



# Foundation for Angelman Syndrome Therapeutics Grant Application

|                              |                      |
|------------------------------|----------------------|
| Leave Blank - FAST Use Only  |                      |
| Number                       | Date Received        |
| <input type="text"/>         | <input type="text"/> |
| Funding Authorization Number |                      |
| <input type="text"/>         |                      |

FAST TRAC Grant                      Postdoctoral Fellowship                      FAST IMPACT Grant Program  
 FAST Grant-in-Aid                      FAST New Investigator Award

|  |                      |                        |                      |
|--|----------------------|------------------------|----------------------|
| Title of the Application (Not to exceed 70 characters) |                      | Applicant Organization |                      |
| <input type="text"/>                                   |                      | <input type="text"/>   |                      |
| Applicant Name (Last, First, Middle)                   |                      | Degree                 | Position Title       |
| <input type="text"/>                                   |                      | <input type="text"/>   | <input type="text"/> |
| Mailing Address  | E-mail Address       | Department             |                      |
| <input type="text"/>                                   | <input type="text"/> | <input type="text"/>   |                      |
|  | Telephone            | Fax                    |                      |
|  | <input type="text"/> | <input type="text"/>   |                      |

|  |                      |                      |
|--|----------------------|----------------------|
| For Fellowship Applicants Only                 |                      |                      |
| Applicant Mentor (Last, First, Middle)         | Position Title       | Institution          |
| <input type="text"/>                           | <input type="text"/> | <input type="text"/> |
| US Co-Mentor if required (Last, First, Middle) | Position Title       | Institution          |
| <input type="text"/>                           | <input type="text"/> | <input type="text"/> |

|  |                            |   |   |
|--|----------------------------|---|---|
| Vertebrate Animals<br><input type="radio"/> Yes <input type="radio"/> No                         |                            | Human Subjects Research<br><input type="radio"/> Yes <input type="radio"/> No |   |
| If "Yes", IACUC Approval Date  | Animal Welfare Assurance # | If "Yes", Provide IRB Review Date   | Federal Wide Assurance #                  |
| <input type="text"/>   | <input type="text"/>       | <input type="text"/>  | <input type="text"/>                      |
| Administrative Official to be Notified if Award is Made<br>(Name, Title, Address, and Telephone) |                            | Dates of Proposed Support   |   |
| <input type="text"/>   |                            | Official's E-mail Address   | From                      To              |
|  |                            | <input type="text"/>  | <input type="text"/> <input type="text"/> |
|  |                            | Entity Identification Number  | Total Costs Requested                     |
|  |                            | <input type="text"/>  | <input type="text"/>                      |
|  |                            | Type of Organization  | Fiscal Year End Date                      |
|  |                            | <input type="text"/>  | <input type="text"/>                      |

Principal Investigator Assurance: I certify that these statements herein are true, complete, and accurate to the best of my knowledge. I have indicated potential overlaps in funding on the budget page. I agree to accept responsibility for the scientific conduct of the project and to provide required progress reports if a grant is awarded.

|                        |                      |
|------------------------|----------------------|
| Signature of Applicant | Date                 |
| <input type="text"/>   | <input type="text"/> |

Applicant Organization Assurance: I certify that the information supplied in this application is true, complete, and accurate to the best of my knowledge. I agree that any grant received as a result of this application is subject to the grant conditions and other policies, rules and regulations issues by the Foundation for Angelman Syndrome Therapeutics.

|   |                      |
|---|----------------------|
| Name of Official Signing for the Applicant Organization (Print) | Title of Official    |
| <input type="text"/>  | <input type="text"/> |
| Signature of Official   | Date                 |
| <input type="text"/>  | <input type="text"/> |

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| Abstract_____  | 3                        |
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| Budget _____   | <input type="checkbox"/> |
| Other Support - List Current and Pending Grants for the Applicant_____                       | <input type="checkbox"/> |
| Facilities_____  | <input type="checkbox"/> |
| Biographical Sketch - in current NIH Format, not to exceed three pages_____                  | <input type="checkbox"/> |
| Research Plan - Follow Formatting Instructions, not to exceed 5 pages including figures_____ | <input type="checkbox"/> |
| References_____  | <input type="checkbox"/> |
| Appendices_____  | <input type="checkbox"/> |

To insert PDF pages for the Biographical Sketch, Research Plan, References and any additional pages, complete the fillable form. In Acrobat, select "Print" and choose the option to print the completed form as a PDF. This will convert the fillable form to a PDF document that will allow pages to be added or deleted. The form will NO LONGER be able to be modified on the resulting PDF.

**Applications must be submitted electronically to [grants@CureAngelman.org](mailto:grants@CureAngelman.org). Only PDF forms will be accepted and reviewed. Any questions about the application process, or suitability of a request should be directed to [science@cureangelman.org](mailto:science@cureangelman.org).**

The Foundation for Angelman Syndrome Therapeutics  
P.O.Box 608 Downers Grove, Illinois 60515-0608  
Phone: 630-852-3278  
Toll Free: 866-783-0078  
Fax: 630-852-3270

Abstract - State the objective and specific aims and relevance to Angelman Syndrome. Do not exceed the space on this page

Lay Abstract - Describe the project in non-technical language understandable by a person not trained in science. This is an important part of the application and considered in funding decisions. If award is made, this text will be used in FAST publications and press releases.



## **Budget and Justification**

| Budget Item | Category | Amount Requested |
|-------------|----------|------------------|
|             |          |                  |
|             |          |                  |
|             |          |                  |
|             |          |                  |
|             |          |                  |
|             |          |                  |
|             |          |                  |
|             |          |                  |
|             |          |                  |

Budget Justification - please add an additional page if needed. Please note that FAST will not cover salaries, fringe, or indirect costs under any circumstances. Fellowship applicants do not need to provide a budget or justification.



Budget Justification - continued

Other Support - List Current and Pending Support. Indicate amount of overlap with the current application.

Laboratory

Clinical

Animal

Computer

Office

Other

Major Equipment and Additional Information