



## 2026 RESEARCH GRANT APPLICATION

Principal Investigator:

Project Title:	
Date of Application:	
Principal Investigator: Degree: Position: Address:  Phone Number: Fax: E-mail:	
Department: Division: Institution: Federal Tax ID#:  Grants Administrator, Name: Address: Phone: Fax: E-mail:	
IRB Approval:	<i>Protocol #:</i> <i>Approval Date:</i> <i>Pending?</i>
IACUC Approval:	<i>Protocol #:</i> <i>Approval Date:</i> <i>Pending?</i>
Endorsing Chairman of Applicant's Department:	<i>Signature:</i>
Total Funds Requested:	
Dates of Proposed Project Period:	
Site of Project:	
Principal Investigator Signature:	<i>Signature:</i>





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Principal Investigator:

## PROJECT BUDGET

*List Direct Costs Only*

Project Title:	From:	Through:
Detailed Project Budget		

Personnel (Including collaborators)	Dollar amount requested:
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Name	Title/Position	% Effort	Salary	Fringe Benefits	Totals
	Principal Investigator				

Subtotals:			
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Supplies (please itemize):	
Other:	
Total Direct Costs:	\$

Indirect Costs:	
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Total Funds Requested:	
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Principal Investigator:

### BUDGET JUSTIFICATION

*Provide justification for major budgetary items in each of the project budget categories.*

**Personnel:**

**Supplies:**

**Other:**



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Principal Investigator:

## BIOGRAPHICAL SKETCH

*Please provide the following information for the key personnel and other significant contributors in alphabetical order following the principal investigator. Follow this format for each person. Do not exceed 2 pages.*

**Investigator:**

Project Title:	
Name	Position / Title

Education/Training (begin with baccalaureate or other initial professional education and include postdoctoral training).

Institution and Location	Degree	Year(s)	Field of Study

**Positions:** List in chronological order, concluding with present position.

**Relevant publications** (15 maximum in chronological order):



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Principal Investigator:

### OTHER RESEARCH SUPPORT

*Please document all research projects completed in last three years and all active support for principal investigator and key personnel. Other Support includes all financial resources available in direct support of an individual's research projects, including, but not limited to, Institutional funds, research grants, cooperative agreements, contracts, and/or institutional awards, Federal, non-Federal, pharmaceutical, commercial or institutional.*

*\* Please use the format indicated below, using additional pages as necessary.*

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Title of Project:

Dates of Project:

Principal Investigator:

Applicant's role on project:

Annual Direct Costs:

Applicant's Percent effort:

The major goals of this project:

(Please indicate overlap for each individual):

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Principal Investigator:

### RESEARCH PLAN

*\* Do not exceed 5 pages, exclusive of references.*

#### 1. Hypothesis

#### 2. Specific Aims

#### 3. Background/Preliminary Data

#### 4. Experimental Design/Methods

#### 5. Potential Pitfalls/Alternatives

#### 6. Significance to Leukodystrophy Research

#### 7. References



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### RESOURCES/FACILITIES DESCRIPTION

*Specify the facilities to be used for the proposed project. Indicate the performance sites, capacities, pertinent capabilities, and relative proximity to and availability to the project. Under "Other," identify relevant support services and indicate the extent to which they will be available to the project.*

#### Resources

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Clinical:

Laboratory:

Animal:

Computer:

Office:

Other:

#### Major Equipment

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*List the most important equipment items available for this project, noting the relevant capabilities and location of each:*



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Attach Letters of Collaboration and/or Support:

**Please submit your application to the United Leukodystrophy Foundation no later 11:59 p.m. on Wednesday, August 12, 2026 to: [office@ulf.org](mailto:office@ulf.org).**