



Pilot Grant Application Form

Program Overview

This application form is for pilot grants focused on **Genotype-Phenotype Correlation Studies, Biomarker Discovery Pilots, and Drug Repurposing Pilot Screens**. Please complete all sections clearly and concisely. The total project period should not exceed **one year**. **No salary support** is permitted. **Most of the awarded funds must directly support research activities**, and **travel costs are limited**.

Applicants are expected to submit a **final project report** by the end of the funding period summarizing progress, challenges, and future directions.

1. Applicant Information

Applicant Name: _____
Principal Investigator Title/Role: _____
Current Institution: _____
Department: _____
Email: _____
Phone Number: _____
Faculty Advisor (required): _____

2. Project Information

Project Title: _____
Project Start Date: _____ End Date: _____
application for 10,000-dollar grant 1 time payment



3. Abstract (250 words max)

Provide a concise summary of the project, including background, objectives, and expected impact.

4. Research Plan (2 pages max, 12-point Times New Roman, single-spaced)

Include:

- Background and objectives
- Research design and methods
- Expected outcomes and milestones
- How this project represents a **transformative** contribution to the field
- Description of where this research will lead in future studies
- Acknowledgment of limitations in experience and a clear plan to address them

Applicants should define what makes their project important and explain the potential trajectory of their work. All applicants must include a realistic plan for achieving project goals and addressing potential obstacles.

5. Significance 1 paragraph (5 sentences)

Provide a clear statement of the **significance of this project** and how it advances genetic disorder research. Clearly indicate how the project aligns with the grant program's focus on innovation, collaboration, and translational value.

6. Budget Summary and Format

Provide a **modular or specific budget format** outlining the proposed use of funds.



Important Notes:

Salary support is **not permitted**.

Travel expenses must be limited and justified.

Equipment purchases are allowed.

Most funds must be directed toward research-related expenses.

Indirect costs are **not supported**.

7. Applicant Certification

I certify that the information provided in this application is accurate and that this project proposal has not been submitted elsewhere. I understand that I am required to provide a final project report by the end of the grant period.

Applicant Signature: _____ **Date:** _____

Faculty Advisor Signature: _____ **Date:** _____