Cooley's Anemia FOUNDATION
Leading the Fight Against Thalassemia

2026-2027 ONGOING CLINICAL RESEARCH IN THALASSEMIA RENEWAL

1st Year Grantees Who Are Applying for Renewal

The goal of this initiative is to support investigators from all disciplines and backgrounds (MD, RN, PhD, MPH, MSW or other disciplines) with their ongoing clinical projects to address one or more of the following areas impacting patients with thalassemia, including, but not limited to: fertility, pregnancy and family planning; quality of life/psychosocial; burden of disease including cardiac issues and iron overload.

Continuation of your grant for the 2nd year will be contingent upon the availability of funds and careful review of the renewal application with particular attention to progress made in the 1st year and the research plan for the second year. Please complete the attached renewal application form and follow the guidelines for reporting progress of your project. Completed applications are due on **Monday, February 9, 2026**. *4th quarter disbursement for the first year of your grant will not be made until this completed application is received by the Foundation.*

You will be notified in **May 2026** regarding approval and 2nd year funding. If funded for a second year, a final report will be due by **June 30, 2027**. This report should include a complete description of the work accomplished during the two-year funding period, a list of publications or manuscripts in preparation and a discussion of future research plans. Final disbursement will not be made until this report is received by the Foundation and approved by the Chair of its Medical Advisory Board.

1st Year Grantees Who Are Not Applying for Renewal

1st year grantees who **do not** wish to be considered for renewal must submit a final report by **June 30, 2026**. This report should be submitted by the grantee and, if applicable, endorsed by the project sponsor. The report must include a complete description of the progress made during the funding period, a list of publications or manuscripts in preparation, submitted or in press, and a discussion of future plans. *4th quarter disbursement will not be made until this final report is received by the Foundation and approved by the Chair of its Medical Advisory Board*.

GUIDELINES FOR COMPLETING THE APPLICATION

COVER PAGE

Please complete and attach the form provided on page 3.

NON-TECHNICAL ABSTRACT *(Not to exceed 250 words)*

It is imperative in presenting your abstract that you offer an explicit explanation of the relevance of your proposal to thalassemia and that you use language easily understandable by a non-technical reader.

REPORT

The proposal should include the following sections:

I. DETAILED PROGRESS REPORT *(no more than 4 pages)*
Describe the proposed study, including method and references. Include plans for alternative strategies if initial approaches are unsuccessful.

II. PROPOSED RESEARCH FOR A SECOND YEAR *(no more than 4 pages)*
Including a brief overview of the experimental design

III. PUBLICATIONS

IV. OTHER SUPPORT OF THE APPLICATION & SPONSOR
Please list title, amount per year and duration of all research support including pending applications, whether related to this proposal or not. When this grant is proposed to be used for ancillary studies to an ongoing clinical trial, the financial support of the trial must be cited here.

V. BUDGET FOR PERIOD JULY 1, 2026 TO JUNE 30, 2027
Support is available for salary, fringe benefits, study-related costs, and a maximum 10% for administrative costs.

- **A.** Salary
- **B.** Fringe Benefits
- **C.** Non-Salary expenses
- **D.** Total (not to exceed $50,000)
  Please indicate total salary and all other sources of support, if any

VI. AGREEMENTS
Please attach completed page 4.

2026-2027 ONGOING CLINICAL RESEARCH IN THALASSEMIA RENEWAL

COVER PAGE

Applicant Information

Research Proposal Title

Applicant Name	**Applicant Title**

Mailing Address

Telephone	**Email**

Disbursement Information

Institution Contact Name	**Department**

Check Payable to	**Institution's Federal Identification Number**

Mailing Address

AGREEMENT

I agree with the policies of the Cooley's Anemia Foundation concerning this application. I certify that I have appropriate facilities to complete the proposed research. Subsequent publications will acknowledge funding by the Cooley's Anemia Foundation.

Applicant Name	**Signature**

Additional Signatures

Chairman or Director Name	**Department**

Signature

Administrative Officer Name	**Telephone**

Signature

Financial Officer Name	**Telephone**

Signature

Approved Human Research Committee

Chairman Name	**Date**

Signature
