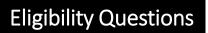
Harrington UK Rare Disease Scholar Award

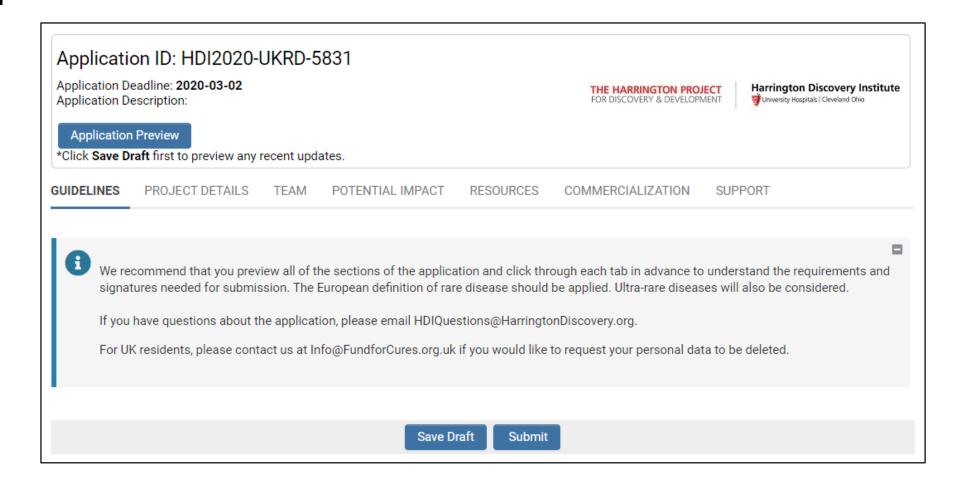
Eligibility Questions + Application Questions

January 8, 2020

* How did you hear about HDI?:	 □ A colleague referred me □ Email from Harrington Discovery Institute □ Research Gate 	☐ Email from your department or institution☐ Advertisement☐ Search Engine	 □ Email from research / science list-serve □ Conference or presentation □ Other. Please specify.
Up to five scholars are chos Grant Funding Drug Development E CRO Network Co-Investment in Sta	rtups		
Do you have an MD, PhD, o	r equivalent?		
O Yes			
○ No			
O you hold a faculty position Yes No	n at an accredited academic medical center, u	niversity, or research institution? Senior post-d	locs will also be considered.



Will you conduct your research within the United Kingdom? Collaborators outside of the UK are permitted.
○ Yes
○ No
Are you a resident or have a valid permit to work in the United Kingdom during the period of the grant?
O Yes
○ No
Do you have a single PI who will be responsible for the project oversight and financial management? The PI may engage collaborators, core labs, or commercial CROs to execute any part of the project. O Yes
O No
Is this a new proposal? Past recipients of Harrington scholar awards may submit new and distinct proposals, but may not seek additional support for previously funded projects.
O Yes
○ No



This document shows the screen as a researcher would see it when starting the application, after they submit the eligibility questions.

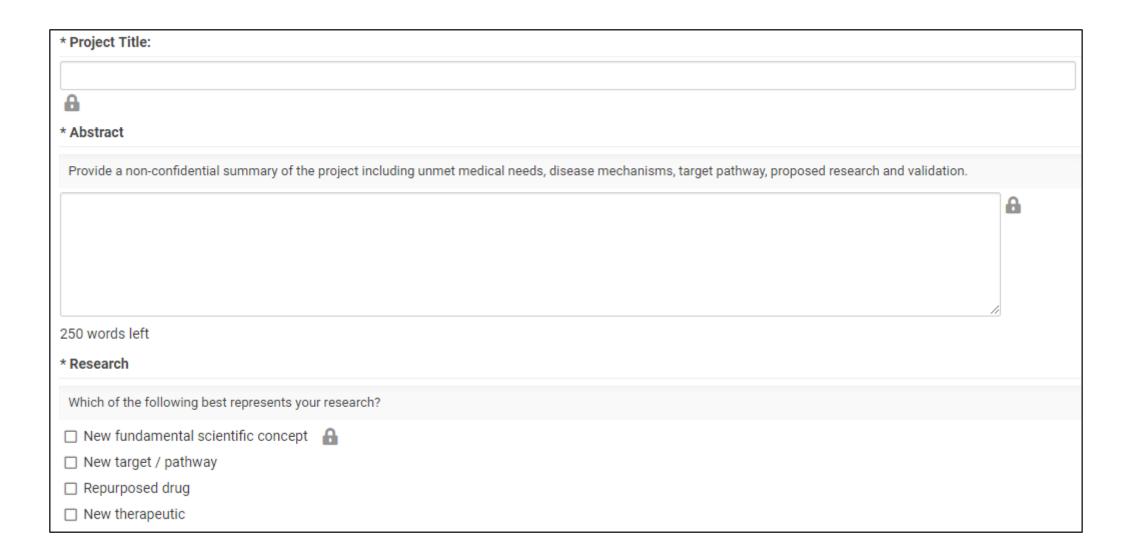
The above shows the different tabs in the application, and the following screenshots show the application questions within each tab.

Project Details Tab

* Stage of Developmen	t		
O Preliminary Discovery			
 Target Identification 	n/Validation		
O Biomarker Identifica	ation		
O Genomics/Proteom	ics/Metabolomics		
O High Throughput So	creening/Hits		
O Lead Series Identific	O Lead Series Identified		
O Lead Optimization	O Lead Optimization		
O Small Animal Pre-C	O Small Animal Pre-Clinical Testing		
○ Large Animal Pre-Clinical Testing			
Carly Clinical			
○ Other			
* Please identify the pr	imary therapeutic are	ea for your proposed research:	
 Cardiovascular 	 Dermatology 	○ Endocrine	
 Gastroenterology 	 Hematology 	○ Immunology	
O Infectious Disease	 Inflammation 	○ Metabolic	
 Musculoskeletal 	 Nephrology 	○ Neuroscience	
Oncology	 Ophthalmology 	○ Otolaryngology	
 Pathology 	 Regenerative 	○ Reproductive	
 Respiratory 	 Transplantation 	○ Virology	

Please indicate any additional therapeutic areas for your proposed research:		
☐ Cardiovascular	□ Dermatology	☐ Endocrine
☐ Gastroenterology	☐ Hematology	☐ Immunology
☐ Infectious Disease	☐ Inflammation	
☐ Musculoskeletal	□ Nephrology	□ Neuroscience
Oncology	□ Ophthalmology	□ Otolaryngology
□ Pathology	☐ Rare/Orphan	Regenerative
☐ Reproductive	☐ Respiratory	☐ Transplantation
□ Virology		

Project Details Tab



Project Details Tab

* Project Description

Provide initial hypothesis, background science and rationale, work completed to date and current stage. Explain how discovery and fundamental science will be translated and the eventual clinical use. Include the following:

- I. List of project aims and anticipated dates of completion
- II. Description of development plan, include technical methods, experimental design, estimated timeline and expenses
- III. Description of facilities and equipment

Three-page maximum, single-page PDF

At least 0.5 inch margins (top, bottom, sides); single-spaced and 12-point font using either Arial or Times New Roman





* Key Data

Upload no more than one page of key data that supports your proposal. You are encouraged to show data that supports your choice of target and validates your intervention strategy.







* Target

If known, please identify and describe the drug target of your project and validation status.





100 words left



Upload no more than one page of references in support of your Project Description.





* Publications

Personal data will be retained for 10 years from last login.

List the 10 most relevant publications to this application.

Once the publication has been added please close the new publication window and click Save Draft.

PubMedID

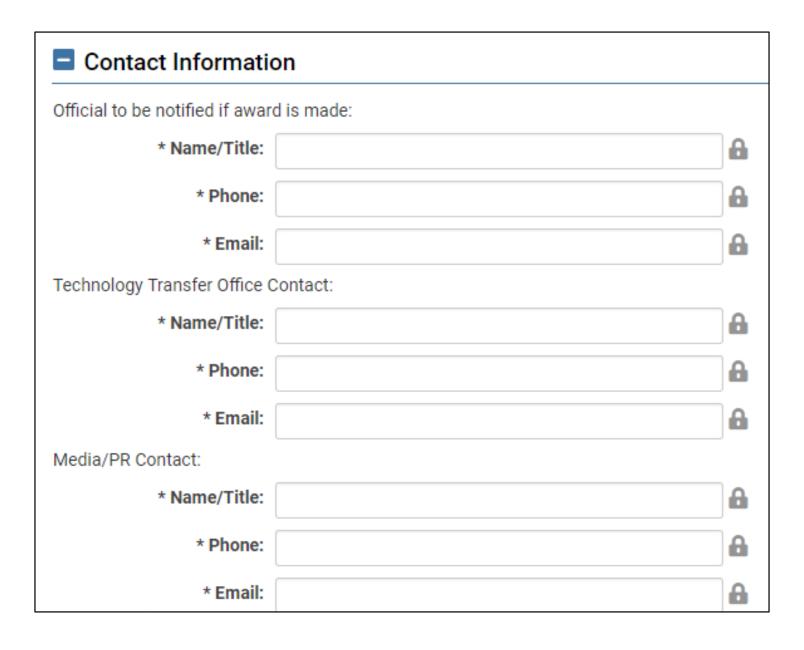
Publication Title

Add from Profile

Search PubMed

New Publication

* Biographical Sketch
Upload a PDF of the Principal Investigator's Biographical Sketch in the NIH format. NIH format can be found here: http://grants.nih.gov/grants/forms/biosketch.htm
▲ ⊕
Co-Investigators Co-Investigators
Co-Investigators can be added to the application by selecting the button below and inputting his/her details.
Personal data will be retained for 10 years from last login.
Add / Edit Co-Investigators
Co-Investigators Biographical Sketch
Any co-investigator(s) involved with the project must upload a PDF of his/her Biographical Sketch in NIH format. NIH format can be found here: http://grants.nih.gov/grants/forms/biosketch.htm
<u> </u>
* Describe Your Team
How is your team uniquely positioned to achieve this healthcare initiative?
250 words left



* Standard Of Care
If successful, this therapy would improve standard of care in the following way:
This therapy has the potential to cure the disease
This therapy has the potential to modify the disease
This therapy has the potential to improve management of the disease
This therapy is unlikely to improve standard of care
* Innovation
Based on the current standard of medical care for this project, highlight why it is innovative, unconventional or a creative approach.
250 words left

Potential Impact Tab

* Impact
Indicate potential clinical impact, medical impact and/or commercial opportunity for the proposed project.
250 words left
* If successful, would this medicine represent a Breakthrough Therapy or PRIME (PRIority MEdicine) candidate?
Yes
○ No
O Maybe

* HDI provides drug development advisors and proje	ct management throughout the tern	n of the grant. In what areas do yo	ou anticipate needing support?
250 words left			
* Budget			
Please provide your project budget, not to exceed £1 the aims outlined in your project description. There is General Funds: No more than £10,000 of the total grader for institutional overhead. Salary: The award may be used to cover salaries for of the total award amount, and the award may not be Travel: The award may not be used for travel, meeting Edit Budget	s potential to qualify for additional a rant will be used for capital expenditu post-docs equivalent to the percent e used for student stipends.	cceleration funding, based upon the ures or equipment. The award may effort devoted to the project. Plea	he recommendation of HDI. y only be used for project expenses, not
Click Save Draft to view the information you have entered.			
Expense Item	Year 1	Year 2	Total

Budget Justification
Provide a justification for the budget requested.
250 words left
* Other Support
Funds may be used to supplement other funding support. Please identify other current forms of support for your proposed research project, including source, amount, and duration of funding.
250 words left

Commercialization Tab

* Competitive Landscape
What is the competitive landscape around this unmet need?
There has been no activity and there is no known significant competition
There is significant activity primarily pre-clinical
There is significant activity including clinical studies
○ There is a history of failure in this area
Please Explain
250 words left
* Intellectual Property
List relevant issued patents or pending patent applications. Please mention if the IP is owned by you/your institution, co-owned with other institution(s) or a for-profit third party.
250 words left

* Industry Relationships
Identify any previous, active or pending industry relationships you have related to the proposed project.
250 words left
* Company Creation
Have you formed a company or startup related to this project?
○ Yes
○ No

Additional Documents

Upload any additional letters or documents that may be relevant to reference in regards to this project. For example, letters of support if the project involves use of compounds, IP, or resources owned by another party.





* Letters of Recommendation

Personal data will be retained for 10 years from last login.

Two letters of recommendation are required:

- I. Must come from current or prior colleagues and should discuss innovative strength and creativity of the PI, the significance of the research to be funded under this grant and how this research might benefit people.
- II. Must come from the Head of the Department or the Dean of the School of Medicine, and should discuss institutional support for the PI and merits of the field of research. In the case of a post-doc applying as PI, the Head of Department should comment on the PI's path to independence.

Select the button below to input the contact details. Once you click "Request Recommendation", an email will be sent to your letter writers with instructions for submitting the letter. The letters are due on the same day as the application.

Input / Edit Recommendation Contact Details

* Level Of Commitment	
This grant is designed to accelerate your project. HDI's commitment includes regular team meetings (either in-person or telecom), drug development advisory support and project management throughout the term of the grant. By submitting this application, you agree to this requirement.	
□ Agree	
* Signature Declaration	
Download your declaration using the Signature Declaration button below. Click the Export to PDF button in the top left corner.	
Signature Declaration	
* Upload Signed Delaration:	