

PANDAS Physicians Network Request for Grant Proposals Application

PPN's mission is to foster continuous education and communication within the multidisciplinary medical community and to sponsor research for developing diagnostic tests, treatment protocols and a cure for PANDAS/PANS within this generation.

Your grant needs to be aligned with this mission. PDF applications can be sent to grants@pandasppn.org. An online version of the application can be found at <https://www.pandasppn.org/rfp>.

PRINCIPLE INVESTIGATOR INFORMATION

PROJECT TITLE

PRINCIPLE INVESTIGATOR NAME

First Name

Last Name

PRINCIPLE INVESTIGATOR TITLE

PRINCIPLE INVESTIGATOR ADDRESS

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

PRINCIPLE INVESTIGATOR PHONE NUMBER

Area Code

Phone Number

PRINCIPLE INVESTIGATOR EMAIL ADDRESS

example@example.com

PRINCIPLE INVESTIGATOR SHORT BIO

PRINCIPLE INVESTIGATOR RECENT PUBLICATIONS - Please list a maximum of 3.

ACADEMIC INSTITUTION ASSOCIATED WITH THE PROPOSED PROJECT

ARE YOU A MEMBER OF PANDAS PHYSICIANS NETWORK? - Applicants must be a member of the PANDAS Physicians Network. To apply for membership, visit www.pandasppn.org/membership-benefits.

YES

NO

PROJECT DETAILS

COLLABORATORS, OTHER RESEARCHERS, AND CONSULTANTS - Please provide a list of collaborators, other researchers, and consultants.

CONFIDENTIALITY OF PROJECT

All grant proposals submitted during the Request For Proposals cycle will be reviewed by a grant review panel. All panel participants sign a confidentiality agreement prior to being approved by the Foundation for Brain Science and Immunology.

Do you agree to the above regarding the confidentiality of the submitted grant application?

I agree.

I do not agree. I understand the application cannot be reviewed for consideration.

FUNDING DETAILS

TOTAL FUNDS NEEDED FOR PROJECT

FUNDING AMOUNT REQUESTED FROM PANDAS PHYSICIANS NETWORK

BUDGET: PLEASE UPLOAD YOUR BUDGET TO GRANTS@PANDASPPN.ORG.

I uploaded the budget.

I will upload the budget at a later time. I acknowledge my application will not be reviewed until I have submitted the budget.

DO OTHER SOURCES OF FUNDING EXIST?

YES

NO

IF YES, PLEASE DESCRIBE.

EXPECTED OUTCOMES

INTRODUCTION TO THE PROPOSED PROJECT - What makes this research topic intriguing to you? Why should PPN be interested in funding this topic?

DESCRIPTION - Describe the purpose of this work.

DEPENDENCY - What is this project dependent on?

BENCHMARKS - How will you measure the outcomes or report the future outcomes of this proposal? Is there a deadline for acquiring funding? Please be brief.

LIABILITY - Are there any additional risks beyond financial risk related to the experiment or project? What is your current IRB process?

PRIOR WORK - What prior work have you done in the area associated with the grant request?

IF SUCCESSFUL, WHAT WOULD YOU PLAN TO DO NEXT? - Do you have a roadmap for research/ How does this fit into a larger theme?

ADDITIONAL INFORMATION

SHARING PLAN - How will your data and/or research tools be made available to the public for future research purposes?

DIVERSITY, EQUITY, AND INCLUSION - Describe how this funding will advance diversity, equity, and inclusion and impact the profession and patients.

NOTICE

Applicant is advised that PPN expects grant recipients to conduct themselves in a manner consistent with sound business and ethical practices. PPN represents that there is no correlation or connection between its selection of institutions for grant awards and an institution's business relationship or potential business relationship with PPN. Participation in PPN's program does not require or impose any quid pro quo conditions.

Please send completed grant application, along with budget, to grants@pandasppn.org. Any use of AI (Artificial Intelligence) for translation or development of a PPN grant application should be clearly called out in the application.

REQUIRED:

I agree to the above notice.