CURE 25 years EPILEPSY
Inspiring Hope. Delivering Impact.

REQUEST FOR PROPOSALS

RARE EPILEPSY PARTNERSHIP AWARD

CURE Epilepsy's grant programs seek to accelerate promising research leading to new treatments and cures for people living with epilepsy. CURE Epilepsy prioritizes innovative projects that address our mission, affirming our core belief that the only acceptable final goal is "no seizures, no side-effects."

CURE Epilepsy: Our mission is to cure epilepsy, by promoting and funding patient-focused research.

We identify and fund cutting-edge research that may lead to new approaches for curing epilepsy, challenging scientists worldwide to collaborate and innovate in pursuit of this goal. Our commitment is unrelenting.

We encourage applications from groups identified as nationally underrepresented in the biomedical sciences. These groups include individuals with disabilities, veterans, persons from underrepresented racial and ethnic groups and gender-diverse groups, women in biomedical-related disciplines, or any other characteristic protected by federal, state, or local law.

Researchers outside the U.S. are also encouraged to apply. U.S. citizenship is not required.

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PRIORITY AREAS

CURE Epilepsy funds research that has the potential to truly transform and save lives. The purpose of this funding opportunity is to stimulate and accelerate discovery on rare epilepsies through the development of necessary research tools, techniques, model systems, and data collection platforms. Applications that are strictly focused on basic research including but not limited to gene discovery, understanding cellular pathways and mechanisms, basic electrophysiology, etc., without a research tool-building component will be given lower priority. This award is not intended to fund research focusing solely on a comorbid condition associated with a rare epilepsy without also seeking to develop tools to understand the causes and treatments for the accompanying seizures.

Each award will be co-funded by CURE Epilepsy and one or more of the rare epilepsy advocacy groups (partners) identified below. Applications must focus on one or more of the specific rare epilepsies that are represented by each group as well as address CURE Epilepsy's mission to cure epilepsy. Applications must clearly identify the rare epilepsy(ies) that the research is directed towards.

General priority areas for this program include:

- Development of rare epilepsy-specific cellular models including but not limited to patient-derived stem cells, iPSC lines, 3D organoid models or fused organoid models.
- Development of appropriate genetic animal models.
- Development of novel *in-vitro* or *in-vivo* assays or techniques, for example, drug screening platforms, to enhance research in rare epilepsy.
- Development of research tools and novel techniques to enhance understanding of the cellular, molecular, genetic, and systems-level biology that leads to rare epilepsy, as well as facilitate the investigation of disease-modifying or preventative strategies.
- Supporting registries to better understand the natural history of one or more rare epilepsies or to look across rare epilepsies to identify common therapeutic targets and/or pathways. Projects utilizing existing registries or databases are allowed and must clearly articulate the specific rare epilepsy that will be studied. The use of registry platforms that ensure patient access to their data and when appropriate integrate with existing data collection platforms to enable data sharing with researchers and patient advocacy groups is strongly encouraged.
- Use of Electronic Health Record data to better understand the disease burden of rare epilepsy and develop therapeutic strategies.
- Development of technologies that will accelerate accurate diagnoses for rare epilepsies.

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An overarching goal of this funding mechanism is to develop resources and data that will be made available to the research community to accelerate research on rare epilepsies.

Research priorities for each partner are described below. *Preference will be given to projects that specifically address one or more of these priorities.*

Coalition to Cure CHD2

https://www.curechd2.org/

Chromodomain-DNA-helicase-binding protein 2 (*CHD2*)-related neurodevelopmental disorders are a group of seizure disorders caused by variants in the CHD2 gene. The disorders typically present in the first five years of life and may be characterized by refractory or drug-resistant epilepsy, developmental delays, and photosensitive epilepsy caused by flashing lights. Other symptoms may include intellectual disability, autism spectrum disorders, neuropsychiatric conditions, low muscle tone, and challenging behaviors. Coalition to Cure CHD2's mission is to improve the lives of those affected by CHD2-related disorders by funding research necessary for uncovering a cure.

Specific research priorities include:

a. Development of appropriate genetic animal models that exhibit a seizure phenotype. Although there are several existing rodent models of *CHD2*-related disorders, there has yet to be one which clearly exhibits a seizure phenotype. An appropriate model would aid in understanding the cellular, molecular, genetic, and systems-level biology that causes *CHD2*-related disorders and help identify whether any correlations exist between specific *CHD2* mutations and associated phenotypes.
b. Identifying biomarkers of *CHD2*-related disorders. We know that too much *CHD2* in the body can cause epilepsy and a neurodevelopmental phenotype. Projects related to this priority would facilitate the development of biomarkers for use in first-in-human clinical studies to monitor the effects of any potential therapeutic. Establishing a biorepository or studies to analyze existing biosamples are key to accomplishing this.
c. Establishing and publishing a robust natural history study and conceptual disease model to show the progression of *CHD2*-related disorders. Projects leveraging existing datasets through RARE-X, Ciitizen (Invitae), and Simons Searchlight to describe the phenotypic spectrum of the disorder, or developing disease concept models through qualitative interviews would be acceptable.

Cri du Chat Research Foundation

http://www.criduchatresearch.org/

Cri du Chat syndrome is a rare genetic disorder caused by deletion of a part of the short arm of chromosome 5, with symptoms depending on the size and location of the deletion. The phenotype

includes a high-pitched cry, dysmorphic features, poor growth, and developmental delay. The mission of the Cri du Chat Research Foundation (CDCRF) is to support research dedicated to finding a treatment for Cri du Chat Syndrome.

Specific research priorities include:

a. Building patient-specific cellular and organoid models to screen for new or repurposed therapies.
b. Developing an animal model of 5p minus syndrome that recapitulates the phenotype of Cri du Chat syndrome and can be used for testing potential therapeutic interventions.
c. Developing genetic strategies to upregulate the haploinsufficient genes in the 5p minus region, including *TERT* (Telomerase reverse transcriptase), *SEMA5A* (Semaphorin 5A), *MARCH6* (Membrane-associated Ring-Ch finger protein), *CTNND2* (Catenin, delta -2), and *NPR3* (Natriuretic peptide receptor C). Studies suggest that 80-90% of individuals with 5p minus syndrome have a terminal deletion which is likely to include these 5 genes.

NORSE Institute

https://www.norseinstitute.org/

New-onset refractory status epilepticus (NORSE) is refractory status epilepticus that occurs without a clear structural, toxic, or metabolic cause in a person without active epilepsy. Febrile infection-related epilepsy syndrome (FIRES) is a subtype of NORSE where refractory status epilepticus is preceded by a febrile infection. The mission of the NORSE Institute is to increase the awareness of NORSE; to stimulate, integrate and support NORSE research; and to develop a shared community of NORSE researchers and families.

Specific research priorities include:

a. Identifying biomarkers and risk factors for cryptogenic NORSE/FIRES that might shed light on pathophysiology, including genetic, immunologic/inflammatory, microbiome-related, infectious, or others, via animal models or human studies.
b. Deep phenotyping of all aspects of patients with NORSE/FIRES, including treatment response and paraclinical data such as imaging, EEG, cytokine profiles, etc, showing how these factors relate to outcomes or response to treatments.
c. Defining long-term outcomes including those related to epilepsy, cognition, behavior, and quality of life, the predictors of these outcomes, and the best management of issues arising in the post-acute phase.

Ring14 USA

https://ring14usa.com/

Ring Chromosome 14 Syndrome is a rare disorder in which the ends of chromosome 14 join to form a ring

shape. Symptoms can vary from person to person but commonly include intractable epilepsy, developmental delays, digestive problems, immune deficiencies, and mild to severe learning disabilities. Ring14 USA is a non-profit organization advocating for all those affected by the rare neurodevelopmental disorders of the 14th chromosome, in particular Ring Chromosome 14 Syndrome. We commit to promoting and funding critical research, raising awareness of these rare disorders, and providing thoughtful support to this community.

Specific research priorities include:

a. Identifying novel techniques to generate stable iPSC Ring14 chromosome lines. Current approaches to generating Ring14 iPSC lines result in unstable ring chromosomes that do not allow for the effective study of Ring14 syndrome. A key goal for Ring14 syndrome research is to identify novel methods that allow for the persistence of ring chromosomes for *in vitro* studies.
b. Identifying causal genes and pathways resulting in epilepsy associated with Ring14 syndrome, including the development of novel techniques or models that may assist in such identification.
c. Studies utilizing and expanding on existing databases for Ring14, including the clinical database managed by Ring14 International, the RARE-X patient reported database for Ring14, and the clinician assessments captured in our neurogenetic multidisciplinary clinic. Some examples include using available data to define clinical phenotypes, assess treatment outcomes, develop treatment guidelines, etc.

SLC6A1 Connect

https://slc6a1connect.org/

SLC6A1 epileptic encephalopathy is an autosomal dominant genetic disorder characterized by the loss-of-function of one copy of the *SLC6A1* gene. Clinical manifestation of *SLC6A1* epileptic encephalopathy is characterized by early onset seizures and mild to severe intellectual disability. SLC6A1 Connect is a patient organization dedicated to finding a cure for *SLC6A1*-related epilepsy. The organization is hyper-focused on advancing therapies from bench to bedside.

Specific research priorities include:

a. Developing patient-specific cellular and organoid models and/or using available models (https://slc6a1connect.org/available-mice/) to test FDA-approved drugs.
b. Building a transgenic mouse model of *SLC6A1* to test potential therapeutics including the toxicology profile of any potential antisense oligonucleotide therapies.
c. Establishing and phenotyping a novel zebrafish line of *SLC6A1*-related disorder for high-throughput screening of FDA-approved therapies as potential treatments for *SLC6A1*-associated epilepsy.

SMC1A Foundation

https://smc1a-epilepsy.org/

The Structural Maintenance of Chromosome 1A (*SMC1A*) gene, encodes a subunit of the cohesin-core complex that helps ensure correct chromosome segregation during mitosis and meiosis. Variants in *SMC1A* are associated with a form of X-linked epilepsy affecting females. Affected individuals develop severe, recurrent seizures by age two and have intellectual and developmental impairments. SMC1A Foundation is a Non-Profit Organization with the vision to bring awareness, accelerate research, and find a cure for *SMC1A*-related Developmental and Epileptic disorder. Our mission is to develop an ongoing active sustainable *SMC1A* research funnel with a focus on effective treatments and cure.

Specific research priorities include:

a. Developing patient-specific cellular and organoid models and/or using available models to test FDA-approved drugs, other small molecules, or genetic strategies such as ASOs to normalize *SMC1A* activity.
b. Building a natural history study to delineate clinical features of *SMC1A* and assess response to treatments.
c. Developing novel *SMC1A* animal models of epilepsy that demonstrate a seizure phenotype to better understand the disease biology and provide a model for assessing the effectiveness of novel therapies.

TESS Research Foundation

https://www.tessresearch.org/

Solute carrier family 13 member 5 (*SLC13A5*) epilepsy is caused by mutations in both copies of the *SLC13A5* gene which codes for a sodium-dependent citrate transporter. Individuals can exhibit a wide variety of neurological symptoms including refractory seizures beginning within a few days of birth. TESS Research Foundation was founded to improve the lives of those affected by *SLC13A5* Epilepsy. To achieve our goals, TESS funds cutting-edge research, provides support to people affected by *SLC13A5* Epilepsy, and increases awareness about this severe neurological disorder.

Specific research priorities include:

a. Identifying disease mechanisms: we currently only have a limited understanding of whether an increase in extracellular citrate and/or a decrease in intracellular citrate causes *SLC13A5* epilepsy. Studies falling under this priority should focus on identifying the disease mechanism and building models to understand the relative contribution of a loss of citrate transport caused by the pathogenic variants in *SLC13A5* versus compensatory increases in intracellular citrate.
b. Developing new models of *SLC13A5* epilepsy and fully characterize available disease models (https://www.tessresearch.org/physicians-researchers/slc13a5-models-resources/) at the

molecular and cellular level. A current limitation of available rodent models is that they display a low number of seizures which is not representative of the human condition. New models that recapitulate symptoms found in patients are highly desirable.

c. Developing medium and/or high throughput assay systems to measure citrate and screen potential therapies.

ELIGIBILITY REQUIREMENTS

This award is available to both established and early-career investigators. Established investigators are university faculty at the associate professor level or above, or investigators who hold an equivalent position in a non-university research organization. Early career investigators are defined as a) university faculty at the assistant professor level or hold an equivalent position in a non-university research organization, b) researchers with an appointment as an instructor or research assistant professor, c) post-doctoral fellows with at least three years of post-doctoral experience or d) clinical fellows. Early career investigators must have a mentor committed to advising the applicant. A clearly articulated mentorship statement from the mentor must be submitted along with the application. See Letter of Intent and Full Proposal Instructions for details.

Members of CURE Epilepsy's Scientific Advisory Council and their research team members are not eligible to apply. Scientific advisors named by partners during the registration process and their team members are not allowed to submit applications in this cycle. Other advisors not named during the registration process and their team members are, however, eligible to apply.

All materials must be submitted in English.

AWARD TIMELINE

Activity	**Key Dates**
Open call for Letters of Intent	Tuesday, May 30th, 2023
Letter of Intent deadline	Monday, June 26th, 2023, 9 PM ET
Full proposal invitations	Monday, August 7th, 2023
Full proposals due	Wednesday, September 13th, 2023, 9 PM ET
Anticipated awardee notification	December 2023-January 2024
Anticipated award start date	Spring 2024

BUDGET

Funding requests must be itemized and based on specific, milestone-defined scientific aims. Requests may be made for up to a maximum of $100,000 paid over 1 year. CURE Epilepsy reserves the right to fund only select specific aims or stage funding of proposals based on the achievement of milestones.

Budgets may include salary support for the Principal Investigator (PI), technical staff and/or co-PIs, supplies, animal costs, vendor costs, limited equipment costs, and travel to an epilepsy-related conference only if the PI is presenting his/her CURE Epilepsy-funded research. **Indirect costs are not supported.**

LETTER OF INTENT INSTRUCTIONS (2-PAGE LIMIT)

All applicants must submit a Letter of Intent (LOI). The LOI should clearly and succinctly outline the specific aims and include a brief description of the justification and research plan according to the guidelines in this announcement.

Letter of Intent Instructions:
Below are instructions for the required **scientific summary** and **future directions** sections, which together can be no longer than two pages in length. LOIs exceeding two pages of text will not be reviewed.

1) **Scientific Summary:** Clearly and succinctly outline the milestone-based specific aims and anticipated research outcomes. Include a brief description of the proposed research plan and how it aligns with CURE Epilepsy's mission and the needs of the partnering organization who collectively seek to find a cure for epilepsy by accelerating research forward by leaps rather than by incremental steps (1 ½-page maximum). Early Career Investigators must identify a mentor who will advise on the development and execution of the research project.

2) **Future Directions:** Describe what next steps will be taken once the goals of your proposed project have been achieved (1/2-page maximum, including spaces). This must include clear steps to critical next stages in development or implementation of the research findings to advance research on the rare epilepsy syndrome. This section must also include a resource and data-sharing plan to make data, research tools, databases, animal or cellular models, and assays that result from this funding readily available to the research community. Examples of data and laboratory repositories where results and resources emanating from the work will be deposited are strongly encouraged.

A few points to note:

- Lower scores will be given to proposals that are not milestone-based and not achievable within a 1-year timeframe.

- Preliminary data is not required for this grant but may be submitted, if available. Graphs, figures, figure legends, and charts do not count toward the two-page text description of your project.
- References are not required at the LOI phase. However, if you decide to include references, they do not count towards the page limit.

FORMATTING GUIDELINES

- Type font: 12-point
- Type density: No more than 15 characters per inch (including spaces). For proportional spacing, the average for any representative section of text should not exceed either 15 characters per inch or 114 characters per line.
- Spacing: Single-spaced between lines of text, no more than five lines of type within a vertical inch.
- Margins: Minimum of 0.5-inch top, bottom, right, and 1-inch left.

PROPOSAL CENTRAL INSTRUCTIONS

LOIs must be submitted through proposalCENTRAL (https://proposalcentral.altum.com). To begin an application, applicants will need to create a professional profile, if one does not already exist.

Instructions for each section of the application in proposalCENTRAL:

1) *Title Page:* Enter proposal title (maximum 150 characters, including spaces).

2) *Download Templates and Instructions:* Download LOI guidelines and other available instructions (if provided) as needed.

3) *Enable Other Users to Access this Proposal:* Use this optional section to grant access to a collaborator or co-investigator.

4) *Applicant/PI:* This section should auto-populate from the applicant's professional profile. Double-check that the information is complete and correct. If it is not, click *Edit Professional Profile* to update the information. Indicate whether you are an early-career or established investigator. An early career investigator must have a committed mentor to advise on development and execution of the research project. *A letter of commitment from the mentor is required if invited to submit a full proposal.*

5) *Institution and Contacts:* Information should auto-populate from applicant's profile.

6) *Co-Principal Investigator (Co-PI)/Collaborators:* Please enter information for any co-PIs or collaborators, if applicable.

7) *Rare Epilepsy syndrome(s):* Please select the specific rare epilepsy syndrome your project will address from the list. You may select up to 3.

8) *Keywords:* Select at least 3 keywords from the list that best describe the specific focus of your research proposal.

9) *Current and Pending Support*: List all current and pending support for you and any co-investigators. Pending support includes any grant applications that you have submitted, but for which decisions have not yet been communicated. Current and pending support is required for the PI and co-PI but is not required for collaborators.

10) *Upload Attachments:* Once the LOI is finalized, attach it by uploading the PDF into this section of proposalCENTRAL.
Biosketch for PI: Applicants may use NIH biosketch format if preferred over the provided template.
    i. ***Please include a statement that clearly articulates the specific rare epilepsy(ies) that your work targets. Also describe your interaction(s) with a rare epilepsy-related patient community and how your proposed work will benefit them.***
    ii. *Optional: Applicants are encouraged to provide statements regarding their commitment to fostering diversity, equity, and inclusion in their research environment (100 words).*
    iii. *Optional: Applicants may include a ½ page section describing any life events or circumstances that contributed to delays or gaps in their career trajectory. This may include information that may not otherwise be apparent to reviewers and can help provide context as they evaluate your professional trajectory and achievements. Examples include but are not limited to: being a member of a community underrepresented in biomedical research, having experienced a life event that impacted career trajectory (such as parenthood, family, or medical leave), COVID-19 pandemic-related effects, having a learning or other disability, coming from a low-income family, and being the first in your family to go to college.*

11) *Validate:* The system will check for required components that have not been completed. Applicants will not be able to submit until all required components are completed.

12) *Submit: Click Submit* after your application has been successfully validated.

FULL PROPOSAL NARRATIVE INSTRUCTIONS (10-PAGE LIMIT*)

Invited applicants should submit full proposals and include the following in the proposal narrative:

Specific Aims: Clearly state the specific aims that will be addressed by this work. Each specific aim should

be associated with a clearly articulated, measurable milestone in the research plan. Each aim and milestone must have a clearly identified budget.

Background: Describe the project background including the biological rationale and patient population for which the research is intended. Describe how the proposed approach will significantly enable treatment or prevention strategies.

Preliminary Data: Provide any preliminary data available at the time of submission.

Research and Development Plan: Detail the experiments that will be done to address each specific aim, details of research design and methods, the expected outcomes, potential pitfalls, and how results will be interpreted. If this is a collaborative proposal, briefly describe how the collaboration adds value to the application.

Statement of Relevance: Include one paragraph describing how the proposed research addresses the goal of curing epilepsy.

References: Please list all literature cited within the proposal. References do not count toward the page limit.

Proposals will be evaluated for innovation, feasibility, scientific merit, and alignment with the mission of this program to advance knowledge and tools targeted to a rare epilepsy syndrome.

*The 10-page limit of the Proposal Narrative is inclusive of any figures, tables, graphs, photographs, diagrams, chemical structures, pictures, pictorials, and other relevant information needed to judge the proposal.

FORMATTING GUIDELINES

- Type font: 12-point.
- Type density: No more than 15 characters per inch (including spaces). For proportional spacing, the average for any representative section of text should not exceed either 15 characters per inch or 114 characters per line.
- Spacing: Single-spaced between lines of text, no more than five lines of type within a vertical inch.
- Margins: Minimum of 0.5-inch top, bottom, right, and 1-inch left.

FULL PROPOSAL INSTRUCTIONS FOR PROPOSAL CENTRAL

Full proposals must be submitted through proposalCENTRAL (https://proposalcentral.altum.com).
To access your application, log in to proposalCENTRAL and go to the Manage Proposals tab. Below are instructions for each section of the online application:

1) *Title Page:* Enter proposal title (maximum 150 characters, including spaces).

2) *Download Templates and Instructions:* Access a copy of these guidelines and download a biosketch template if you have not already completed one. Instructions on completing your ORCID are also provided in this section.

3) *Enable Other Users to Access this Proposal:* Use this optional section to grant access to co-investigators or collaborators, so they may review or enter information into the application.

4) *Applicant/PI:* This section should auto-populate from the professional profile. Double-check that the information is complete and correct. If it is not, click *Edit Professional Profile* to update the information. Indicate whether you are an early career or established investigator. An early career investigator must have a mentor to advise on development and execution of the research project and an articulated mentorship plan. CURE Epilepsy now requires an ORCID iD with all full proposal submissions. If your ORCID iD is not already provided on this page, enter your identifier in your Professional Profile by clicking *Edit Professional Profile*. Detailed instructions may be accessed in Step 2 of the on-line application – Download Templates and Instructions.

5) *Institution and Contacts:* Information should auto-populate from your profile.

6) Co-Principal Investigator (Co-PI)/Collaborators: Enter contact information for co-PIs and/or collaborators. Typically, Co-PIs are co-funded by the grant whereas collaborators are not.

7) Abstract and Keywords: Answer the questions in each box according to the instructions below:

a. Lay Summary: The lay summary will be reviewed by members of the rare epilepsy community who would benefit from this research. Please take special care to describe the proposed work and its potential to contribute to the advancement of research in language appropriate for a non-scientific audience. Include the following:
   i. *Project Goals:* Bulleted list of goal(s) for the project.
   ii. *Aims:* Bulleted list of how those goals will be tested.
   iii. *Deliverables:* Bulleted list of tangible deliverables to result from this work, if successful.
   iv. *Impact:* Briefly explain how the work, if successful, will contribute to advancement of knowledge and/or research tools for a specific rare epilepsy(ies). In this section, you may also explain the next steps in your research plan once the goals of your proposed project have been achieved.

b. Scientific Summary: Please provide a brief (250 word) scientific abstract of your project.

c. Keywords: Please select at least three and no more than seven keywords that are appropriate to the proposed project. The keywords will be used to align proposals with appropriate scientific peer reviewers.

8) *Specific Aims and Milestones*: Each specific aim should have a clearly defined outcome or milestone. For example, a specific aim screening a compound library in an organoid model might have a milestone such as: Test X number of compounds at _ different concentrations in _ organoid models derived from __ patients. For each aim and associated milestone enter a short and long description.

9) *Aims and Milestones Schedule:* Enter budget, start date and end date for each specific aim and associated milestone. Each specific aim should be associated with only one milestone. Do not enter multiple milestones per specific aim. The dates for different milestones can be overlapping.

10) *Budget Period Detail:* The maximum budget for this award is $100,000 U.S. dollars (USD) over 1 year. Provide a detailed budget that is itemized and aligned with the specific aims and milestones identified in the proposal. Enter proposed start and end date for Period 1. Enter funds for personnel costs using template provided. For each personnel item entered, indicate the milestone(s) that will be associated with that item. Click *Save* to save changes. System will automatically calculate total for the section. Next, enter non-personnel costs for each category listed e.g., materials, supplies, travel, disposables, publication fees, etc., using the template provided. Vendor costs (if work will be sourced to a third party) can be included in the 'Other Expenses' category. Leave category blank if no expenses exist for that category. For each item entered, indicate the milestone that will be associated with that item. Please note that there is a travel cap of $1,500 USD for international applicants and $1,000 USD for U.S. applicants per year, which can be budgeted for a maximum of 2 investigators (the PI and Co-PI). Limited equipment purchases that are required to complete goals will be considered but must be clearly justified in the next section. Repeat steps above for Period 2. The 'copy Period 1 Forward' tab allows you to copy expenses entered in Period 1 into Period 2 and then edit as needed. **Please note that indirect costs and institutional overhead are not provided. Funds cannot be used to cover institutional expenses such as network charges, computer maintenance and services, insurance dues, or other miscellaneous expenses not directly related to performing the project.** All expenses must be converted to U.S. Dollars (USD).

11) *Budget Summary and Justification:* Review the summarized budget to ensure that details have been entered correctly. Provide a budget justification that clearly details how and where the funds will be used and why these expenditures are critical to the success of the proposed research.

12) *Current and Pending Support:* Enter all current and pending support for all PIs on the proposal. Please indicate if there is any overlap with the proposed work.

13) *Organization Assurances:* Answer the questions regarding use of human subjects, animals, recombinant DNA, and the possession of a Schedule 1 license should the work involve Schedule 1 substances.

14) *Proposal Narrative and Other Attachments:* Upload the following documents:
    a. Proposal Narrative.

    b. Facilities/Institutional Assurances (do not exceed ½ page): Provide a description of facilities available at the institution(s) where the work will be performed. If an institution does not have an official assurance document, please provide, in writing, assurances from the department chairperson or practice colleagues confirming the applicant's time, facilities, and future position, if research is funded. Please submit facilities/institutional assurances for each PI.

    c. Biosketch for PI: Applicants may use NIH biosketch format if preferred over the provided template.
        i. ***Please include a statement that clearly articulates the specific rare epilepsy(ies) that your work targets. Also describe your interaction(s) with a rare epilepsy-related patient community and how your proposed work will benefit them.***
        ii. *Optional: Applicants are encouraged to provide statements regarding their commitment to fostering diversity, equity, and inclusion in their research environment (100 words).*
        iii. *Optional: Applicants may include a ½ page section describing any life events or circumstances that contributed to delays or gaps in their career trajectory. This may include information that may not otherwise be apparent to reviewers and can help provide context as they evaluate your professional trajectory and achievements. Examples include but are not limited to: being a member of a community underrepresented in biomedical research, having experienced a life event that impacted career trajectory (such as parenthood, family, or medical leave), COVID-19 pandemic-related effects, having a learning or other disability, coming from a low-income family, and being the first in your family to go to college.*

    d. Co-Investigator Biosketch: Upload biosketch for each co-investigator, if applicable.

    e. Collaborator Letters of Support: Upload letters from collaborators indicating their support of the proposed work, if applicable.

    f. Statement from mentor: A clearly articulated mentorship plan must be submitted for early career investigators.

    g. Informed consent form: If applicable, provide a copy of the informed consent form for the proposed study.

    h. Signed signature pages: Upload signed signature pages, which are generated in Step 15 of the application.

15) *Validate:* The system will check for required components that have not been completed. You will not be able to submit until all required components are completed.

16) *Signature Pages:* Click *Print Signature Page* to obtain a PDF of the document that needs to be signed

by you (the submitting PI) and an institutional representative. After signatures have been collected, scan and upload to Section 13.

Submit: Please **make sure to Click *Submit*** once your application has been validated by the system.

Inquiries: Questions regarding these guidelines are welcome and should be directed to the Research Team at Research@CUREepilepsy.org or 312-255-1801.