**Title Page**

*Principal Investigator*:

Organization Name:

Federal Tax ID Number:

*(Applicant’s organization must be a non-profit academic, medical or research institution.)*

Department:

Address:

City, State Zip:

Phone:       E-mail:

*Primary Contact for Grant Administration*:

Address:

City, State Zip:

Phone:       E-mail:

\*\*\*\*\*

Project Title:

Total Amount requested for proposal: $

*(Please ensure this figure matches the enclosed budget.)*

Project Area (e.g. Immunology, Stem Cell transplant, etc.):

Have you ever received funding from the Iacocca Family Foundation? If yes, please state year and project title:

\*\*\*\*\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Signature, Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Signature, Financial Officer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and Title

**Lay Summary of Proposal (300 words or less).** The summary should summarize the essential elements of the proposal and be written in lay terms for review by the Foundation’s Trustees.

**Scientific Proposal (Page 1 of 3):** This portion, which is for scientific, technical review, should not be longer than 3 pages, covering the points in a clear and concise manner as outlined in the grant guidelines. (See further guidelines in instructions.)

**Scientific Proposal (Page 2 of 3):**

**Scientific Proposal (Page 3 of 3):**

##### Budget:

##### As outlined in the Grant Guidelines, prepare itemization budget for project using standard accounting expenditures categories.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | | | | | | FROM | | THROUGH | | |
|  | |  | | |
| PERSONNEL *(Applicant organization only)* | |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | |
| NAME | ROLE ON PROJECT | TYPE APPT. *(months)* | EFFORT ON PROJ. | INST. BASE SALARY | SALARY REQUESTED | | FRINGE BENEFITS | | | TOTAL |
|  |  |  |  |  |  | |  | | |  |
|  |  |  |  |  |  | |  | | |  |
|  |  |  |  |  |  | |  | | |  |
|  |  |  |  |  |  | |  | | |  |
|  |  |  |  |  |  | |  | | |  |
| SUBTOTALS | | | | |  | |  | | |  |
| CONSULTANT COSTS | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | |  |
| TRAVEL | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | |  |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | $ |  |
| Indirect Cost (not to exceed 10%) | | | | | | | | |  |  |
| TOTAL COSTS | | | | | | | | | $ |  |

**Budget Justification:**

**Please list or attach a complete list of current / pending support. Include annual and total award amounts, along with award period and a statement of overlap.**

**Describe how the proposed research is distinct from other related or similar research in your lab or other labs.**

**Three Major Scientific Accomplishments (1 page limit):** On this page, list your three major research discoveries and accomplishments. Please document these accomplishments based on peer-reviewed publications or patent applications. You may attach these non-confidential materials to the grant. Describe the impact of these discoveries on the advancement of scientific discovery.

**Discovery #1:**

**Discovery #2:**

**Discovery #3:**

**Please provide or attach a bio-sketch (with publications) for the principal investigator only**. No longer than two pages. If the proposal is collaborative, please also provide a bio-sketch(es) of the co-collaborator(s). If this proposal is in support of a Fellow, please include the bio-sketches for the Fellow and the proposed mentor/supervisor.

(Page 1 of 2)

**Biosketch (Page 2 of 2):**

Please e-mail a PDF version of the proposal to: [info@iacoccafoundation.org](mailto:info@iacoccafoundation.org).

Additionally, please submit eight (8) hard copies via e-mail to:

Iacocca Family Foundation

867 Boylston Street, 6th Floor

Boston, MA 02116

Please make sure that the paper copies are double-sided, 3-hole punched and *not* stapled.

The deadline for applications is Friday, October 30, 2015 at 5pm Eastern. Therefore, the PDF must be e-mailed by 5pm Eastern on this date, as well as postmarked and mailed. Paper copies must be received no later than Tuesday, November 3, 2015.

Thank you! All of us at the Foundation look forward to receiving your proposal.