

**MYELOPROLIFERATIVE DISORDERS (MPD) NEW INVESTIGATOR AWARDS**  
**Call for Proposals: July 2008**

**PROGRAM DESCRIPTION**

The MPD Foundation seeks proposals for the 2008 MPD New Investigator Awards program, an initiative supporting:

- Emerging investigators who are considering a career related to research in the myeloproliferative disorders (MPDs)
- Established investigators in other fields who are interested in bringing their experience, skills and ideas to research in the MPDs

Applications for the **MPD New Investigator Award Program** are due October 15, 2008. The goal of this initiative is to expand the breadth of MPD research being conducted in academic institutions by encouraging new researchers and established scientists to engage in basic and translational research into causes and treatments of myeloproliferative disorders (MPDs).

Proposals may request up to \$75,000 including up to 8% indirect costs. Awards are anticipated to be in the range of \$50,000 - \$75,000 per year. Renewal of the grant for a second year will be based on satisfactory progress as determined through review by the Scientific Advisory Board of the MPD Foundation.

**KEY DATES**

Call for proposals	July 1, 2008
Intent letter due date	September 1, 2008
Proposal due date	October 15, 2008
Notification of Awards	No later than February 1, 2008
Anticipated funding start date	April 1, 2009 (or later if required for IRB)

**APPLICATION PROCESS**

Applicants for the MPD New Investigator awards are requested to submit their applications in two parts:

- 1) **Intent Letter.** Applicants should email a **brief** signifying their intention to submit a full grant application. This letter should identify the applicant and his/her contact information and, if possible, should describe the general nature of the work to be done with this funding. Applicants are encouraged to send the intent letter as soon as possible, but no later than September 1, 2008.
- 2) **Full Proposal.** Applicants should prepare a grant application following the format described below and email this full proposal to the MPD Foundation no later than October 15, 2008.

Both the Intent Letter and Full Proposal should be emailed to the attention of Michelle Woehrle at [mwhoerle@mpdfoundation.org](mailto:mwhoerle@mpdfoundation.org)

**CRITERIA FOR EVALUATION**

Proposals will be reviewed by the MPD Scientific Advisory Board (SAB). In addition to the research scope, the SAB will weigh the probability of meaningful results from the proposed research, and the likely contribution of the research to the advancement of knowledge of MPDs.

## MPD New Investigator Award Proposal

### Applicant Summary

Applicant: \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Jr/Sr                                    Degree(s)

Applicant Title: \_\_\_\_\_

Applicant Position: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Department, Division, Institution: \_\_\_\_\_

\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Biographical Summary (education starting with college, years of postdoctoral research and clinical training, career stage, specialty area; existing CV may be attached as alternative):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Published work (list published articles or abstracts within the past 3 years; existing CV may be attached):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interest or Commitment to MPD research: \_\_\_\_\_

\_\_\_\_\_



## MPD New Investigator Award Proposal

### **Budget**

Proposals may request up to \$75,000 including up to 8% indirect costs. Awards are anticipated to be in the range of \$50,000 - \$75,000 per year for a minimum of 2 years, based on satisfactory progress as determined through review by the Scientific Advisory Board of the MPD Foundation

### **Personnel:**

Name	Role on Project	%	Salary	% Fringe	Fringe Amt.	Salary Total
PERSONNEL TOTAL						\$xxx,xxx

### **Budget Summary**

Category	Amount
Personnel Total (from table above)	
Consultant costs	
Equipment	
Supplies (itemize by category in budget justification)	
Procedures/labs	
Patient care	
General services	
Travel	
Patient care costs	
Other expenses	
TOTAL COST	\$xxx,xxx

**Budget Justification** (if appropriate to further describe costs above; please limit justification to a maximum of one page)