Q1



Q2 **Innovative Investigator Award**
**Initial Application**

For any questions please contact
NHF's Research Department at
research@hemophilia.org

Q3 Title of the proposed project

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Q4 Applicant's name (Last, First, Middle, Degree)

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Q5 Applicant's Discipline

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Q6 Applicant's Title/Role

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Q7 Applicant's work mailing address (include institution's name)

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Q8 Applicant's work phone

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Q9 Applicant's work email

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Q10 Applicant's home mailing address

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Q11 Applicant's personal mobile phone

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Q12 Applicant's personal email

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Q13 Have you **ever** received a research grant from NHF?

* Yes (1)
* No (2)

Display This Question: If Have you ever received a research grant from NHF? = Yes

Q14 Please tell us which one and in what year?

* Judith Graham Pool (JGP)
* NHF-Novo Nordisk Career Development Award (CDA)
* Innovative Investigator Award (IIR)
* Bridge Award
* NHF-Shire Clinical Fellowship
* Nursing Excellence Fellowship
* Social Work Excellence Fellowship
* Physical Therapist Excellence Fellowship

Q15 Are you **currently** receiving a research grant from NHF?

* Yes (1)
* No (2)

Display This Question: If Are you currently receiving a research grant from NHF? = Yes

Q16 Please tell us which one and in what year?

* Judith Graham Pool (JGP)
* NHF-Novo Nordisk Career Development Award (CDA)
* Innovative Investigator Award (IIR)
* Bridge Award
* NHF-Shire Clinical Fellowship
* Nursing Excellence Fellowship
* Social Work Excellence Fellowship
* Physical Therapist Excellence Fellowship

Q17 Are you a U.S. citizen?

* Yes (1)
* No (2)

Skip To: Q20 If Are you a U.S. citizen? = Yes

Display This Question: If Are you a U.S. citizen? = No

Q18 Do you have permanent residence status?

* Yes (1)
* No (2)
* Pending (3)

Skip To: Q20 If Do you have permanent residence status? = Yes

Display This Question: If Do you have permanent residence status? = No Or Do you have permanent residence status? = Pending

Q19 Please explain immigration status below

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Q20 Identify Hemophilia Treatment Center Associated with

Display This Question: If Identify Hemophilia Treatment Center Associated with = Other

Q21 Please identify *other* center

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Q22 **Sponsor** or **Mentor's** name (Last, First, Middle, Degree) (if applicable)

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Q23 **Sponsor** or **Mentor's** work address (include institution's name)

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Q24 **Sponsor** or **Mentor's** work phone number

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Q25 **Sponsor** or **Mentor's** work email

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Q26 Sponsor or Mentor's **assistant's** name (if applicable)

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Q27 Sponsor or Mentor's **assistant's** work phone number

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Q28 Sponsor or Mentor's **assistant's**  work email

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Q29 **HTC's Medical Director** (Last, First, Middle, Degree)

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Q30 **HTC's Medical Director's**title

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Q31 **HTC's Medical Director** work address (include institution's name)

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Q32 **HTC's Medical Director's** work phone number

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Q33 **HTC's Medical Director**'**s** work email

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Q34 **Financial Officer's** name (Last, First, Middle)

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Q35 **Financial Officer's** work address (include institution's name)

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Q36 **Financial Officer's** work phone

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Q37 **Financial Officer's** work email

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Q38 Financial Officer's **assistant's** name (if applicable)

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Q39 Financial Officer's **assistant's** work phone

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Q40 Financial Officer's **assistant's** work email

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Q41 Provide a brief paragraph describing applicant's background, and commitment to a career in bleeding disorders -include future plans in the areas of clinical, academic, and/or research. Limited to 2000 characters (about 300 words).  You may copy and paste from another document

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Q42 List applicant's **currently-funded or pending** research projects below (if applicable). You may copy and paste from another document.

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Q43 List applicant's **previously-funded** research projects below (if applicable). You may copy and paste from another document.

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Q44 If applicable, will this funding, in any way, impact your IIR application if awarded?

* Yes (25)
* No (26)
* Not applicable (27)

Q45 Does the proposed project have secure funding or any other planned/or pending applications for additional research funding?

* Yes (1)
* No (2)

Skip To: Q48 If Does the proposed project have secure funding or any other planned/or pending applications for ad... = No

Q46 Will this funding, in any way, impact your IIR application if awarded?

* Yes (25)
* No (26)

Q47 Please explain and/or provide source(s) below

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Q48 Will human subjects or tissues, or vertebrate animals be used?

* Yes (1)
* No (2)

Skip To: Q50 If Will human subjects or tissues, or vertebrate animals be used? = No

Q49 **If proposal is accepted, the Assurances and Certification for Research Involving Human Subjects and/or Vertebrate Animals form**
**must be completed and sent to NHF accompanied by the IRB approval letter, as applicable.**

Q50 **Abstract.** The abstract should describe the scope and design of your project, including your hypothesis, aims, and summary of methods. The description is meant to serve as a succinct and accurate description of the proposed work when separated from the document. *The abstract is limited to 2000 characters (about 300 words). You may copy and paste from another document.*

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Q51 **Description of Proposed Research Project**
Upload or drag a document containing the entire proposal (narrative, pictures, graphs and/or figures).
The document should not be longer than 6 pages (including charts and figures) written using the basic font Arial of no less than 12 points, single space with 1 inch page margins.  This does not include references which will be uploaded in the next section.
**Documents that do not comply with these requirements will be rejected.**

Q52 Upload or drag references

Q53 Upload or drag **applicant's** NIH Biographical Sketch. If applicant is not a physician, he/she may upload a CV -which should not be longer than 5 pages.
 For more information regarding Biographical Sketches please visit <https://grants.nih.gov/grants/forms/biosketch.htm>

Q54 Upload or drag **sponsor/mentor's** NIH Biographical Sketch -as applicable. If mentor is not a physician, he/she may upload a CV -which should not be longer than 5 pages.

Q55 Please upload or drag up to **three** letters of reference indicating support for the application as well as the institutional commitment time to permit the candidate to focus his/her efforts on research (do not submit more than the required number of letters)

Q56 a. **Sponsor (Mentor)**

Q57 b. **Current HTC Medical Director or**Department Chairperson

Q58 c. **Doctoral adviser, former professor,** or **scientist** familiar with the candidate's work or potential for research activities

Q59 Upload or drag the completed IIR Budget Template found in the [NHF-IIR webpage](https://www.hemophilia.org/Researchers-Healthcare-Providers/Research-Grant-Programs/Innovative-Investigator-Research-Award)

Q60 Upload or drag completed **Initial Signature Page** found in the [NHF-IIR webpage](https://www.hemophilia.org/Researchers-Healthcare-Providers/Research-Grant-Programs/Innovative-Investigator-Research-Award)

Q61 **STOP! This is the last page of the application.** If you are ready to submit please select option below. **If you are not ready, please go back and review your application.**

 You will have the opportunity to print out or download your application once it is submitted.

THANK YOU for applying!

* Yes, I am ready to submit my application (1)