# Jamie Peykoff Follicular Lymphoma Initiative

# Priority Research Grant (2022-2025)

## *Guidelines and General Instructions for Applicants**

**KEY DATES**

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| LOI Submission Period: | March 15 – April 30, 2021 |
| LOI Decision Notifications: | by June 4, 2021 |
| Application Release Date: | June 4, 2021 |
| Application Deadline: | September 8, 2021 at 5:00 PM EST |
| Peer Review Process: | September – November 2021 |
| Applicant Notification Date: | by December 22, 2021 |
| Earliest Project Start Date: | March 1, 2022 |
| Latest Project Start Date: | July 1, 2022 |

* *Full applications in this grant program will only be accepted from applicants who have received invitations to submit following the LOI stage. LRF anticipates opening LOIs again in spring 2022.*

## Introduction

### LYMPHOMA RESEARCH FOUNDATION OVERVIEW:

The Lymphoma Research Foundation (LRF) remains dedicated to finding a cure for lymphoma through an innovative research program and by supporting the next generation of lymphoma researchers. LRF provides education for people with lymphoma, their loved ones and caregivers, including literature, in-person conferences and online resources. The Foundation also provides continuing medical education programs designed to increase the knowledge, skills and performance of healthcare professionals. The Foundation's support services, including the LRF Helpline, Clinical Trials Information Service, financial assistance programs and Lymphoma Support Network, provide direct support to people with lymphoma. To learn more about the Foundation, visit lymphoma.org.

### JAMIE PEYKOFF FOLLICULAR LYMPHOMA INITIATIVE OVERVIEW:

Follicular lymphoma (FL) is a slow-growing or indolent form of non-Hodgkin lymphoma (NHL) that accounts for 20 to 30 percent of all NHL cases. While typically an indolent form of lymphoma, FL remains incurable and a continuing challenge for researchers and clinicians. Although most patients respond to the current standard of care, many will require treatment throughout their lifetime; other patients' inability to achieve a complete remission or those whose disease progresses early results in poorer long-term outcomes.

Established in 2020 through the generosity of the Peykoff Family and Niagara Cares, the $10 million Initiative is poised to transform the follicular lymphoma treatment landscape for tens of thousands of patients by harnessing the Lymphoma Research Foundation's (LRF) unique resources, convening the world's experts in follicular lymphoma

research and patient care, and driving direct investment in biomedical research. **Please see page 8 for additional grant opportunities that are available through the Jamie Peykoff Follicular Lymphoma Initiative this cycle.**

The Follicular Lymphoma Priority Research Grant seeks to identify innovative research projects that address one or more of the priority issues identified by the Peykoff Initiative Steering Committee in adult follicular lymphoma. (for the full list of priority issues, see page 10). **Applications to this initiative should relate to work in the clinical setting and/or involve primary FL patient samples. Pediatric FL projects are not eligible in this cycle.**

Collaborative, multi-institution collaborations are encouraged but not required; please see "Multi-Institution Projects" below for additional eligibility guidelines. LRF anticipates awarding up to five grants of $750,000 over three years ($250,000 per year). Indirect costs are allowable up to 25% (smaller amounts preferred) and are included in the $750,000 total funding.

**REVIEW CRITERIA:**

Applications will be reviewed by members of the Jamie Peykoff Follicular Lymphoma Research Initiative Steering Committee, a subcommittee of LRF's Scientific Advisory Board, as well as other experts in follicular lymphoma research. LOIs will be assessed for the following criteria:

- Adherence to application formatting (including page limits) and principal investigator (PI) eligibility requirements.
- Scientific relevance to the Peykoff Initiative Priority Areas (pg. 10).
- Project design related to work in the clinical setting and/or involves primary FL patient samples**.**
- Project's capacity to contribute new knowledge to the understanding of FL treatment, diagnosis or prognosis, and/or provide additional data/insight in an understudied area of FL.

**APPLICANT ELIGIBILITY:**

Applicants must have received notification from LRF that their letter of intent was approved to advance to the full application stage. If any PI, co-PI, or key person has changed from the information provided in the LOI, applicants should indicate in the research proposal why these changes are being made. New personnel must also meet the eligibility as indicated below.

- PI should be a faculty investigator with an MD, PhD, or equivalent degree.
- PIs and Key Personnel may only be associated with **ONE** FL Priority Research grant application per cycle. A PI on one application may not hold a key personnel role on a different application. PIs from the same institution may submit separate applications as long as there is no overlap in Key Personnel.
- All PIs must be based at an academic institution or non-profit research center in the United States or Canada for the duration of the grant award. Non-PI key personnel outside the U.S. or Canada are allowed as long as at least 60% of the work will be done at institutions in the United States or Canada.
- If PIs have current or previous funding from LRF, they should ensure that all LRF grants are in good standing and in compliance with all LRF requests for progress reports or other information.
- Early career PIs who are eligible for the Clinical Investigator Career Development Award, Lymphoma Scientific Research Mentoring Program, or Postdoctoral Fellowship Grant cannot serve in a PI or co-PI role on the Priority Research Grant, although they can be involved with a Priority Grant Project as a site lead (if in a faculty position) or smaller role. Please note all three LRF early career grant programs have dedicated funding available in the 2022 cycle for FL-focused research. See page 9 for details.

**Multi-Institution Projects**

- Grant projects involving research at multiple institutions may designate one PI per institution, but should be prepared to assign one PI and institution as the Primary PI, who will be responsible for administration of the grant including submitting scientific and financial progress reports and disbursing funds to collaborating institutions. All other PIs should be designated "co-PI" in the LOI.
- The PI and all co-PIs must submit biosketches and log in to Proposal Central to sign the signature page electronically before submission.
- The naming of co-PIs is optional for multi-institution projects. However, each institution involved in a project must designate at least a "site lead" in the Key Personnel section. Co-PIs are automatically considered site leads if named at an institution. Site leads who are not co-PIs should be faculty level researchers with an MD, PhD, or equivalent and appointments at the indicated institution.
- The support letter from the Administrative PI's institution (see page 4) should confirm the Institution's willingness to serve as financial administrator for the grant.
- All institutions with a PI or co-PI must meet the eligibility criteria as noted in "Applicant Eligibility." Please make special note of the restrictions on institutions and researchers outside of the U.S. or Canada.
- Please note that if multiple PIs and co-PIs are designated, a detailed plan for resolving disputes between PIs will be required in the full application.

**Applications that do not address one of the research priority issues listed on page 10, exceed page limits, or whose PIs do not meet applicant eligibility criteria will be administratively disqualified prior to scientific review.**

**PUBLIC ACCESS POLICY – PubMed CENTRAL:**

LRF funded researchers are required to submit, or have submitted for them, to the National Institutes of Health's PubMed Central database an electronic version of the author's final manuscript including all modifications from the publishing and peer review process (the "postprint") upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. This requirement applies to all grants awarded after May 1, 2012, whether LRF funds the research in whole or in part.

All scientific progress reports must include the PMC ID number (PMCnnnnn) to publications in Pub Med Central supported by the Lymphoma Research Foundation effective May 1, 2012.

**APPLICATION PROCESS:**

All interested grant applicants must submit their applications online through Proposal Central (https://ProposalCentral.altum.com) by **5:00 PM EST on September 8, 2021**. Applicants are encouraged to contact LRF at researchgrants@lymphoma.org for questions or concerns relating to issues of eligibility for or responsiveness to this RFP.

*To avoid being rushed at deadline, applicants should make sure their grants and contracts office has registered their institution and signing officials with Proposal Central, and that they acquaint themselves with any internal approval processes required by their institution's grant office.*

**NOTE: Applications will not be accepted after the deadline.**

**RESEARCH PROPOSAL FORMAT:**
Use the template supplied in Proposal Central and upload as a PDF. Limit sections 1-7 of your Research Plan to 12 pages including tables and figures. Optional sections 8-9 may each use up to one additional page, if needed. References are not included in the page limit. The Research Plan description should discuss the nature of the proposed research plan and should cover the following points:

1. **SCIENTIFIC ABSTRACT**
2. **SPECIFIC AIMS**
3. **BACKGROUND**—Please be concise
4. **PRELIMINARY STUDIES**
5. **EXPERIMENTAL DESIGN AND METHODS**
6. **QUANTITATIVE MILESTONES**
7. **RELEVANCE TO THE UNDERSTANDING AND TREATMENT OF LYMPHOMA –** this section should also include how the proposal and specific aims addresses one or more of the priority issues identified by the Peykoff Initiative Steering Committee (see page 10), and will lead to increased understanding of the chosen issues.
8. **(Optional) CHANGES FROM THE LOI** – if needed please use up to one additional page to address any changes made to the project's aims, scope, and/or personnel since the LOI submission and a rationale for those changes. Please note that the review committee reserves the right to decide that a project with significant changes from the LOI stage is no longer the approved project and cannot be reviewed in this cycle.
9. **(Required for Multi-Institutional Projects only) PROJECT LEADERSHIP PLAN** – this section may take up to one additional page to explain the roles of the PI, co-PIs, and site leads in the management of the project including a process for making decisions on scientific direction and a plan for resolving conflicts. Examples of project leadership plans may be found at http://grants.nih.gov/grants/multi_pi/sample_leadership_plans.pdf .

**Please note proposals that exceed page limits will not be reviewed.**

A complete application also includes the following:

1. **Application Signature Page:** Proposal Central now offers the ability to electronically sign the signature page. Each PI and co-PI, along with an authorized institutional official from the primary PI's institution, should log in to Proposal Central to sign. Any person named as a PI or co-PI in the Key Personnel section, as well as any institutional official named in the Insitution and Institutional Contacts section, will have access to the application in proposal Central. An electronic version of the signature page will be generated automatically upon submission, but you can also download a copy to verify that all the information is complete and correct.

2. **LRF Waiver:** Download from Proposal Central. The original of the Waiver must be signed by the primary PI and an authorized signing official from the primary Institution. The waiver may be signed in ink or with an electronic signature program such as Adobe or DocuSign, and then uploaded in the Attachments section as a PDF.

3. **ORCID:** The Lymphoma Research Foundation strongly encourages all primary PIs to set up an ORCID profile and link it to their grant application. Follow the steps in the "Applicant" screen of the Proposal Central application to link your existing profile or set up a new one.

4. **Biosketch (Primary PI/co-PIs/Key Personnel):** Limit to 5 pages (current NIH format). Use the current NIH format and upload as a PDF in the Attachments section, being sure to use the appropriate designation of Primary PI, co-PI, or key personnel as part of the attachment name. The Primary PI should be the person, submitting the grant, who will serve as PI for administrative purposes, and whose institution will receive the funds. Co-PIs are PIs from other institutions involved in the grant (one co-PI per institution). Key Personnel are any other investigators with a significant role in the execution of the proposed project, including but not limited to, site leads.

5. **Non-Technical Abstract:** Enter in Proposal Central. This is a brief description (100 words or less) of the proposed research plan presented in terminology for the general public. It should be in language understandable to the average reader of a daily newspaper but still convey the purpose of the project**.**

6. **Technical Abstract:** Enter in Proposal Central**.** In addition to describing the project using technical language, the Technical Abstract should explain (in 100 words or less) the significance of the research plan to the field of lymphoma. (Note: The both abstracts should explain the significance of the proposed work for patient treatment in lymphoma.) The abstract from the research plan may be used as long as it is less than 100 words.

7. **Keywords:** In Proposal Central, please select all applicable keywords in each of the four Areas of Study Categories. For the FL Priority Grant, it is particularly important to include a thorough and accurate set of keywords from the Methods, Models, and Foci section to match your application with appropriate reviewers. If some of the keywords on the list are being cut off, try making your browser window wider.

8. **Collaborative Partners:** Please indicate in the appropriate area of the Proposal Central application any institutions, consortia, cooperative groups, industry partners, or other collaborative partners that will be providing significant resources (i.e. funding, access to therapies, statistical or sample analysis, data or tissue samples, etc.) to this project that are not key personnel on the application. Please indicate whether requests for this support are pending or approved. Support letters confirming support or resources for the project should be uploaded as part of the appendix.

9. **Current and Pending Research Support:** In Proposal Central, List all active and pending research support for the primary PI and co-PIs. Include all individual and institutional support available for the proposed work during its duration. Site lead and Key Personnel research support should be included if it will cover any of the project's expenses. For each item, provide a source of support, identifying number, project title, name of Principal Investigator/Program Director, annual direct costs, and total period of support. Failure to provide evidence of sufficient supporting funds for the proposed research can invalidate the application. *Note: Proposal Central now records other support in your personal profile. Follow the instructions in the application system to enter or import information from your profile to this section.*

10. **Organization Assurances:** In Proposal Central, please indicate if human subjects, vertebrate animals, recombinant DNA, and/or biohazards are used in the proposed research proposal. If the answer is yes, please note whether approval for use of these resources is approved or pending. Projects with approval should upload a file with correspondence confirming that approval has been granted; the entire assurance document is not needed. Projects whose approval is pending should upload a note indicating the approximate date when an approval is expected. Awarded applicants that are still pending at the time of application will need to provide proof of approval in order to receive the award.

11. **Budget:** Applicants must complete a detailed budget within the Proposal Central application of up to $250,000 a year for three years ($750,000 total). Direct and indirect costs are included within this total. The total amount of institutional overhead/indirect costs allowed (including consortia costs and any individual institution's overhead) should not exceed 25% of the total award ($187,500). Smaller amounts of overhead are preferred. Additionally, please note the following guidelines.

    - Salary for any personnel doing direct work on the research project (including fellows and technicians) are allowed, including fringe. Institutional policies should determine salary levels for all personnel on the research project.
    - Reasonable travel, publication, and meeting-related poster printing costs are allowed for purposes specifically related to the research project.
    - Professional membership dues or subscription dues are not allowed.
    - Tuition costs are not allowed; stipends and salaries to postdoctoral fellows or other students are permitted.
    - Visa costs are not allowed.
    - If other funds will be supporting work on this grant, the institution and PI designated as financial administrator should ensure that there are no duplicative expenses. LRF may allow limited rebudgeting of funds with advance notice and approval to avoid expense overlap.

## APPENDICES:

**The following additional documents** should be uploaded in PDF format. Appendices 1-2 (and any additional support letters) should not exceed 30 pages total. Publication reprints are not subject to the 30 page limit but should not exceed five publications total.

1. **Support Letters from Pharmaceutical Partners or Other Collaborators**: See "Collaborative Partners" above.
2. **Publication Reprints:** Each application is limited to 5 (five) publications.

**PLEASE NOTE--About attachments/appendices:**

When uploading documents to Proposal Central in the appendices, please be sure to follow the guidelines below in order to ensure that your attachments will be viewed by the reviewers as you intended.

- Review the permissions and security settings in the PDF attachment and be sure that the file is not password protected or locked for editing so that it can merge properly with the rest of the application when downloaded.
- Check all merged documents created in Adobe PDF to make sure that each page is merged properly.

To check that the entire application is correct and in the proper order, please select the blue hyperlink "Signature Page(s)" in the left menu tab. Then, click the red button "Print Signature Pages and Attached PDF Files." This will create a merged PDF of your application, which includes the attachments that you uploaded. If any pages are missing, please contact PC customer support for further assistance.

**FOUNDATION CONTACTS:**

Whitney Steen

Associate Director, Research and Scientific Programs

Phone: 212-349-2910, option 4, then option 5

Email: researchgrants@lymphoma.org

**TECHNICAL HELPLINE:**

Questions concerning use of the Proposal Central electronic submission system – including assistance with logging in and/or electronic signatures -- should be directed to the Proposal Central helpline, which is available for questions from applicants during normal business hours (8:30 a.m. – 5:00 pm EST), Monday-Friday.

Phone: 800-875-2562(Toll free) or 703-964-5840

E-mail: pcsupport@altum.com

## APPLICATION DEADLINES AND TIMETABLE :

- **Application Period**

  **June 1, 2021- September 8, 2021**

- Full Application Review

  **September-November 2021**

  All applications will be reviewed by the LRF Scientific Advisory Board (SAB).

- Notification

  **December 2021**

  Applicants will receive notification of funding decision no later than December 23, 2021. Individuals selected as LRF Grantees will receive with their notification an LRF Research Grant Agreement and Policy, Terms and Conditions for signature by the LRF Grantee, the sponsor, and the sponsoring institution.

- Funding

  **Earliest March 2022**

  Funding will commence at the earliest on March 1, 2022 and can begin no later than July 1, 2022. Payments will be made semi-annually to the Primary PI's Institution, which will be responsible for disbursing funds. **Please note that any subcontracts needed for multi-institution projects are the administrative responsibility of the primary institution.**

## GENERAL INFORMATION ABOUT THE APPLICATION AND AWARD PROCESS:

Please follow the instructions on the Proposal Central(PC) website and in this RFP to complete your application. You do not need to complete the application all at once; your application will be saved on the PC server until completed. Incomplete applications cannot be submitted. A complete application must include all of the items listed on page 6, including support letters. All applications must be submitted in English.

You or your institution's grant office may also wish to review the sample Research Grants Policy, Terms and Conditions, and Grants FAQ, which are available on the LRF website at lymphoma.org/grants. All chosen awardees must adhere to all requirements as stated in the Policy, Terms, and Conditions. **Please contact researchgrants@lymphoma.org if you or your institution has concerns or questions about the requirements.**

After successful submission of an application, applicants will receive a confirmation email from Proposal Central. **Please check that the email associated with your Proposal Central account is one where you wish to receive notifications about your application, as all response letters will be sent to that email.**

If an application is selected for an award after the full application stage, payments will be made semi-annually to the institution of the designated primary PI, which will be responsible for disbursing funds to the primary PI and any collaborating or subcontracted institutions. If the primary PI leaves their original institution, the grant will be transferred to their new institution if they are able to continue the project from the new institution. If the original administrative PI moves to an ineligible employer or is otherwise unable to continue the research project, a new primary PI will be designated from the existing co-PIs or key personnel.

All LRF applications, application evaluations, and priority scores are considered confidential and are made available only to the SAB, the Board of Directors (BOD), LRF and PC administrative staff, and other LRF representatives involved in the application process. Applications discussed during the final round of review may receive some feedback from the committee with their response letter, however, full critiques of applications, scores, and rankings are not made available to applicants. Although LRF and PC endeavor to protect the confidentiality of proposal and evaluation materials, confidentiality cannot be guaranteed.

## Jaime Peykoff Follicular Lymphoma Initiative – Early Career Grant Opportunities, 2022 Grant Cycle

The Peykoff Initative supports research in Follicular Lymphoma through a variety of the Lymphoma Research Foundation's grant mechanisms. In addition to this Priority Research Grant, funding has been reserved for projects focused on adult follicular lymphoma in each of LRF's early career mechanisms, which will accept applications from June 4 to September 8, 2021. These opportunities include:

- Clinical Investigator Career Development Award – Open to advanced clinical fellows or junior faculty members with at least 2 years (24 months) of fellowship or postdoctoral training and no greater than 5 years of experience beyond completion of his/her fellowship or postdoctoral training (the five year limit may be non-sequential) at the start of the award period (March 1, 2022). Applicants must also be licensed physicians at a clinical research institution in the United States or Canada for the duration of the CDA.

- Postdoctoral Fellowship Grant – Applicants must hold an MD, PhD, or equivalent degree and be affiliated with a sponsoring institution in the U.S. or Canada for the duration of the award. MD applicants must have completed at least two years (24 months) of their fellowship work at the start of the award period. All applicants should not have completed more than five years (60 months) of their fellowship or postdoctoral work at the start of their award period. Individuals holding faculty positions prior to March 1, 2022 are not eligible to apply; awarded applicants may move into faculty positions during the award period.

- Lymphoma Scientific Research Mentoring Program –at least one LRF Scholar with a project focused on FL research will be awarded in either the clinical or lab/translational program track.
    - Clinical Track eligibility: Applicants must be a junior faculty member with an MD or equivalent degree in their first four years of a faculty position or trainees who are at least in their second year of a relevant ACGME fellowship program. Full eligibility criteria are listed in the RFP. Requirements are calculated per the applicant's status as of March 1, 2022.
    - Lab/Translational Track eligibility: Applicants for this award must be either a postdoctoral fellow with no more than seven years as a postdoctoral fellow, clinical fellows who are at least in their second year of a relevant ACGME fellowship program, or a junior faculty member (MD, PhD, or equivalent) in their first four years at the instructor level or first three years as an Assistant Professor. Full eligibility criteria are listed in the RFP. Requirements are calculated per the applicant's status as of March 1, 2022.

Please note that researchers eligible to apply for any of the early career programs cannot apply to the Priority Research Grant as a PI or co-PI; if researchers have a site lead or non key-personnel role on a funded FL Priority Grant and also receive an LRF early career award there should be no overlap in funding between the two grants.

# Lymphoma Research Foundation Follicular Lymphoma Discovery Meeting
# Executive Summary and Priority Research Areas

The Lymphoma Research Foundation's (LRF) Jamie Peykoff Follicular Lymphoma Research Initiative was established in 2020 to address unanswered scientific and medical questions in the field of follicular lymphoma (FL) research. Despite improved long-term remission and survival rates for follicular lymphoma patients in the rituximab era, most FL patients still ultimately die of their disease. In addition, certain FL patients do not respond to the current standard of care or their disease changes, or transforms, into a more aggressive form of lymphoma. To ensure that the new Initiative was guided by the latest scientific evidence, LRF formed a steering committee comprised of the world's experts in lymphoma research to provide leadership and insights to the effort.

To direct the development of the Initiative, LRF convened a Follicular Lymphoma Discovery Meeting on June 30, 2020, which brought together international experts in follicular lymphoma research to discuss and prioritize the unanswered questions which exist in the field. The Jamie Peykoff Follicular Lymphoma Initiative Steering Committee drew upon the presentations and discussion from the workshop to develop a white paper that would inform the Initiative and the Foundation's work in this area. The resulting publication, *Lymphoma Research Foundation Follicular Lymphoma Discovery Meeting: A Lymphoma Research Foundation White Paper*, categorized these priorities into four categories of scientific research:

**Disease biology and prognostic factors**, which seek to understand how FL develops and progresses within the human body;

**Risk factors**, or epidemiological considerations (i.e., demographic, environmental, or behavioral) that may demonstrate an increased risk for a disease, likelihood of poorer outcomes, and/or long-term outcomes for survivors;

**Transformed disease**, which occurs when the indolent, slow-growing, form of FL becomes an aggressive form of the disease; and

**Current and emerging treatment strategies**, which include FL treatments that are more effective, aid patient populations who are not as well-served by the current standard of treatment, and which may improve patients' quality of life.

Within these areas of research, the whitepaper highlights several specific issues requiring further research and investment, including:

- Interactions between malignant FL cells and various elements of the human immune system, including T-cells, macrophages, and immune checkpoints.

- The long-term immune function of FL patients and survivors' and means by which it is impacted by FL treatment.

- Larger-scale collection of patient data over a significant time period, either through clinical trials or large-scale genetic studies, to identify both risk factors and the incidence of long-term outcomes (i.e., demographics, immune function, etc.)

- Combination epidemiological studies of risk factors/outcomes and studies of the tumor microenvironment to better understand the relationship between the microenvironment and risk factors.

- Development of consistent mutation, biomarker, or prognostic scales that can inform oncologists which patients are most at risk for transformed disease at initial diagnosis.

- Development of standardized, operational definitions of transformation to ensure that studies of transformed disease produce consistent data that can be easily compared and analyzed.

- Genetic sequencing of FL transformation and/or the identification genetic pathways that drive transformation in order to develop targeted therapeutic agents.

- Exploration and analysis of current treatments for indolent FL to understand which treatments or sequence of treatments best balance efficacy, safety, and health-related quality of life.

- Development of new criteria to identify the most effective frontline (first) treatment for individual FL patients, including predictive biomarkers.

- Development of new endpoints for clinical trials that are more relevant to FL patients, who routinely survive past the current endpoints for clinical trial evaluation.

- Standardizing definitions of different types of relapses (e.g., relapse associated with resistance to treatment versus relapse which occurs many years after successful remission) could improve the quality of data collected from clinical trials and lead to more effective treatments.

# Checklist for Applicants

## 2022 FL Priority Grant – Full Application

Use this checklist as a tool to help in preparing your submission. Ensure that you allow **enough time** to complete the application process to meet the deadline of **5:00 pm (EST) September 8, 2021**, as late applications **will not be accepted**.

If this checklist is not part of the full RFP document, review the full RFP document at lymphoma.org/grants before starting your application.

### Application and Submission Checklist

- ❑ Log in to Proposal Central and make sure you have access to the FL Priority Grant full application. Email researchgrants@lymphoma.org if you received an LOI approval notification but do not have access to the full application. (https://ProposalCentral.altum.com).
- ❑ Ensure that your grants and contracts office has registered your institution and signing officials with Proposal Central.
- ❑ Begin the application process on the Proposal Central system. You do not need to complete the application all at once; your application will be saved on the server until completed. ***Remember, incomplete applications cannot be submitted***. See more on required Application parts below.
- ❑ Download and review with your institution's grant office the sample "FL Priority Grant Program Policy, Terms and Conditions" at lymphoma.org/grants. **All** Applicants must adhere to all requirements as stated in the "Terms and Conditions."
- ❑ Have all required parties (including all individuals designated as co-PIs) sign the Signature Page electronically through Proposal Central.
- ❑ Have all required parties sign the LRF Waiver, which may be signed in ink or by an electronic signature program such as Adobe Sign or DocuSign. The fully signed document should be uploaded in the Attachments section.

**In addition, note the following required application components:**

- ❑ **Applicant (Primary PI) Biosketch**
- ❑ **Co-PI/Site Lead/Key Personnel Biosketches (as needed)**
- ❑ **Non-Technical Abstract**
- ❑ **Technical Abstract**

- ❑ **Areas of Study/Keywords – fill out through Proposal Central.**
- ❑ **Research Proposal – See RFP page 4 for detailed page limits and sections.**
- ❑ **Current and Pending Research Support**
- ❑ **Budget—Fill out through Proposal Central.**
- ❑ **Regulatory Documentation (IRB, etc.), if applicable to proposal -please note only confirmation of approval is required, not the entire assurance.**
- ❑ **Appendices – other attachments needed to support the application (limit 30 pages total):**
  - ❑ **Support letters from collaborators/pharmaceutical partners, if applicable to proposal**
  - ❑ **Publication Reprints -- not required. Publications are not subject to 30 page limit but no more than five (5) publications should be submitted.**