

# BEBRF Research Grant Application

**Award Amount:** \$75,000

**Application Deadline:** March 31

**Submission Method:** Email one combined PDF to [bebrf@blepharospasm.org](mailto:bebrf@blepharospasm.org)

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## Applicant Instructions

Please complete all sections below. Combine this completed application with required attachments into **one PDF** for submission.

- Required attachments:
- Curriculum Vitae (CV) of the Principal Investigator
  - Consent form(s), if applicable
  - IRB approval letter, if applicable
  - Required signatures
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## 1. Project Overview

**Project Title:**

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**Principal Investigator (Name, Title, Institution):**

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**Email Address:**

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**Co-Investigators / Key Personnel:**

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**Department(s) Involved:**

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**Institution(s) Where Research Will Be Conducted:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

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## 2. Funding & Timeline

Is this project supported by another grant?

Yes  No

If yes, list funding source and status (pending or awarded):

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**Proposed Project Period:**

Start Date: \_\_ End Date: \_\_

*(BEBRF typically funds one-year projects; two-year projects may be considered.)*

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## 3. Research Plan

### A. Background

*(Brief context sufficient for reviewers; include key references if relevant.)*

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### B. Purpose and Objectives

*(Clear statement of research question(s) and intended outcomes.)*

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### C. Study Design and Methods

*(Summary of study design, methods, and procedures.)*

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### D. Participant Discomfort

*(Describe any anticipated discomfort or burden to participants.)*

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## 4. Human Subjects

Does this study involve human subjects?

Yes  No

If **Yes**, please complete the following:

**IRB Approval Obtained?**  Yes  No

(Attach IRB approval letter)

**Potential Risks (physical, psychological, social, legal, or other):**

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**Risk Assessment (likelihood and seriousness):**

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**Informed Consent Process (how and where consent will be obtained):**

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**Potential Benefits:**

To individual participants:

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To patients or society more broadly:

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## 5. Sponsoring Organization

Organization Name: \_\_\_\_\_

**Address:** \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**Tax-Exempt Status:**  Yes  No

If yes, attach IRS tax-exemption letter with tax ID number.

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## 6. Budget (No Indirect Costs Allowed)

Category	Description	Amount
Personnel (percent effort & salary)		
Equipment		
Supplies		
Publication Costs		

**Total Amount Requested:** \$\_\_

Brief Budget Justification:

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## 7. Reporting Schedule

Quarterly  Semi-Annual

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## 8. Signatures

**Principal Investigator**

Signature: \_\_\_ **Date:** \_\_\_\_\_

**Department Chair**

Name: \_\_\_\_\_

Signature: \_\_\_ **Date:** \_\_\_\_\_

*(If multiple departments are involved, all relevant chairs must sign.)*

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## 9. Additional Materials

List any questionnaires, interview guides, or data-collection tools attached:

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**10. Payment Information**

Provide the name and address of the **501(c)(3)** organization to which grant funds should be issued if awarded:

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**Biographical Sketch (Attachment)**

Attach a CV for the Principal Investigator that includes: - Education and degrees  
- Professional experience  
- Relevant publications