

Alopecia Areata Initiative Request for Research Proposals Innovation Awards Program 2012

The Alopecia Areata Initiative (AAI) is pleased to announce a new Innovation Award funding opportunity. These awards will consist of \$200,000 in research support each year for two years, for a total individual award amount of \$400,000. The Alopecia Areata Initiative will fund a minimum of two Innovation Awards in the first funding cycle.

These awards will focus on funding the following area of interest: Characterization of the human relapsing, remitting disease process at the molecular and cellular level.

Characterization of the human alopecia areata disease process:

Although transcriptional profiling, GWAS and histologic studies have provided evidence that T cells and likely NKG2D-like ligands play a role in alopecia areata, a coherent understanding of the human alopecia areata disease process on a molecular and cellular level is lacking. The AAI is interested in supporting studies that provide insights into the immunologic events occurring in human alopecia areata, including but not limited to characterization of local cytokine production, T cell, NK cell and APC populations, and the expression of NKG2D-like ligands and other innate signals by the hair follicle. Studies should take into account the relapsing remitting nature of alopecia areata and include adequate control groups (for example, studies of lesional scalp and non-lesional scalp vs. healthy controls).

These awards will cover direct research costs only, will be two years in duration, and will provide \$200,000 per year in support. Reporting results and budget process will be discussed at the time of announcement of these awards.

Application Guidelines

1. **Eligibility:** Investigators representing non-profit academic research centers worldwide are eligible to apply. Investigators from for-profit companies are ineligible.
2. **Application form:** To be completed and included as the first 2 pages of the application packet. Signed copies of original scanned forms are acceptable. The application form template is included in this RFA.
3. **Scientific Abstract:** Briefly describe your proposed project in 200 words or less using technical language.
4. **Research Proposal:** The proposal should describe the research to which this award would be applied if funded. The proposal includes both the narrative text and any preliminary data in support of the proposal. It should not exceed five (5) pages in length. The five-page limit applies only to the body of the proposal and excludes a list of references, application form pages, budget page(s) and scientific abstract.
5. **Budget:** Include an annual budget for the proposal. **AAI will cover only direct costs.** The budget can be prepared using NIH Budget forms like PHS 398; however, use of these forms is not mandatory.
6. **CV and supportive publications:** Submit a maximum 4-page NIH Biosketch for each investigator. Include a list of relevant publications.
7. **Format:** Items 2– 6 (above) should be compiled and submitted as a single PDF file that begins with the signed and scanned cover pages.

Submit proposals electronically, included a scanned signature page to: alopeciarfa@gmail.com

Please direct questions regarding these proposals to Rachael Clark, MD, PhD: rclark1@partners.org

Rachael A. Clark, M.D., Ph.D.
Department of Dermatology
Brigham and Women's Hospital
EBRC Room 505A
221 Longwood Avenue
Boston, MA 02115
Fax (617) 264-5123

The deadline for applications is June 1, 2012. Funding decisions will be made through peer review by July 31st. Funding will begin September 1, 2012.

Alopecia Areata Initiative Innovation Awards Program 2012
Cover Page

1. APPLICANT INFORMATION

Name _____
Institution _____
Department _____
Street Address _____
City _____ State _____
Zip Code _____ Country _____
Telephone _____ Fax _____ Email _____

2. PROJECT INFORMATION

Project Title _____

Funding Requested	First Year	Second Year	Total
_____	_____	_____	_____

Are Human Subjects involved with this grant?

Yes _____ No _____

Are Vertebrate Animals involved with this grant?

Yes _____ No _____

If yes, Exemption Number _____

Or IRB Approval Date _____

Assurance of Compliance Number _____

If yes, IACUC Approval Date _____

or Animal Welfare Assurance Number _____

3. RESEARCH ADMINISTRATOR

Name _____
Title _____
Institution _____
Department _____
Street Address _____
City _____ State _____
Zip Code _____ Country _____
Telephone _____ Fax _____ Email _____

4. FISCAL OFFICER

Name _____
Title _____
Institution _____
Department _____
Street Address _____
City _____ State _____
Zip Code _____ Country _____
Telephone _____ Fax _____ Email _____

5. CERTIFICATION AND SIGNATURES

The undersigned reviewed this application for an Alopecia Areata Initiative Innovation Award and are familiar with the policies, terms, and conditions of the AAI concerning this research support and accept the obligation to comply with all such policies, terms and conditions.

Applicant (Typed name) Signature Date

Officer Signing for Institution (Typed name and title) Signature Date

Fiscal Officer (Typed name and title) Signature Date