APPLICATION MUST BE RECEIVED BY THE NATIONAL MPS SOCIETY ON OR BEFORE

11:59pm (23:59) EDT MAY 15, 2019

FUNDING
Will be distributed in third quarter, 2019.

Completed application must be submitted online using the application system: https://mps.onlineapplications.net

General questions can be directed to grants@mpssociety.org

For additional information contact:
Terri L. Klein, NPGC
President and CEO
National MPS Society
PO Box 14684
Durham, NC 27709-4686
p: 919.806.0101
f: 919.806.2055
terri@mpssociety.org
www.mpssociety.org
The National MPS Society funds research that may lead to treatments for MPS and ML diseases and solicits applications for innovative research projects that involve basic research, translational studies and clinical research. Funding can also be requested for a research fellowship.

*Special consideration will be given to new investigators.*

1. Any MPS or ML II/III syndrome (general grant)
   Two (2) $90,000 grants

   *General grants are awarded for two years, with half of total funding provided in 2019 and remainder half in 2020. Syndrome-specific research not awarded funding in its specific category will also be considered for funding within the general MPS/ML funding category.

2. MPS I (Hurler Syndrome)
   One (1) $30,000 grant

3. MPS II (Hunter Syndrome)
   One (1) $45,000 grant

4. MPS III (Sanfilippo Syndrome)
   Two (2) $50,000 grants

5. MPS IV (Morquio Syndrome)
   One (1) $50,000 grant

   *Syndrome-specific grant funding can be used in either a, one-year or two-year, research program, as determined by the institution. Syndrome-specific research not awarded funding in its specific category will also be considered for funding within the General MPS Research funding category.

Members of the National MPS Society Scientific Advisory Board will review applications and make recommendations regarding who will be asked to submit full proposals.
National MPS Society
Research Grant/Fellowship Application

Application for Funding

Cover Sheet

Name and Title______________________________________________________________

Scientific Discipline________________________________________________________

Professional Affiliation_____________________________________________________

Address_______________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Telephone_________________________________ Fax____________________________

E-mail Address_______________________________________________________________

Title of Project________________________________________________________________

Application funding category (check one):

General ___

MPS I ___

MPS II ___

MPS III ___

MPS IV ___
National MPS Society
Letter of Intent Application

Describe your research in sufficient detail for adequate evaluation by the National MPS Society Scientific Advisory Board. Pages, single-spaced, not to exceed two pages. Minimum font size is 11pt.

Please include your name, institution and page number on the right hand corner of each page. No need to describe the MPS diseases. Please describe your plan in a concise manner.

Specific Aims: What do you intend to accomplish? What hypothesis is to be tested?
Significance: Why is the research important? Evaluate existing knowledge in the field and specifically identify the possible contributions that your investigation may make.

National MPS Society
Research/Fellowship Application

Budget – One page

1. Acceptable budget items
   a. Equipment
   b. Salary support with fringe benefits for fellows, research assistants or non-professionals
   c. Specified consumable supplies

2. Unacceptable budget items
   a. Indirect costs
   b. Salary support for senior investigator
   c. Office equipment and furniture
   d. Costs of patient services
   e. Costs of attending professional meetings
   f. Construction, alteration, maintenance or renewal of buildings or building space
I. Personnel: (names, positions of all participants, percent of time)

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<th>Name</th>
<th>Title</th>
<th>Division</th>
<th>Institution</th>
<th>Hrs/wk</th>
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II. Permanent equipment: (itemize)  
Subtotal $_______

III. Consumable supplies: (itemize)  
Subtotal $_______

IV. Other expenses: (itemize and explain specific needs)  
Subtotal $_______

Total $_______