



RARE EPILEPSY PARTNERSHIP AWARD

CURE Epilepsy's investigator-initiated grant programs seek to push the envelope and accelerate promising research leading to disease-modifying breakthroughs for people living with epilepsy. We prioritize highly innovative, risky, paradigm-shifting projects that address our mission to cure epilepsy, affirming our core belief that the only acceptable final goal is "no seizures, no side effects."

CURE Epilepsy's mission is to fund breakthrough research that will transform the lives of people with epilepsy as we lead the search for a cure.

CURE Epilepsy encourages applications from groups underrepresented in the biomedical, clinical, behavioral, and social 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 legally protected characteristic.

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



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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 in 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.

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.*

Channeling Hope Foundation

<https://www.channelinghope.org/>

The NALCN gene (sodium leak channel, non-selective) encodes a voltage-independent, cation channel that regulates the resting membrane potential and excitability of neurons. Pathogenic variants in NALCN and associated proteins (UNC79, UNC80, FAM155) cause a spectrum of disorders characterized by hypotonia, global developmental delay, seizures, respiratory and feeding difficulties, with marked clinical heterogeneity. No disease-specific therapies exist to date. Channeling Hope Foundation has invested in building research infrastructure for this community, including launching the first NALCN patient registry and developing patient-derived stem cell lines for research and discovery.

Specific Channeling Hope Foundation research priorities include:

- a. Characterizing the natural history of NALCN-related epilepsy. Recent research has demonstrated that epilepsy is highly prevalent in patients with NALCN channelopathies, refractory to treatment in most cases, and associated with severe cognitive impairment. Projects addressing this priority would seek to establish natural history studies to collect and analyze longitudinal data on NALCN-related epilepsy, including deep phenotyping of epilepsy (seizure

semiology, EEG features, treatment response) across genotypes, identifying clinical biomarkers of disease progression and refractoriness, and establishing genotype-phenotype correlations that could inform treatments.

- b. Developing and characterizing patient-specific cellular and organoid models with gain-of-function and loss-of-function NALCN variants to understand epileptogenic mechanisms and use as drug screening platforms.
- c. Identifying potential therapeutic strategies for NALCN-related epilepsy through systematic analysis of available patient registry data (MATRIX, RARE-X) or electronic medical record (EMR) based approaches (Citizen Health). Examples of projects related to this priority include but are not limited to analyzing treatment responses across genotypes and seizure types to develop evidence-based treatment algorithms, identifying potential drug repurposing strategies, and/or identifying novel disease biomarkers to inform outcome measures for future clinical trials.

The Rory Belle Foundation

<https://therorybellefoundation.org/>

The NARS1 gene encodes asparaginyl-tRNA synthetase, an essential enzyme for protein translation that is highly expressed in the developing brain. Pathogenic variants in NARS1, including de novo dominant variants and inherited homozygous/compound heterozygous variants, can disrupt neuronal growth and connectivity, leading to a spectrum of clinical phenotypes that may include microcephaly, global developmental delay, seizures, feeding difficulties, and structural brain abnormalities. Clinical severity varies widely, with some individuals experiencing profound impairment while others show milder developmental challenges. Based on available patient-reported data, seizures are present in about 60% of individuals. The Rory Belle Foundation has collaboratively developed cellular and animal models as well as a biorepository and a patient registry to accelerate research on NARS1-related neurodevelopmental disorders.

For available cellular or animal models, or for access to samples in the biorepository contact Rachel Heilmann, rachel@therorybellefoundation.org or



Ingrid Vallee ingrid@therorybellefoundation.org.

Specific Rory Belle Foundation research priorities include:

- a. Developing an electronic medical record (EMR)–based natural history framework to characterize seizure features in NARS1-related neurodevelopmental disorders. Projects addressing this priority would leverage EMR data to systematically define seizure variability, classification, frequency, and treatment patterns across individuals with NARS1 variants, with the goal of better understanding genotype-phenotype relationships, developing care guidelines, and identifying novel therapeutic strategies.
- b. Developing and characterizing patient-derived cellular and organoid models for *in-vitro* testing of novel therapeutics and gene therapy strategies. The Rory Belle Foundation has recently developed neuronal models of homozygous biallelic variants, and the de novo variant, while a compound heterozygous variant neuronal line is currently in development.
- c. Developing and characterizing the seizure phenotype of newly generated or existing NARS1 mouse models (de novo or biallelic) to understand genotype-phenotype relationships and establish robust model systems for evaluating gene-therapy approaches targeting NARS1-related neurodevelopmental disorder.

YWHAG Research Foundation

<https://www.ywhagfoundation.org/>

The Tyrosine 3-Monooxygenase/Tryptophan 5-Monooxygenase Activation Protein Gamma (YWHAG) gene encodes the adapter protein, 14-3-3 gamma, which is highly expressed in the brain and plays a critical role in signal transduction, cell cycle regulation, and protein trafficking. Eleven variants in the YWHAG gene are reported to cause developmental and epileptic encephalopathy 56 (DEE56), associated with early-onset epilepsy, developmental delays, motor issues, and behavioral problems. However, there is significant heterogeneity in clinical severity, with some individuals having a milder phenotype than others. The



YWHAG Research Foundation has invested in developing iPSC cells and animal models, as well as a biorepository <https://www.ywhagfoundation.org/research-assets>. The community also has an ongoing natural history study and is building a patient registry. For available models or access to samples, contact info@ywhagfoundation.org.

Specific YWHAG Research Foundation research priorities include:

- a. Utilizing cellular and/or *in-vivo* models to systematically define the molecular and signaling pathways altered by pathogenic YWHAG variants that drive neuronal hyperexcitability and seizures. This work focuses on identifying convergent, druggable nodes that can be targeted to restore network stability and reduce epileptogenesis.
- b. Leveraging natural history and electronic medical record (EMR) data to develop genotype-informed therapeutic strategies for YWHAG-related epilepsy. This priority aims to move beyond one-size-fits-all seizure control toward personalized interventions with a higher likelihood of efficacy.
- c. Identifying and validating electrophysiologic, molecular, and clinical biomarkers of disease severity and treatment response. Examples of projects addressing this priority include studies analyzing clinical data such as seizure frequency, EEG findings, imaging results, and genetic data, to understand better the epilepsy phenotype and genotype-phenotype correlations in YWHAG-related epilepsy.

ZTK SON-Shine Foundation

<https://ztk.org/>

Zhu-Tokita-Takenouchi-Kim (ZTK) syndrome is caused by de novo loss-of-function variants in the SON gene, which encodes a DNA- and RNA-binding protein essential for proper splice regulation of genes critical for brain development and function. This ultra-rare, multisystem neurodevelopmental disorder is characterized by intellectual disability, global developmental delay, seizures, hypotonia, feeding difficulties, and a wide range of congenital anomalies, with



clinical severity varying substantially among individuals. The ZTK SON-Shine Foundation is actively building the research infrastructure needed to accelerate discovery, including a growing patient registry as well as cellular and mouse models. For more information about existing models, please contact Mara Cowen, PhD at mcowen@ztk.org.

Specific ZTK SON-Shine Foundation research priorities include:

- a. Understanding the cellular mechanisms of epilepsy in ZTK syndrome through deep phenotyping (molecular and functional assays) of iPSC-derived neurons from individuals with ZTK syndrome with and without epilepsy. Projects related to this priority would seek to primarily define differences in biological pathways and neuronal signaling that are (1) core to ZTK syndrome and (2) specifically associated with seizure presentation and develop these neurons as screening models for ASOs and novel drugs.
- b. Characterizing seizure susceptibility and relevant neurobehavioral phenotypes, including social behavior and sleep, in (1) existing mouse models and/or (2) newly developed small model systems (Zebrafish, *Drosophila*, *C. elegans*, etc.).
- c. Defining the natural history, genotype–phenotype relationships, and treatment responses of epilepsy in ZTK syndrome using de-identified clinical, caregiver reported, and EEG data collected through existing collaborations with Citizen Health and Rare-X.

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 holding 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 (3) 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.

FUNDING CYCLE DETAILS

ACTIVITY	KEY DATES
Open Call for Letters of Intent	Tuesday, May 12, 2026
Letter of Intent Deadline	Tuesday, June 9, 2026, 9 PM ET
Full Proposal Invitations	Monday, July 27, 2026
Full Proposal Deadline	Tuesday, September 1, 2026, 9 PM ET
Anticipated Award Notification	December 2026-January 2027
Anticipated Project Start Date	Spring 2027

BUDGET INFORMATION

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 one 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

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, which collectively seek to find a cure for epilepsy by accelerating research forward by leaps rather than by incremental steps (one and a half-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 (one half-page maximum, including spaces). This must include clear steps to critical next stages in development or implementation of the research findings to advance research in the rare epilepsy. 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 one-year timeframe.
- Preliminary data is not required for this award mechanism, 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

ITEM	DETAILS
Font and Type Density	Use an Arial, Helvetica, Palatino Linotype or Georgia typeface, a black font color, and a font size of 12 points or larger.
Figures, Tables, and Graphs	You may use a smaller type size, but it must be in a black font color, readily legible, and follow the font typeface requirement. Color can be used in figures, but all text must be in black font.
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 LOI 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 the 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 the 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 three (3).

8) **Keywords:** Select at least three (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-PIs 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 application targets. Also describe your interactions, if any, with the 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 one-half 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.

- CURE Epilepsy strongly encourages the use of Common Data Elements (CDEs) in your research. Pre-clinical CDEs increase rigor, data

standardization, and transparency across research studies. *Guidance for Integration in Grant Proposals*: Researchers should include in their proposal, where applicable, any procedure-specific CDEs that will be used in their pre-clinical studies. An example of the language is suggested below:

“Data collection for all *in vivo* experiments was captured using Case Report Forms (CRFs) specific to each procedure. CDEs that will be used are listed and recorded as a supplemental file”. Files can be uploaded in any appropriate format to the *proposal narrative and other attachments* section, as explained below. Examples of data standardization tools can be found here for the relevant pre-clinical CDEs. (<https://cureepilepsy.org/research-resources/>).

Statement of Relevance: Include one (1) 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.

**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

ITEM	DETAILS
Font and Type Density	Use an Arial, Helvetica, Palatino Linotype or Georgia typeface, a black font color, and a font size of 12 points or larger.
Figures, Tables, and Graphs	You may use a smaller type size, but it must be in a black font color, readily legible, and follow the font typeface requirement. Color can be used in figures, but all text must be in black font.
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 ID 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 the 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 online 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.

Your summary **MUST** include each of the following sections.

- i. Background and Rationale.
 - ii. Goals: include any overarching or long-term goals.
 - iii. Methods: briefly explain how the project will be performed, avoiding excessive technical detail.
 - iv. Deliverables: explain what output is expected at the successful completion of the project.
 - v. Impact: briefly explain how the work, if successful, will contribute to the advancement of knowledge and/or research tools for 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 overlap.



10) **Budget Period Detail:** The maximum budget for this award is \$100,000 U.S. Dollars (USD) over one 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. The system will automatically calculate the 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 the 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 two 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. CDE file: Upload any procedure-specific CDE files that you propose to use in the study (optional).
 - c. Facilities/Institutional Assurances (do not exceed one-half 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.
 - d. 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 one-half 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.*
 - e. Co-Investigator Biosketch: Upload biosketch for each co-investigator, if applicable.



- f. Collaborator Letters of Support: Upload letters from collaborators indicating their support of the proposed work, if applicable.
- g. Statement from mentor: A clearly articulated mentorship plan must be submitted for early-career investigators.
- h. Informed consent form: If applicable, provide a copy of the informed consent form for the proposed study.
- i. 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.