

THE BEE FOUNDATION

FISCAL YEAR 2019 MEDICAL RESEARCH GRANT PROGRAM

CALL FOR APPLICATIONS

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The Bee Foundation (TBF) invites proposals that further the mission of reducing the number of deaths caused by brain aneurysms. Proposals directed at understanding the early detection, pathophysiology, genetic predisposition or treatment will take priority. Proposals from a variety of disciplines (including but not limited to translational Neurosciences, Neurosurgery, Neurology, Radiology, Genetics) are encouraged and multidisciplinary proposals that illustrate a multi-faceted approach will be weighted highly.

FINANCIAL GRANTS

- \$25,000 - \$50,000 total amount to be distributed, but not limited to only 1 awarded applicant
- Applicants may request up to \$50,000

PROJECT SCOPE & CRITERIA

The purpose of this program is to promote novel approaches to the early detection and prevention of ruptured cerebral aneurysms, or early emergency and critical care treatment (excluding device therapies). We invite proposals that test an innovative hypothesis or develop new outcomes via interdisciplinary or translational research. Applications with more than one investigator must indicate how the different expertise of the co-investigators will contribute to the overall goals of the project.

- Funds should not be used solely for the purchase of medical devices
- Funds will be awarded for pilot projects intended to result in larger future projects
- Funds should not be requested for honoraria, seminars or retreats.

APPLICATION GUIDELINES

Priority will be given to those applications with the focus as outlined above.

The proposals must contain the following items:

1. Face page with grant title, and names, departmental affiliations and contact information of the co-investigators.
2. Brief Summary of the project (< 1 page) describing the relevance of the proposed research and how it will advance the field or benefit patients in regards to brain aneurysm research.
3. Budget in **attached format**, with a brief (1 page) budget justification.
4. Biosketch of the investigator (or co-Investigators) and any advisors, in **NIH format**.

5. Scientific proposal, not to exceed three single-spaced pages, including specific aims, background/significance and experimental design/methods. Preliminary data may be included, but are not required. Literature cited and IACUC or IRB information (where applicable) are not included in the three page limit; regulatory approvals may be pending.

The deadline for receipt of applications is **MAY 17, 2019**. Each application should be submitted as a single PDF file attachment to: Christine Doherty Kondra, TBF Executive Director, at: info@thebeefoundation.org.

KEY DATES

Posted Date	February 12, 2019
Application Due Date(s)	May 17 th , 2019
Scientific Merit Evaluation*	May 24 th 2019
Advisory Council Approval*	May 28 th , 2019
Awards Announcement	May 31, 2019
Funds Available*	Starting July 1, 2019
Award Presentation & 6 th Annual Gala, Honey Bash	October 5 th , 2019
Preliminary Progress Report	January 15, 2020
Final Results Report	August 1, 2020
Recognition Award & 7 th Annual Gala, Honey Bash	Sept/Oct 2020 (date TBD)

*Proposals will be evaluated by TBF Scientific Advisory Board and approved by TBF Board of Directors. It is anticipated that funds awarded will be made available starting July 1, 2019 dependent upon each institution's process.

PROGRESS REPORT

Grant awardees, or an appropriate representative, are encouraged to attend the 2020 Honey Bash gala to receive the award and present the research proposal. A Final Progress Report should be submitted to The Bee Foundation at info@thebeefoundation.org by August 1, 2020 prior to the annual gala. A preliminary progress report should be submitted on Jan 15, 2020. Final research findings will be

presented at the annual gala in 2020 where the awardee will be recognized for his/her dedicated research and work in the advancement in the cerebral aneurysm field.

Please note, The Bee Foundation does not pay institutional overhead or indirect costs.

If the grant is awarded, please supply the payee.

- The institution/group practice will serve as the fiscal agent.
- Grant checks payable to: Institution/group practice name
- Grant checks sent to: Include contact name, address, phone number & e-mail

SIGNATURES

Enter the names and contact information for each individual that will sign the completed, printed application.

Original signatures are required below on the printed copy.

SIGNATURES

By signing below, I hereby attest that information contained in this application is accurate and true.

Signature of grant applicant _____ **Date** _____

Signature of mentor/scientific advisor _____ **Date** _____
(if applicable)

Signature of Department/Group Practice Chair or equivalent:
_____ **Date** _____

Signature of financial officer _____ **Date** _____
(of the applicant institution)

PROJECT BUDGET

Applicant Information

Name of organization applying:	
City/State:	
Project title:	
Request amount:	

Revenue

Revenue	Secured	Pending	Total
Other foundation / corporate support			
Public / government support			
Individual support			
Cash support from organization applying			
In-kind support from organization applying			
Other			
Total			

Expenses

Expenses*	Request to The Bee Foundation	Secured	Pending	Total
Personnel				
Salaries				
Fringe benefits				
Consultants / consulting fees				
Facility costs				
Printing / publications				
Telephone				
Travel				
Supplies				
Postage				
Evaluation				
Other				
Total				

* Itemize and justify all expenses in the budget justification. Please include personnel costs and role responsibilities for each person for whom expenses are requested.