Thalassemia Foundation of America
Formerly Cooley's Anemia Foundation

2027-2028 RESEARCH FELLOWSHIP GRANT RENEWAL APPLICATION

1st Year Fellows Who Are Applying for Renewal

1st year fellows wishing to be considered for renewal must submit a completed renewal application form and a report detailing the scientific progress of the project by **Monday, February 1, 2027**. This report should be submitted by the fellow and, if applicable, the sponsor and should 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. The report should not be more than six pages long, plus references if applicable. Accepted or published manuscripts and/or abstracts may be appended. Do not submit full manuscripts not yet accepted for publication; however, if appropriate these may be listed.

4th quarter disbursement will not be made until completed application and report is received by the Foundation. Payment of renewal fellowships will be contingent upon the availability of funds and careful review of the renewal application with particular attention to progress made in the first year and the research plan for the 2nd year.

1st Year Fellows Who Are Not Applying for Renewal

1st year fellows 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 fellow 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*.

APPLICATION DUE DATE

The completed application is due **Monday, February 1, 2027** in PDF format via email grants@thalassemia.org.

A subcommittee of the Thalassemia Foundation of America's Medical Advisory Board shall review all applications for scientific merit and pertinence to thalassemia. The Chairman of the Medical Advisory Board shall submit the recommended applications to the Thalassemia Foundation of America's Board of Directors at its annual meeting in **April 2027**. The Board of Directors will have the responsibility of final approval. All applicants will be notified in **May of 2027** regarding the status of their funding.

Please note the following:

- Postdoctoral fellows may use award funds for salary support. Junior faculty applicants may use award funds for either salary or non-salary purposes. In both cases, the administrative cost is limited to 10% of the total amount granted.
- Payment of fellowship funds will be issued in quarterly checks, made out to the financial officer of the institution. The financial officer may establish an account from which junior faculty fellows may draw expenses allowed under the terms of the fellowship. Should the project not be initiated, should the project be stopped before completion or should the fellow either voluntarily or involuntarily leave the institution before the completion of the fellowship year, the institution agrees to return all unused funds for non-salary support during that award year and to forgo remaining quarterly payments.
- All applications must be submitted according to the attached guidelines and conform to the format and content specified.
- All publications resulting from TFA sponsored fellowships should bear the statement: This study was supported by a grant from the Thalassemia Foundation of America
- The Foundation and its Medical Advisory Board regret that it is not possible to provide detailed critiques to applicants.

FINAL REPORT REQUIREMENTS

Second year fellows must submit a final report by **June 30, 2028**. The report should include a complete description of the work accomplished during the two-year funding period. In addition, second year fellows must submit a list of publications or manuscripts in preparation and a discussion of future research plans. *Final payment will not be made until this 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 pages 4 & 5.

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 *(Sections I & II should not exceed 6 pages)*

I. DETAILED PROGRESS REPORT *(No more than 3 pages)*

II. PROPOSED RESEARCH FOR A SECOND YEAR *(No more than 3 pages)*

III. PUBLICATIONS

IV. OTHER SUPPORT

Report in detail all support, including pending, of the applicant's and sponsor's laboratory.

V. BUDGET FOR PERIOD JULY 1, 2027 TO JUNE 30, 2028

Support is available for salary, fringe benefits, and a maximum 10% for administrative costs.

- **A.** Salary
- **B.** Fringe Benefits
- **C.** Administrative cost (limited to 10%)
- **D.** Non-Salaried support (junior faculty fellows only)
- **E.** Total (not to exceed $50,000)

  Please indicate total salary and all other sources of support, if any

VI. AGREEMENTS

Please complete applicable sections below (pages 6 & 7) and include these signed and scanned attachments to your application

2027-2028 RESEARCH FELLOWSHIP RENEWAL GRANT

COVER PAGE

Applicant Information

Research Proposal Title

Applicant Name	**Applicant Title**

Mailing Address

Telephone	**Email**

Sponsor Information

Sponsor Name	**Sponsor Title**

Institution

Mailing Address

Telephone	**Email**

Disbursement Information

Institution Contact Name	Department

Check Payable to	Institution's Federal Identification Number

Mailing Address

AGREEMENT

Postdoctoral and Junior Faculty Applicant

Please check one the following to indicate your funding status and to certify.

_____ My postdoctoral fellowship will be used exclusively for salary and no more than 10% of the total amount will be used for administrative costs.

_____ My junior faculty fellowship will be used for either salary or non-salary support. No more than 10% of the total funding will be used for administrative costs.

All published reports will acknowledge funding by the Thalassemia Foundation of America.

I agree with the policies of the Thalassemia Foundation of America concerning Research Fellowships, and I will assume responsibility for the conduct of the proposed research under the supervision of my sponsor (where applicable).

Applicant Name	**Signature**

Sponsor Name

Applicant Sponsor

I agree with the policies of the Thalassermia Foundation of America regarding this research fellowship, and I accept Dr. _____ as a fellow for up to two years. I will provide supervision and appropriate facilities for the project outlined in this application, which I have read and approved.

Sponsor Name	**Signature**

Date

Additional Signatures

Chairman or Director Name	Department

Signature

Administrative Officer Name	Telephone

Signature

Financial Officer Name	Telephone

Signature

IF APPLICABLE

Approved Human Research Committee

Chairman Name	Date

Signature
