# Melanoma Research Foundation
# Request for Proposals (RFP)
# 2014

## RESEARCH OVERVIEW:

The Melanoma Research Foundation (MRF) is committed to funding medical research across the spectrum of melanoma – in prevention, diagnosis and treatment. Since 1998, the MRF has supported promising medical research that furthers the goal of eliminating the development of melanoma or developing an effective treatment and possible cure, while encouraging young scientists to consider a career in melanoma research and sustaining senior scientists to remain in this field.

The MRF is committed to advancing a national scientific agenda for melanoma research, coordinating with other leaders, funders and stakeholders. The MRF proactively partners with NCI, Congress, the Department of Defense, and other foundations such as the Melanoma Research Alliance to develop and collaborate on a broad agenda for melanoma research that takes full advantage of all opportunities, while also sharing challenges.

Each year, the MRF provides emerging and established scientific investigators with highly sought-after grants that will allow them to explore new avenues in melanoma prevention, biology and treatments that can ultimately lead to a cure. Basic, translational and clinical research projects are considered. Research grants are awarded to junior and established investigators. Medical students began receiving awards through the MRF in 2011. Since the launch of the MRF's CURE OM initiative in 2011, 4 ocular/uveal melanoma-specific grants have been awarded, supporting both junior and senior level investigators. In 2014, we will accept applications for a Career Development Award for Mucosal Melanoma, as well as funding for **mucosal, acral and ocular melanoma** as highlighted as one of the **Specific Topic Proposals** (see STP below).

In 2013, the MRF awarded over $2.3 million dollars in melanoma research with plans to increase that funding in 2014. Please visit www.melanoma.org for additional information on the MRF and to learn more about previously funded research. All questions or concerns regarding the MRF's Research Grant Program can be directed to the Program Director at research@melanoma.org or by calling 800-673-1290.

## TYPES OF AWARDS: (note changes for 2014)

**Career Development Awards (CDA)**
The CDAs provide funding of **up to $50,000 per year for two years** to junior investigators. Researchers who are beginning a research career emphasizing melanoma-related projects and have not yet established strong federal funding for their research are eligible. The use of relevant genetic models and human derived tumor samples is highly encouraged. CDA applications may be part of the STP mechanism listed below.

**Career Development Award for Mucosal Melanoma (CDA-MM)**
This award will provide funding of **up to $50,000 per year for two years** to junior investigators focusing on mucosal melanoma. Researchers who are beginning a research career emphasizing melanoma-related projects and have not yet established strong federal funding for their research are eligible. The use of relevant genetic models and human derived tumor samples is highly encouraged.

**Established Investigator Awards (EIA)**
The EIA's provide funding of **up to $100,000 per year for two years** to established melanoma researchers, or senior researchers working in closely related fields who wish to move into melanoma research. The use of relevant genetic models and human derived tumor samples is highly encouraged. EIA applications may be part of the newly established STP mechanism listed below.

**Specific Topic Proposals (STP)**
New for 2014 is the identification of scientific topics that address unmet clinical needs in melanoma research, which were identified through a series of meetings of multidisciplinary experts from the MRF Scientific Advisory Board and Breakthrough Consortium (see details below). Applicants are encouraged to address these questions in their proposed applications. **The STPs provide funding between $100,000 (expected level of funding to individual established investigator) and $250,000 (expected level of funding to small teams of researchers) per award, per year, for two years.** A minimum of 2 team based STPs are expected to be funded in 2014. The use of relevant genetic models and human derived tumor samples is highly encouraged. STP applications must address one of the 6 highlighted topics listed below. STP applications should demonstrate how the proposed studies will answer the unmet need. Applicants that are proposing a team effort must demonstrate the respective contribution of each researcher for the team effort.

The unmet needs in melanoma research selected for STPs in 2014 are (please use link for details):

- ***Prevention: Development of models and biomarkers***
- ***Identifying mechanisms and respective therapeutic strategies in less common molecular subsets of melanoma***
- ***Metastases: Dormancy and metastatic progression***
- ***CNS Metastases: Development of markers of risk and rational therapeutic approaches***
- ***Response to treatment: Mechanisms and respective biomarkers for predictive and for monitoring therapeutic response***
- ***Resistance: Intrinsic/innate/primary resistance to immunotherapies in melanoma***

Applicants are encouraged to focus on one of these themes in their proposed applications and clearly indicate which of the questions is being addressed.

## ELIGIBILITY REQUIREMENTS: (note changes for 2014)

**Eligibility – Career Development Awards**

- Applicants must hold a Ph.D. or M.D. degree or equivalent
- Applicants who are postdocs must have <5 years of postdoctoral experience and must not have previously received any major grant support (e.g. from ACS, NIH, NCI or DoD)
- Applicants who are not postdocs may have a title of Research Associate or Assistant Professor, or equivalent
- Applicants must show evidence of strong departmental or institutional support and commitment
- Applicants are limited to submitting one application to the MRF's Career Development Awards Program per year
- Applicants may not be associated with more than one application submitted
- Applicants can submit applications focused on one of the STP unmet needs

**Eligibility – Established Investigator Award**

- Applicants must hold a Ph.D. or M.D. degree or equivalent
- Applicants must have a title equivalent to Associate Professor or higher
- Applicants must show evidence of strong departmental or institutional support and commitment
- Applicants are encouraged to discuss any eligibility questions with the MRF prior to submitting an application for an Established Investigator Award
- Applicants may not be associated with more than one application submitted
- Applicants can submit applications that address one of the STP unmet needs

**Requirements**

- Proposed research must be conducted in a nonprofit research organization, medical or educational institution located in the United States
- Proposed research must comply with all applicable National Institutes of Health (NIH) animal and human welfare guidelines
- Proposed research is highly encouraged to use relevant genetic models and, as applicable, human melanoma tumor samples

**Duration of Grant**

- Grants are awarded to cover research conducted over a two-year period. A no-cost extension of one year may be permitted with sufficient justification
- Requests for a no-cost extension must be made no later than 30 days prior to expiration of the granting period

**Reporting**

- Financial and scientific progress reports are to be submitted to the MRF no later than 30 days prior to the end of the grant's first year
- A full financial and scientific report detailing all activities during the granting period is due to the MRF within 60 days of the end of the granting period (even if a no-cost extension is requested)
- Acknowledgment of support from the MRF must accompany any published report using data or findings from research conducted under a grant from the MRF

## REVIEW PROCESS:

The MRF's Research Grant Program emphasizes basic, translational and clinical research projects that explore innovative approaches to understanding prevention, diagnosis and treatment of melanoma. All proposals will undergo rigorous peer review by hand-selected experts in diverse areas of melanoma research. Proposals with the highest scores, and with discrepant scores, are then reviewed by a panel of representatives from the MRF's Scientific Advisory Committee (SAC) and the Breakthrough Consortium (MRFBC). Panel rankings for funding are approved by the MRF's Board of Directors.

## AWARD ADMINISTRATION:

Award decisions will be made on or around **August 25, 2014**. Upon acceptance of the award, the PI and the Institution will be required to sign an award letter accepting all of the MRF's terms and conditions. Funds are distributed twice each year, on **September 30 and March 31**. An interim financial report and progress report will be required after the first year, with a final financial report and progress report due 60 days after the end of the award period.

## STEP-BY-STEP APPLICATION INSTRUCTIONS:

**The MRF will accept applications from January 15 - March 1, 2014 for the 2014 award year.**

All submissions, notifications and critiques will be completed entirely online through ProposalCENTRAL (https://proposalcentral.altum.com/).

**Please read the instructions carefully prior to beginning the online grant submission process.**

**NOTE:** Applications that represent resubmission of previously proposed studies, in whole or in part, may be submitted for consideration only twice. A letter referencing the project title, a summary of changes to the application from the previous submission, and responses to reviewers' criticisms must be uploaded as an attachment during Step 11: Upload Attachments.

### Step 1: Title Page

The project title should not exceed the space provided (75 characters, including spaces).

Choose the grant program to which you are applying:

- Career Development Award (CDA) – up to $100,000 over a two year period
- Career Development Award for Mucosal Melanoma (CDA-MM) – up to $100,000 over a two year period
- Established Investigator Award (EIA) – up to $200,000 over a two year period
- STP program – up to $250,000 per award per year for up to a two year period
    - Please select the STP in which you are applying
    - Please indicate if you are applying for a team award

The research period for all awards is a two year period beginning October 1, 2014 and ending September 30, 2016. Funds are distributed twice each year, on September 30 and March 31.

Please specify if this is a new application or a resubmission.

## Step 2: Enable Other Users to Access This Proposal

You have the option to allow other individuals access to your application. You can choose from three different levels of permission.

## Step 3: Applicant/PI

Profile information is pre-loaded in this section. You may update your profile information here as well.

## Step 4: Institution and Contacts

Institution information and contact information can be updated and/or changed here.

## Step 5: Key Personnel

Key personnel, other than the applicant, who will provide support to the project, will be listed here. If this is a Career Development Application, the PI should also list their mentor in this section. The CV/Biosketch of the mentor and/or key personnel will be required in Step 11: Upload Attachments.

## Step 6: Abstracts

**Scientific Abstract**
In the space provided, include a summary of the proposal that gives a brief description of the objectives, rationale, methods and expected results. The total length of the summary may not exceed 3,000 characters (including spaces) and should be written in scientific terms.

Keywords: Please select up to six appropriate keywords (from the list provided) that characterize the proposed research project.

**Lay Abstract**
In the space provided, include a brief (<3,000 characters, including spaces) summary of the proposal. The lay level abstract needs to be written at approximately an 8th grade reading level so that the everyday person can understand the significance, impact and innovation of the proposed research.

Keywords: Please select up to six appropriate keywords (from the list provided) that characterize the proposed research project.

If the project is awarded, portions of the abstracts may be used in the MRF's various publications, press releases, fundraisers and educational events.

## Step 7: Budget Period Detail

**Awards will be made for a two year period. Please fill out the budget information for both years. Only direct costs are allowed. Indirect nstitutional costs are not allowed.**

- **Career Development Awards (CDA)**

  **Personnel Costs**
  All personnel may be named in this section. The salary and fringe benefits included in the budget is calculated based on total of salary and fringe benefits multiplied by the % effort. Salaries and fringe benefits may be included but no salaries will be allowed for full-time tenured faculty or equivalent positions. In this case, you may list the personnel but the % of effort must be listed as zero. Otherwise, a portion of the salary will be

included in the budget. The MRF will consider up to 50% of the salary for a CDA recipient.

**Non-Personnel Costs**
All budgeted expenses such as consumable supplies, animal costs, service fees and consultant fees must be itemized. Requests for major equipment will be closely scrutinized and should be carefully justified, and should not exceed 15% of the total (two year) budget. Indirect institutional costs are not allowed. Allowable travel expenses are capped at $2,000 per project year.

Applications can address one of the questions posted in the STP initiative. Awards granted will not exceed $50,000 per year.

- **Established Investigator Awards (EIA)**

**Personnel Costs**
All personnel may be named in this section. The salary and fringe benefits included in the budget is calculated based on total of salary and fringe benefits multiplied by the % effort. No salaries will be allowed for full-time tenured faculty or equivalent positions. In this case, you may list the personnel but the % of effort must be listed as zero. The MRF will consider up to 100% of the salary for a postdoctoral fellow or graduate student; if salary support for more than one (maximum 2) of these researchers is requested, the combined % cannot exceed 100. At most, one postdoctoral fellow and one graduate student can be supported.

**Non-Personnel Costs**
All budgeted expenses such as consumable supplies, animal costs, service fees and consultant fees must be itemized. Requests for major equipment will be closely scrutinized and should be carefully justified, and should not exceed 15% of the total (two year) budget. Indirect institutional costs are not allowed. Allowable travel expenses are capped at $2,000 per project year.

Applications can address one of the questions posted in the STP initiative. Awards granted will not exceed $100,000 per year.

- **Specific Topic Proposals (STP)**

The STP will provide funding from $50,000 (for a Career Development Application) to $100,000 (for an individual Established Investigator submitting a single PI-based application) and, when properly justified, up to $250,000 (to small teams of researchers working together) per year for two years.

At least 2 multi-investigator team awards ($250,000) for STPs are expected to be funded in 2014. Multi-institutional projects that make full use of clinically annotated human biospecimens is highly encouraged.

The use of relevant genetic models and human derived tumor samples is highly encouraged.

**Personnel Costs**
All personnel may be named in this section. The salary and fringe benefits included in the budget is calculated based on total of salary and fringe benefits multiplied by the % effort. No salaries will be allowed for full-time tenured faculty or equivalent positions. In this case, you may list the personnel but the % of effort must be listed as zero. The MRF will consider up to 100% of the salary for a postdoctoral fellow or graduate student; if salary support for more than one (maximum 2) of these researchers is requested, the

combined % cannot exceed 100. At most, one postdoctoral fellow and one graduate student can be supported.

**Non-Personnel Costs**
All budgeted expenses such as consumable supplies, animal costs, service fees and consultant fees must be itemized. Requests for major equipment will be closely scrutinized and should be carefully justified, and should not exceed 15% of the total (two year) budget. Indirect institutional costs are not allowed. Allowable travel expenses are capped at $2,000 per project year.

Applications can address one of the questions posted in the RFP initiative. Individual STP Awards will not exceed $100,000 per year. Team STP Awards will not exceed $250,000 per year.

## Step 8: Budget Summary

This is a summary of the Budget Period Detail. Also, please give a brief justification for each budget item here.

## Step 9: Other Support

Provide active support with title and abstract of grant for all KEY personnel. Career Development Award (CDA) applicants must also provide active support with title and abstract of grant for mentor, collaborators and other non-key personnel. This includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts and/or institutional awards. Training awards, prizes or gifts do not need to be included.

You will also be asked to provide a short description (<1,000 characters, including spaces) that describes the goals of this project and any overlap this project would have with the proposed project.

## Step 10: Organization Assurances

Information regarding human subjects and/or vertebrate animals will be entered here.

## Step 11: Upload Attachments

All attachments must be in PDF form. Uploaded documents should fall under one of the following descriptions:

**Biosketch** – A CV or Biosketch must be uploaded for all listed personnel in Step 5. NIH-style biosketches are accepted. It must list in chronological order, previous employment, experience, honors, present membership on any Federal Government public advisory committee, as well as the title and complete references to all publications during the past three years.

**Letter of Support** – A letter of support from your institution is required. This letter should be from the department chair or other leader at the institution with direct knowledge of the applicant's value to the department and institution. The letter should also mention the trajectory of the candidate in terms of leadership within the department or institution.

**Other** – If the application is a resubmission of a previously proposed study, a summary of changes to the application from the previous submission, and responses to reviewers' criticisms must be uploaded here.

**Research Plan** – The research plan is limited to **6 pages, Arial font, at least 11pt font with ½ inch margins**. The text of the Research Plan should contain sufficient information for the evaluation by the reviewer panel and should cover:

1. Specific Aims (if the application addresses STP, please cite the question)
2. Background, rationale, and significance. Include a statement of significance of the proposed work, its clinical relevance to melanoma prevention, diagnosis and/or treatment, potential for further research and the potential for securing future funding for the project
3. Results of previous research directly related to the Project Title. Specify how the original research objectives have been met and include justification of support based on exceptional findings. If the original research objectives were not met or were modified, an explanation must be included.
4. Experimental design and procedures
5. References (References ARE NOT counted in the 6 page limit)

**Signature Page** – The signature page should be printed out, signed, scanned, and saved to your computer to be uploaded here.

**Step 12: Validate**

Click the 'Validate' button here to check for any missing REQUIRED information or files. All missing required information will be listed on the screen. Please correct any missing information before proceeding to the next step.

**Step 13: Signature Page(s)**

You may print the signature page(s) after you have completed all the proposal sections.

**Step 14: Submit**

Submit your application. You will be unable to submit if you have not provided all the required information. We encourage you to submit your application as early as possible so that we can assist you with any issues that may arise.

## SPECIFIC TOPIC PROPOSALS (STP) AREAS:

***Prevention: Development of models and biomarkers***

Background: Screening for melanoma, secondary prevention, is a potentially important way to reduce melanoma mortality. However, melanoma is relatively uncommon and the ratio of number of screened patients for every melanoma diagnosed would be high without better prediction of the population that should be screened. In addition, melanoma can be difficult to diagnose, lending itself to false positives and negatives during the screening process.

Feasibility: Before initiation of prevention trials in human populations, experimental models need to be generated that allow testing novel approaches. Biomarkers of melanoma risk could be explored through preclinical, translational and epidemiologic studies. Risk prediction models of melanoma could be developed using epidemiologic data in order to determine who should be optimally screened for melanoma primary prevention.

In order to make screening more effective and decrease mortality, better methods of melanoma diagnosis seem necessary to decrease false positives and negatives. Options might include imaging and biomarkers that improve diagnostic accuracy, technologies to enhance the sensitivity and specificity of the clinical diagnosis of melanoma and/or to minimize the morbidity associated with the biopsy of benign lesions. Use of quality of life and patient-reported outcome studies to quantify the harms associated with population-based melanoma screening is an important adjunct to new research.

In addition, biomarkers of transition from BRAF mutated nevi to BRAF mutated melanoma could inform diagnosis of borderline lesions and the biology of malignant transformation.

Implications for success: The development of an effective screening program for melanoma has the potential to save lives, reduce morbidity and improve quality of life of those diagnosed with melanoma. The results from answering these questions would allow screening to be more effective and decrease harm.

***Identifying mechanisms and respective therapeutic strategies in less common molecular subsets of melanoma***

Background: While ongoing whole exome sequencing studies are providing significant information about the molecular heterogeneity and characteristics of BRAF wildtype tumors, there is a critical need to extend this information and convert it into effective therapeutic strategies. Efforts to identify key mechanisms that underlie defined subsets of melanomas (e.g., mucosal, acral, ocular melanoma) are expected to allow the design of novel therapeutic strategies.

Feasibility: Less common molecular subsets of melanoma are seen at centers of excellence in melanoma and multi-institutional efforts can coordinate collection of biospecimens for basic research that will fuel the development of relevant models and respective translational projects.

Implications for success: Melanoma is now recognized as a heterogeneous disease encompassing many molecular subtypes. Identifying mechanisms underlying the development of more rare subsets of melanoma is expected to drive translational studies and clinical evaluations.

***Metastases: Dormancy and metastatic progression***

Background: Tumors do not progress in linear patterns but may undergo extensive dormant phases. Clinical Dormancy (the time between removing a primary tumor and relapse, especially at metastatic sites) remains one of the most critical issues surrounding durable responses in patients. The escape from clinical dormancy by melanoma and other cancer cells is likely responsible for most cancer-related deaths. Several mechanisms for dormancy have been proposed: single cell dormancy, where disseminated cells remain quiescent until triggered to proliferate by changes within the tumor cell or in the microenvironment; pre-angiogenic dormancy, where dormant micrometastases exist as clinically undetectable lesions that eventually grow into metastatic disease in response to angiogenic signaling; and immune-related dormancy where the immune system keeps tumor cell numbers in check. Additionally, it is not known how the preferred tissue tropism of tumor cells affects their dormancy. There is a major lack of understanding of what influences and regulates tumor dormancy, how dormant cells interact with their microenvironment, and most importantly, how they escape dormancy. Basic and translational research is badly needed in this arena, which is vastly understudied and underfunded.

Feasibility: It has been demonstrated in other murine model systems (e.g., breast and head and neck cancers) that established tumor cell lines that are unable to form clinically significant metastases could remain dormant at metastatic sites while proliferating at primary sites. Such cell lines may already exist for human and GEM melanomas and, if not, could be established using methods successfully employed for other cancer types. For example, cell lines could be screened by labeling cells with an imageable marker (e.g., GFP or luciferase), inoculating them into the mouse by tail vein or intra-cardiac injection, and identifying those cell lines that remain quiescent at metastatic sites. Selected quiescent cell lines could then be recultured from the metastatic site to generate cells with enhanced dormant properties. Paired dormant and metastatic melanoma cell lines with a common origin represent a powerful tool to study dormancy. Alternatively, a 3D culture system could be adapted to identify potentially dormant melanoma cells (as described by Barkan et al., Cancer Res. 68, 6241-6250). Melanoma cells with dormant properties might also be identified by collecting CTLs from patient blood, making cell lines and testing for dormancy at metastatic sites.

Implications for success: Identifying mechanisms underlying tumor dormancy is a critical area of research in cancer biology and, if understood, could provide an effective means of preventing tumor recurrence and minimizing melanoma patient mortality.

***CNS Metastases: Development of markers of risk and rational therapeutic approaches***

Background: Melanoma has the highest risk of CNS metastasis among the common cancers. Melanoma patients with parenchymal brain metastases have a median survival of ~4 months; outcomes are even worse in patients with leptomeningeal disease (LMD). The CNS is frequently the first site of treatment failure for therapies that are otherwise effective, and complications from CNS metastases is a leading cause of death in patients with melanoma. Patients with active CNS disease are excluded from many clinical trials testing novel therapies delaying the development of effective treatments for this clinical presentation. There is a critical need to develop more effective strategies to (1) identify patients at high risk of CNS metastasis, (2) prevent CNS metastases from forming, and (3) to eradicate established CNS metastases.

Feasibility: Multiple advances have been made that allow for the molecular characterization of clinical samples, thus providing an opportunity to improve our understanding of the predictors and/or characteristics of brain metastases. Also the broad availability of both genetic assessment of tumors, various pharmacological agents and regional treatment approaches and a growing number of preclinical models of brain metastasis allows for identification and testing of new preventative and therapeutic strategies. A multi-institutional, multi-disciplinary approach

can provide clinical samples across the molecular subpopulations of patients with melanoma, as well as different treatments, to assess these variables.

Implications for success: Markers that correlate with the risk of CNS metastasis could elucidate mechanisms of metastases to the CNS, identify patients who would benefit from focused screening and/or chemoprevention. Rational therapeutic strategies could lead to the development of clinical trials for this underserved and poor risk patient population, and eventually to an improvement in their clinical outcomes. Reduction in morbidity and mortality from CNS melanoma metastases will greatly improve the outcome for the melanoma population as a whole.

***Response to treatment: Mechanisms and respective biomarkers for predictive and for monitoring therapeutic response***

Background: The past several years have seen approval of several new classes of agents for melanoma; however, only a minority of patients exhibits a long lasting response to immunotherapy or to other targeted therapies. Identification of *clinically relevant* mechanisms and related biomarkers, including genetic, gene expression, or protein-based, that can explain the response (or lack of) is anticipated to enable better stratification of patients to therapy, predict likelihood of response or accurately monitor response in the course of treatment. Addressing this STP is expected to result in defined mechanisms and related markers that could explain resistance or response of patients. Examples (not limited to) are mechanisms associated with anti-melanoma T cell response, or those underlying host/immune interactions. These should be well defined and distinct from general disease monitoring tools (i.e. circulating tumor cells or circulating free DNA).

Feasibility: Adequate samples from patients should be available from medical centers. Those would allow assessment at the genetic and epigenetic levels to identify biomarkers and then validate novel pathways and mechanisms associated with resistance or responsive phenotypes. Appropriate cultures and genetic models could be used to confirm these initial associations.

Implications for success: Clinically relevant biomarkers that identify which patients will respond to a given treatment can lead to improved clinical outcomes by delivery of that treatment to those who are likely to respond and prevent delays in delivering alternative therapy to those who will not. Mechanistic biomarkers may clarify complicated cases such as slow or mixed responses or early intervention for those who are no longer responding to current therapy.

***Resistance: Intrinsic/innate/primary resistance to immunotherapies in melanoma***

Background: Anti-CTLA-4 and anti-PD-1/PD-L1 monoclonal antibodies can induce dramatic and long-lived responses in patients with metastatic melanoma. However, it is clear that only a minority of patients respond to any of these treatments. There are several possible explanations for this heterogeneity of response but very little data are available beyond PD-L1 immunohistochemistry expression analyses.

Feasibility: Samples from patients that were treated with these immunotherapeutic agents are now available. Many more are expected in the coming year. Given that significant clinical responses are relatively common, clinical material (tumor and lymphoid cells) from responders and non-responders should be obtainable through a multi-institutional effort. Using new molecular and immunologic techniques, it is possible to probe for mechanisms of resistance including, but not limited to: loss of antigen and/or MHC expression, regulation by alternative checkpoints, inhibitory immune cells within the tumor, and other inhibitory elements within the microenvironment.

Implications for success: Understanding these mechanisms underlying resistance to immunotherapies in melanoma will likely lead to improved response and overall survival for patients treated with these agents or combinations of immunomodulators, and will identify patients who will benefit from other therapeutic modalities.

## FREQUENTLY ASKED QUESTIONS:

**How do I apply for a grant?**
The grant application will be available ONLY during the time applications are being accepted. During that time, you can apply for a research grant online at http://proposalcentral.altum.com/.

**What is the deadline?**
Applications will be accepted from January 15 - March 1, 2014.

**Do I need to be a U.S. citizen?**
No. However, the proposed research must be conducted in a non-profit research organization, a medical institution or an educational institution located **in** the United States. The CURE OM Awards are an exception to this rule and can be awarded to a researcher outside the U.S.

**Am I eligible?**
Please read all eligibility requirements. Should you have questions not answered here, please contact the Program Director at research@melanoma.org.

**How many grant programs are currently funded by the foundation?**
In 2014, the MRF will fund a total of 5 different grant programs: Established Investigator (up to $200,000 over a two-year period), Career Development (up to $100,000 over a two-year period), Career Development Award for Mucosal Melanoma (up to $100,000 over a two-year period), Specific Topic Proposals ($100,000 - $250,000 over a two-year period) and Medical Student (up to $3,000 over a one-year period).

**What is the difference between the programs?**
The Established Investigator Awards are designed for senior researchers. The Career Development Awards are designed for junior researchers. The Specific Topic Proposals are for individuals or teams aimed at unmet clinical needs. The Medical Student Program is designed for current medical students.

**How long is the research plan section of the grant?**
The research plan is limited to 6 pages, not including references.

**What information is included in the project plan?**
The text of the research plan should contain sufficient information for evaluation by the review panel. The plan should cover specific aims, background, rationale, significance, results of previous research directly related to the project title, experimental design and procedures and references. References are not counted in the 6 page limit.

**Are technician salaries supported under the Established Investigator Award program?**
Technician, graduate student and other 'junior' salaries are supported because we are trying to encourage them to enter and stay in the field. The MRF will consider up to 100% of the salary for a postdoctoral fellow or graduate student; if salary support for more than one (maximum 2) of these researchers is requested, the combined % cannot exceed 100. At most, one postdoctoral fellow and one graduate student can be supported.

**Why aren't salaries for the Established principal investigator (PI) supported?**
The Established PI should already have salary support and we want our money to go directly to research on melanoma.

**Can an award be transferred to a new institution?**
A grant can be transferred upon approval of the Program Director. For detailed criteria and instructions, please contact the Program Director at research@melanoma.org.

| Term | Definition |
|---|---|
| **Key Personnel** | The PI and other individuals who contribute to the scientific development or execution of a project in a substantive, measurable way, whether or not they receive salaries or compensation under the grant. Typically these individuals have doctoral or other professional degrees, although individuals at the masters or baccalaureate level may be considered key personnel if their involvement meets this definition. Consultants also may be considered key personnel if they meet this definition. |
| **Principal Investigator (PI)** | This is the grantee responsible for all activity being supported by the grant. He or she is responsible and accountable to the MRF for the proper conduct of the project or activity. Also known as Program Director or Project Director |
| **Other Support** | Includes all financial resources, whether Federal, non-Federal, commercial or organizational, available in **direct** support of an individual's research endeavors, including, but not limited to, research grants, cooperative agreements, contracts, or organizational awards. Other support does not include training awards, prizes, or gifts. |
| **Institutional Animal Care & Use Committee (IACUC)** | Established at institutions in accordance with the PHS Policy on Humane Care and Use of Laboratory Animals with broad responsibilities to oversee and evaluate the institutions' animal programs, procedures, and facilities. IACUC review and approval is required for all PHS supported activities involving live vertebrate animals prior to funding. |
| **Institutional Review Board (IRB)** | IRBs are set up by research institutions to ensure the protection of rights and welfare of human research subjects participating in research conducted under modifications in, or disapprove research protocols based on whether human subjects are adequately protected, as required by federal regulations and local institutional policy. |
| **Clinical Trial** | A biomedical or behavioral research study of human subjects designed to answer specific questions about biomedical or behavioral interventions (drugs, treatments, devices, or new ways of using known drugs, treatments, or devices). Clinical trials are used to determine whether new biomedical or behavioral interventions are safe, efficacious, and effective. Clinical trials of an experimental drug, treatment, device, or intervention may proceed through four phases:<br>• Phase I: Testing in a small group of people (e.g. 20-80) to determine and evaluate safety (e.g. determines a safe dosage range and identify side effects).<br>• Phase II: Study in a larger group of people (several hundred) to determine efficacy and further evaluate safety.<br>• Phase III: Study to determine efficacy in large groups of people (from several hundred to several thousands) by comparing the intervention to other standard or experimental interventions, to monitor adverse effects, and to collect information to allow safe use.<br>• Phase IV: Study done after the intervention has been marketed. These studies are designed to monitor the effectiveness of the approved intervention in the general population and to collect information about any adverse effects associated with widespread use. |