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.

Harrington UK Rare Disease Scholar Award

Up to five scholars are chosen each year. The award includes the following:

- Grant Funding
- Drug Development Expertise
- CRO Network
- Co-Investment in Startups
- IP Review and Advice
- Access to Oxford-Harrington Rare Disease Centre

Do you have an MD, PhD, or equivalent?

○ Yes

○ No

Do you hold a faculty position at an accredited academic medical center, university, or research institution? Senior post-docs will also be considered.

○ Yes

○ No

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?

○ 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.

○ Yes
○ 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.

○ Yes
○ No

Application ID: HDI2020-UKRD-5831

Application Deadline: **2020-03-02**
Application Description:

THE HARRINGTON PROJECT
FOR DISCOVERY & DEVELOPMENT

Harrington Discovery Institute
University Hospitals | Cleveland Ohio

Application Preview

*Click **Save Draft** first to preview any recent updates.

GUIDELINES   PROJECT DETAILS   TEAM   POTENTIAL IMPACT   RESOURCES   COMMERCIALIZATION   SUPPORT

ℹ️ We recommend that you preview all of the sections of the application and click through each tab in advance to understand the requirements and signatures needed for submission. The European definition of rare disease should be applied. Ultra-rare diseases will also be considered.

If you have questions about the application, please email HDIQuestions@HarringtonDiscovery.org.

For UK residents, please contact us at Info@FundforCures.org.uk if you would like to request your personal data to be deleted.

Save Draft   Submit

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.

* Stage of Development

○ Preliminary Discovery

○ Target Identification/Validation

○ Biomarker Identification

○ Genomics/Proteomics/Metabolomics

○ High Throughput Screening/Hits

○ Lead Series Identified

○ Lead Optimization

○ Small Animal Pre-Clinical Testing

○ Large Animal Pre-Clinical Testing

○ Early Clinical

○ Other

* Please identify the primary therapeutic area for your proposed research:

○ Cardiovascular	○ Dermatology	○ Endocrine
○ Gastroenterology	○ Hematology	○ Immunology
○ 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	☐ Metabolic
☐ Musculoskeletal	☐ Nephrology	☐ Neuroscience
☐ Oncology	☐ Ophthalmology	☐ Otolaryngology
☐ Pathology	☐ Rare/Orphan	☐ Regenerative
☐ Reproductive	☐ Respiratory	☐ Transplantation
☐ Virology		

* Project Title:

🔒

* Abstract

Provide a non-confidential summary of the project including unmet medical needs, disease mechanisms, target pathway, proposed research and validation.

🔒

250 words left

* Research

Which of the following best represents your research?

☐ New fundamental scientific concept   🔒

☐ New target / pathway

☐ Repurposed drug

☐ New therapeutic

* 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

* References

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 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

* Describe Your Team

How is your team uniquely positioned to achieve this healthcare initiative?

250 words left

▬ Contact Information

Official to be notified if award is made:

* Name/Title: [_____] 🔒

* Phone: [_____] 🔒

* Email: [_____] 🔒

Technology Transfer Office Contact:

* Name/Title: [_____] 🔒

* Phone: [_____] 🔒

* Email: [_____] 🔒

Media/PR Contact:

* Name/Title: [_____] 🔒

* Phone: [_____] 🔒

* Email: [_____] 🔒

* 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

* 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

○ Maybe

* HDI provides drug development advisors and project management throughout the term of the grant. In what areas do you anticipate needing support?

250 words left

* Budget

Please provide your project budget, not to exceed £100,000 over a two-year time period. The award budget should indicate the costs associated with achieving the aims outlined in your project description. There is potential to qualify for additional acceleration funding, based upon the recommendation of HDI.

General Funds: No more than £10,000 of the total grant will be used for capital expenditures or equipment. The award may only be used for project expenses, not for institutional overhead.

Salary: The award may be used to cover salaries for post-docs equivalent to the percent effort devoted to the project. Please note that PI's salary is limited to 10% of the total award amount, and the award may not be used for student stipends.

Travel: The award may not be used for travel, meetings, professional fees, publication fees, etc.

Edit Budget

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

* 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: