Thalassemia Foundation of America
Formerly Cooley's Anemia Foundation

2027-2028 CLINICAL TRIALS IN THALASSEMIA CELL AND GENE THERAPY RENEWAL

1st Year Grantees Who Are Applying for Renewal

The purpose of this initiative is to seed the application of recent translational advances in gene therapy to clinical trials. The stipend you were awarded is due for review by the Scientific Review Committee of the Medical Advisory Board.

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 1, 2027**. *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 2027** regarding approval and 2nd year funding. If funded for a second year, a final report will be due by **June 30, 2028**. 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, 2027**. 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

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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 5 pages)*
Describe the proposed study, including methods and progress to date. Include plans for alternative strategies if initial approaches are unsuccessful.

II. PROPOSED RESEARCH FOR A SECOND YEAR *(no more than 5 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.

V. BUDGET FOR PERIOD JULY 1, 2027 TO JUNE 30, 2028
Support is available for personnel, equipment, supplies, travel, and clinical trials costs (patient-care and non-patient-care). Lodging and other personal costs for research subjects to come to a treatment center are **excluded** from this grant**.**

- **A.** Salary and Fringe Benefits at the typical institutional rate, (investigator salary not to exceed 10% of NIH cap); other personnel may be supported at higher levels, if required to complete the project
- **B.** Capital equipment over $5,000 (non-overhead bearing)
- **C.** Any supplies necessary for the conduct of the study
- **D.** Patient care costs
- **E.** Travel – please justify carefully. Patient travel/lodging during trials is not allowed
- **F.** OTHER - For example, non-patient care clinical development costs, e.g. vector development
- **G.** Indirect costs not to exceed 10%
- **H.** Total not to exceed $60,000

VI. AGREEMENTS
Please attach completed page 4.

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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 Thalassemia Foundation of America (FKA 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 Thalassemia Foundation of America

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
