

GOLDIE SIMON PRECEPTORSHIP AWARD APPLICATION

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Goldie Simon Preceptorship Award

CONDITIONS OF AWARD

1. The research must be conducted in the United States.
2. Undergraduate, graduate and medical students may apply. Those holding a Ph.D. or M.D. are not eligible.
3. A report on the research conducted must be submitted to the Lupus Foundation of America, Philadelphia Tri-State Chapter, Inc. (the “Chapter”).
4. All publications resulting from funded research must include the Lupus Foundation of America, Philadelphia Tri-State Chapter in a footnote or credit line and copies of such publications must be provided to the Chapter. All publicity and information disseminated about such research must acknowledge the Chapter’s support.
5. The recipient of any preceptorship award must certify that any research will be conducted according to the rules and regulations of the United States Department of Health and Human Services. The recipient must agree to hold the Lupus Foundation of America, Philadelphia Tri-State Chapter harmless from any and all claims, which may arise from such research.
6. All work involving human subjects must show documented compliance with NIH guidelines for human subjects as provided by the sponsoring institution's committee for clinical investigation. All work involving animal experimentation should comply with NIH guidelines for care and use of laboratory animals.
7. Any preceptorships awarded by the Chapter are for one time only. If the applicant desires further assistance, a new application must be submitted at such time as additional funding may be available.
8. The award payment will be made to the sponsoring institution, not to the student researcher.
9. Any discovery made under a program supported by the Lupus Foundation of America, Philadelphia Tri-State Chapter must be reported promptly to the Chapter and application for a patent may not be made without the prior written notification to the Chapter.
10. A status report and budget summary must be submitted to the Chapter office by September 30, 2017. This report should not exceed two double spaced pages and should be written in lay language so that it may be used in the Chapter newsletter or other outreach efforts. In addition, award recipients may be asked to present a poster highlighting their work at the Chapter’s annual meeting held in mid-December 2017.

METHODS AND CRITERIA OF EVALUATION

All applications will be reviewed NIH-style and ranked by members of the Lupus Foundation of America, Philadelphia Tri-State Chapter Medical Advisory Board and/or independent reviewers representing areas of expertise relevant to the project.

Each proposal will be reviewed using the following criteria:

1. Applicant's past performance and competence to undertake the project.
2. The institution where the project will be done.
3. The originality and timeliness of the project.
4. The project plan including the feasibility of the project, relevance to lupus, relevance/appropriateness of the budget to the project goals and the long-term plans of the student.

INSTRUCTIONS FOR SUBMITTING PRECEPTORSHIP APPLICATION

A complete application packet must be submitted, including the following:

- _____ 1. **Application Form.** Please indicate if this application should be considered as a clinical, basic, or psychosocial grant.
- _____ 2. **Description of Research Project.** (Total two pages of text, and approximately ten references, on one side of the page only, with one-inch margins.) All pages in excess of two (excluding references) will be discarded.
 - a) Specific aims (at least 25 words)
 - b) Background, including preliminary studies, if any (at least 100 words)
 - c) Methods and experimental design (at least 400 words)
 - d) Significance (at least 50 words)
 - e) Literature cited (references not included in two page narrative limit)
- _____ 3. **Budget Description and Statement of Concurrent Support** should be included in the application to avoid duplication of funding by the LFA, or another local chapter.
- _____ 4. **Biographical Sketch of the Applicant.** ((Use enclosed form. Exception: NIH biography forms may be substituted.)
- _____ 5. **Biographical Sketch of Supervisor.** (Use enclosed form. Exception: NIH biography forms may be substituted.)
- _____ 6. **Statement by Sponsor.** (Use enclosed form.)
- _____ 7. **Lay-language Abstract.** For use in press releases and other places, write a brief description in simple lay language summarizing the proposed research and its significance. (Use enclosed form.)
- _____ 8. **Evidence of Compliance with government requirements.** (Use enclosed forms.) The appropriate compliance form(s) must be submitted with each application if human and/or animal subjects are involved in the research project. It becomes part of your application and must be appropriately signed.

If human and/or animal subjects are not involved in the research project, please so state on the application form in the appropriate place.

Send 3 copies of the application to:

**Lupus Foundation of America, Philadelphia Tri-State Chapter
101 Greenwood Avenue, Suite 200, Jenkintown, PA 19046**

Application deadline: Friday, June 16, 2017 5:00 pm

SUBMITTAL DEADLINE: The LFA, Philadelphia Tri-State Chapter must receive the application no later than 5:00 pm June 16, 2017. Late or incomplete applications will not be considered. Applications lacking any of the required materials are considered incomplete, with one exception. If necessary signatures cannot be secured by the deadline, a note to that effect should be included and additional time will be permitted for that purpose only. All other materials must be included. The applicant bears responsibility for receipt of a complete application by the LFA, Philadelphia Tri-State Chapter. The Chapter will acknowledge receipt of application by return email. Notification of awards will be made by June 23, 2017. Payment will be made upon receipt of award acceptance statement.

GOLDIE SIMON PRECEPTORSHIP AWARDS

APPLICATION FORM

I make application for a Lupus Foundation of America, Philadelphia Tri-State Chapter, Inc. Preceptorship Award in lupus research at _____

_____ (School or Hospital) under _____
_____ (Supervisor's full name and
academic degree)

Supervisor's Address:

Phone: _____ Fax: _____

Email: _____

Title of Project: _____

Type of Grant: Clinical _____ Basic _____ Psychosocial _____

Will human or animal subjects be involved in the research project? Yes _____ No _____ If yes, enclose appropriate human IRB or animal IRB forms. See instructions, page iii, #8.

Applicant's Information:

1. _____
Name: (First) (Middle Initial) (Last)

2. Address:

Phone: _____ Fax: _____

Email: _____

3. _____

Permanent address (if different from above)

Phone: _____ Fax: _____

4. _____
Birth date (M/D/Y) Birthplace (City and State) (If foreign born, country of origin)

5. U.S. Citizen: Yes _____ No _____
If no, specify country: _____

6. Academic-educational status:

a) College student

b) Medical school

c) Graduate student

d) Doctoral student

e) Other

Area of study: _____

7. List academic honors:

8. List your theses and publications, if any (use additional page if necessary):

9. What are your plans for a future career? (Minimum 50 words)

10. **ABSTRACT** (100 words or less, single spaced):

11. **RESEARCH DESCRIPTION** (Total two pages, excluding references, on one side of the page only, with one inch margins.) All pages in excess of two will be discarded.

BUDGET DESCRIPTION

Describe how funds will be used.

STATEMENT OF CONCURRENT SUPPORT

Include **ALL** federal, non-federal, institutional, private grants and contracts, **support from the national LFA, or any local chapters, if any**, and support from your sponsor. Please provide project titles, starting and ending dates, years of support, and amounts.

1. Active: Amount: \$

2. Pending: Amount: \$

TOTAL OTHER SUPPORT: \$

BIOGRAPHICAL SKETCH – APPLICANT

Give the following for yourself. Do not exceed three pages. **(Exception: NIH biography forms may be substituted.)**

Name: _____

Title: _____

Education (Begin with baccalaureate training and include postdoctoral). Provide institution and location, degree earned, year conferred, and field of study.

1. Degree: _____ Year: _____ Field of Study: _____

Institution: _____

2. Degree: _____ Year: _____ Field of Study: _____

Institution: _____

3. Degree: _____ Year: _____ Field of Study: _____

Institution: _____

4. Work Experience (if any):

BIOGRAPHICAL SKETCH - PRECEPTOR

Give the following for your preceptor. (Use enclosed form. **Exception: NIH biography forms may be substituted.**) Do not exceed three pages.

Name of Applicant: _____

Preceptor's Name: _____

Title: _____

Education (Begin with baccalaureate training and include postdoctoral). Provide institution and location, degree earned, year conferred, and field of study.

1. Degree: _____ Year: _____ Field of Study: _____

Institution: _____

2. Degree: _____ Year: _____ Field of Study: _____

Institution: _____

3. Degree: _____ Year: _____ Field of Study: _____

Institution: _____

4. Degree: _____ Year: _____ Field of Study: _____

Institution: _____

5. Degree: _____ Year: _____ Field of Study: _____

Institution: _____

RESEARCH AND/OR PROFESSIONAL EXPERIENCE: Concluding with present position, list in chronological order previous employment experience and honors. Include present membership on any public or private advisory committees. In chronological order list the titles and complete references to recent representative publications, especially those most pertinent to this application. Do not exceed three pages.

(NIH biography forms may be substituted.)

PRECEPTOR STATEMENT

Name of Applicant: _____

Name of Preceptor and Title: _____

A. Provide a detailed explanation of the training and project plans for the applicant and indicate the research facilities available to the student. Include information that will help to evaluate the applicant and the proposed training.

B. Comment on applicant's qualifications:

LAY LANGUAGE ABSTRACT

Name: _____

Title of Project: _____

Abstract/Summary: Fifty to one hundred words in simple lay language, suitable for use in LFA, Philadelphia Tri-State Chapter press releases, website, publications, etc.

HUMAN SUBJECTS COMPLIANCE
WITH GOVERNMENT REQUIREMENTS

The following statements are to be signed by an individual authorized to act for the institution and to assume on behalf of the institution the obligations imposed by the following:

The _____ (Institution) agrees if a research grant is awarded by the Lupus Foundation of America, Philadelphia Tri-State Chapter, Inc. to _____ (Applicant or Principal Investigator) for the project _____ (Project Title) and if human subjects are used in any of the activities supported by such award, that it will comply with all applicable U.S. Department of Health and Human Services regulations with respect to the rights and welfare of such subjects.

To the extent allowable by the State of _____ the _____ (Institution) agrees to indemnify and hold the Lupus Foundation of America, Philadelphia Tri-State Chapter, Inc. harmless from any claims arising from such activities, and acknowledges that the said Foundation does not and will not assume responsibility for the subjects involved.

Approval by the Dean or Head of Institution on Behalf of Institution

(Signature)

(Date)

(Name & Title - printed or typed)

ANIMAL SUBJECTS COMPLIANCE
WITH GOVERNMENT REQUIREMENTS

The following statements are signed by an individual authorized to act for the institution and to assume on behalf of the institution the obligations imposed by the following:

The _____ (Institution) agrees if a research grant is awarded by the Lupus Foundation of America, Philadelphia Tri-State Chapter, Inc. to _____ (Applicant or Principal Investigator) for the project _____ (Project Title) and if animal subjects are used in any of the activities supported by such award, that it will comply with all applicable U.S. Department of Health and Human Services regulations with respect to the rights and welfare of such subjects.

To the extent allowable by the State of _____, the _____ (Institution) agrees to indemnify and hold the Lupus Foundation of America, Philadelphia Tri-State Chapter, Inc. harmless from any claims arising from such activities, and acknowledges that the said Foundation does not and will not assume responsibility for the subjects involved.

Approval by the Dean or Head of Institution on Behalf of Institution

(Signature) _____ (Date)

(Name & Title - printed or typed)