RESEARCH AWARD PROGRAM
APPLICATION & APPLICATION GUIDELINES

The Hypersomnia Foundation is pleased to offer research awards to support and recognize established or early career researchers investigating non-cataplectic hypersomnias (idiopathic hypersomnia, narcolepsy type 2 and Kleine-Levin syndrome, and some hypersomnias due to other conditions). Applications are accepted on a rolling basis to support research projects focused on patient-identified high priority areas, which include:

1) Identification of phenotypes within the cluster of non-cataplectic hypersomnia diagnoses;
2) Discovery of the underlying etiology of non-cataplectic hypersomnias;
3) Development of biomarkers, measurements of functionality or quantitative assessment tools that can be used to improve diagnosis and/or clinical trial effectiveness measurements;
4) Personalized medicine approaches that improve the clinician’s ability to prescribe the most effective treatments for each individual patient.

Award amounts are usually $2000-$25,000, although extremely compelling research proposals requesting higher award amounts will be considered. Awardees will be expected to produce a written summary of their findings at the conclusion of the funding period. (Awardees not complying with this requirement will not be eligible for future funding.) As one goal of the Research Award Program is to generate initial research findings that may be used to apply for large grants (such as NIH grants), we will give higher priority to those applications that demonstrate a clear path towards future research. Please note that the content of your application will be treated in accordance with the same ethics and confidentiality as that of an NIH scientific review.

Awards may be used for travel, books, supplies, etc. in support of Awardee’s research/project. If the Awardee is affiliated with an institution that mandates payment of indirect costs, a maximum of 10 percent of the total grant may be used for this purpose. Any general office supplies or individual institutional administrative charges (such as telephone, other electronic communication, utilities, IT network, etc.) are considered to be part of indirect costs. All awards are in U.S. dollars.

The following items are required for award consideration:
1. Cover Letter
2. Application Form
3. Work Plan and Timeline
4. Applicant CV (please also include CVs of co-researchers)
5. Recommendation Letter Signed by Research Mentor (or Colleague)
Applications may be submitted electronically (preferred) to researchaward@hypersomniafoundation.org or via postal mail to Hypersomnia Foundation, Inc., 4514 Chamblee Dunwoody Road, #229, Atlanta, GA 30338.

Please contact researchaward@hypersomniafoundation.org if you have any questions regarding the application process. We look forward to receiving your application.
Part 1: Primary Investigator/Applicant

Name_______________________________________________________________________
Title_________________________________________________________________________
Organization__________________________________________________________________
Address_____________________________________________________________________
City______________________________________ State ___________ Zip _______________
Phone______________________________Email____________________________________

Degrees, dates received or pending ______________________________________________

Is this project part of a course, residency, fellowship or post-doc? Yes ___ No ___
If so, provide details ___________________________________________________________

Briefly describe your interest in idiopathic hypersomnia research.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Have you previously submitted this or a similar application to the Hypersomnia Foundation? If yes, please explain what is different about this re-submission?
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____________________________________________________________________________
____________________________________________________________________________

Have you ever received financial support from the Hypersomnia Foundation? If yes, please list the title of each award, the year(s) you received such award(s), and the amount(s) of funding that you received.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Part 2: Project Description

Describe the project and team structure using the following outline:

1. Project Title
2. Total Amount Requested (in USD)
3. Executive Summary: Brief description of the purpose of the research project and the proposed benefit of investing in this research
4. Detailed Project Description:
   a. Hypothesis
   b. Objectives
   c. Methodology
   d. Outcomes
   e. Connection of this project to one or more of the four priorities for non-cataplectic hypersomnia research (described on page 1 of this document)
   f. Plans for publication, presentation and sharing of research findings
   g. Potential for this research to lead to future research
5. Team structure
   a. List of team members and their qualifications
   b. Role of each team member on the project
   c. If the primary investigator is a student, fellow or post-doc, is there an established researcher who will be advising them on this project?

Part 3: Timeline

Describe major project activities and a timeline for completing interim and final deliverables. Critical setup activities such as obtaining IRB approval should be included. Include target dates for publication, conference presentations and other plans for communicating research findings.

Part 4: Budget and Resources

Describe the budget and resources required using the following outline:

1. Breakdown of total amount requested
   a. Salary and personnel costs, broken down by team member
b. Equipment and supplies (please describe)
c. Data and/or biosample sample acquisition
d. Data analysis costs
e. Overhead
f. Other (conference fees, books, etc., please describe)

2. List and value of “in-kind” contributions

Part 5: Intellectual Property

Describe existing intellectual property, if any, that will be used to develop the new intellectual property. Discuss new intellectual property and data that is anticipated to be created as part of this research project, if any.

Part 6: Consent for Use by Hypersomnia Foundation

By your signature below, you give permission to the Hypersomnia Foundation (HF) to utilize any results of your research that is funded through the HF Research Award Program. This includes, but is not limited to, use of the results in any displays, brochures, electronic newsletters, websites, journals, and any other medium now known or later developed, without any obligation to pay any royalties or fees. You also give your permission to the HF to use your name, image and likeness in connection with any report or summary of your research data or results, whatever the medium. Should there be any commercial or governmental interest in any of your data or research results, you agree that HF shall be entitled to a 10% share of any net revenue (meaning gross royalty income less all reasonable and actual out-of-pocket costs including expenses incurred by the Awardee’s institution (“Institution”) in pursuing patent or other statutory rights) received by such Institution for licensing the use of data or research results to a commercial or governmental entity. The sharing of any revenue shall be subject to any rights or obligations such Institution may have to the U.S. government or other third party.

Applicant Signature __________________________________________
Date________________________

If submitting electronically, type name as electronic signature.