

## FOUNDATION FOR ANGELMAN SYNDROME THERAPEUTICS

### GRANT RENEWAL GUIDELINES

If you intend to apply for an additional year of support, please follow the below guidelines and submit to [grants@cureangelman.org](mailto:grants@cureangelman.org) 8 weeks prior to renewal date:

1. A full progress report on year 1 of the project
  - a. Based on the current year of project, what progress has been made towards goals, benchmarks and deliverables?
  - b. How will this project contribute to treatments for Angelman Syndrome?
  - c. In what ways have you communicated your findings to other researchers (ie presentations/publications)? Are you planning any publications or collaborations with other scientists based on you current findings? Please provide details.
  - d. It is FAST's hope that grants we fund will lead to additional support from government agencies and other funding sources. Have you applied to any other funding sources for support? Do you intend to apply to other sources? Please provide details.
2. A full financial report on year 1 of the project
3. Scope of work for year 2 of the project
4. Budget request for year 2 of the project
5. Lab budget including other sources of funding for this project and related work

## Budget

DETAILED BUDGET FOR GRANT PERIOD <u>(1 Year Only)</u> (DIRECT COSTS ONLY)					FROM	THROUGH	
PERSONNEL		TYPE APPT. (months)	% EFFORT ON PROJ.	INST BASE SALARY	DOLLAR AMOUNT REQUESTED (omit cents)		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTALS
SUBTOTALS →							
CONSULTANT COSTS							
SUPPLIES (Itemize by category)							
PATIENT CARE COSTS							
INPATIENT							
OUTPATIENT							
OTHER EXPENSES (Itemize by category)							
TOTAL DIRECT COSTS FOR GRANT PERIOD →							
TOTAL INDIRECT COSTS FOR GRANT PERIOD →							
TOTAL COSTS FOR GRANT PERIOD →							