



MASSACHUSETTS
GENERAL HOSPITAL



COLLABORATIVE CENTER FOR
X-LINKED DYSTONIA-PARKINSONISM



HARVARD
MEDICAL SCHOOL

2020 Grant Application					
Principal Investigator				Position Title	
Department/ Group				Degree(s)	
Institution				Email	
Address: Telephone Fax				Co-PI(s)	
<p>EXPLORATORY PILOT GRANT: 1 year, max \$100,000 direct costs POSTDOCTORAL FELLOWSHIP: 2 years, max \$75,000/year in direct costs per year INVESTIGATOR AWARD: 1 or 2 years, max \$250,000 in direct costs per year NOTE: Indirect costs are capped at 10%. Amount requested:</p>					
Year 1 (direct)	Year 1 (indirect)	Year 2 (direct)	Year 2 (indirect)	Total (direct)	Total (indirect)
Grant Title:					
<p>Completed applications should be submitted as a single PDF via email to aalessi@partners.org no later than 5pm EDT on January 15, 2021. See application instructions at https://www.massgeneral.org/neurology/xdp-center</p>					
Applications Accepted By			Grants Administered by		
Amy Alessi, PhD Program Manager (T) 617.643.5007 (F) 617.726.0740 Email aalessi@partners.org Subject Line: XDP Center grant application			Michele Courtright Senior Grants Manager (T) 617.726-5722 (F) 617.643.5769 Email mcourtright@mgh.harvard.edu		

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INSTITUTIONAL APPROVAL: Appropriate institutional approval must be obtained for any proposed work (e.g. IACUC, IRB) before funding can begin.

I have received the required approval (yes or no):

I have included the appropriate approval documents, if received (yes or no):

Applicant: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements of claims may be grounds for denying the request. I agree to accept responsibility for the scientific conduct of the project, provide the required progress reports, and meet other requirements specified if a grant is awarded as a result of this application.

Principal Investigator _____ Date:

Administrative official to be notified if award is made

Name		Title	
Address		Phone Fax	
Email			

Applicant Organization Certification and Acceptance

Official signing for the applicant organization	
Position/Title	
TELEPHONE AND FAX number	
EMAIL address	

I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and accept the obligation to comply with The Collaborative Center for XDP terms and conditions if a grant is awarded as a result of this application.

SIGNATURE INSTITUTIONAL OFFICIAL: _____ Date:

NAME: _____ TITLE: _____

Current and pending funding (attach additional page if necessary)

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Suggested reviewers		Excluded reviewers	
LEAVE BLANK – FOR MGH USE ONLY			
Received By		Date	
Board member(s)			
Reviewers		Email	