BIOMARIN SKELETAL DYSPLASIA

BISK

RESEARCH AWARDS

- **The purpose of this Letter of Intent (LOI) proposal is solely to allow for screening of the grant concept; the LOI proposal does not in any manner bind the investigator to BioMarin in a contractual agreement.**
- **Please ensure that you have checked the website at www.BISKAwards.com for the program's research priorities.**
- **This document consists of 4 pages. All sections are required, except for Mentor's biographical information.**

LOI PROPOSAL

1. TITLE OF PROPOSED PROJECT *(Maximum 100 characters, including spaces)*:		
2a. NAME OF APPLICANT *(Title, first and last name)*:	**2b. QUALIFICATION(S)** 1.	**2c. DATE OBTAINED** Month/Year:
2d. YEARS OF PRACTICE:	2.	Month/Year:
2e. MAILING ADDRESS *(Street, city, state, ZIP code [US only])*:		
2f. TELEPHONE/FAX *(Area code & extension)*		**2g. EMAIL ADDRESS:**
TEL:	**FAX:**	
3. APPLICANT INSTITUTION/ORGANIZATION Name:		
Mailing Address *(Street, city, state, ZIP code [US only])*:		

4. FINANCE OFFICER TO BE NOTIFIED IF AWARD IS OFFERED:		**5. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION:**	
Name:		Name:	
Title:		Title:	
Address:		Address:	
Tel:	Fax:	Tel:	Fax:
email:		email:	

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PROJECT ABSTRACT

TITLE OF PROPOSED PROJECT *(Maximum 100 characters, including spaces)*:

PROJECT DURATION (Award is for 1 year):	**START DATE:**	**END DATE:**

DESCRIPTION

Use the following headings to describe your project:

a) Project purpose (what are you doing?)
b) Rationale (why is this important?)
c) Objectives (what do you hope to achieve?)
d) Summary of methods (how are you going to carry out this project?)
e) Scope of project (how many patients or families will be involved in your project?)
f) Expected outcomes and impact on skeletal dysplasia (what difference will this make in skeletal dysplasia healthcare?)
g) Plans to share information about your project (who is your audience, how big is your audience, and how will you share information about your project?)
h) Collaboration with other skeletal dysplasia–related allied healthcare providers (identify and list at least one person who supports your project)
i) Capacity (describe the ability of yourself and your organization to complete the project: have you received agreements from other skeletal dysplasia (or other relevant) organizations to work with you on this project if you require participants other than those at your institution?)

DO NOT EXCEED 500 WORDS.

WRITE HERE:

PERCENTAGE OF TIME DEDICATED TO PROJECT (APPLICANT):

ESTIMATE OF REQUESTED FUNDING IN US DOLLARS USING THE FORMAT ($##,###.00):

Also write the amount in words:
THE MAXIMUM AWARD VALUE IS US $25,000 IN TOTAL FOR ONE YEAR.

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APPLICANT'S BIOGRAPHICAL INFORMATION (DO NOT EXCEED 2 PAGES)

FULL NAME OF APPLICANT:	**POSITION TITLE:**

EDUCATION/TRAINING:

INSTITUTION AND LOCATION:	**QUALIFICATIONS OBTAINED:**	**YEARS** (e.g., 1995–2000):	**FIELD(S) OF STUDY:**

POSITIONS AND HONORS *(List previous positions in chronological order, concluding with your present position. List any honors. Include present membership on any advisory committees. Include no more than 10 in total)*:

SELECTED PUBLICATIONS (*List publications in chronological order. Include no more than 10. Do not include publications that are in preparation)*:

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MENTOR'S BIOGRAPHICAL INFORMATION (DO NOT EXCEED 2 PAGES)

FULL NAME OF MENTOR:	POSITION TITLE: EMAIL:
EDUCATION/TRAINING:	

INSTITUTION AND LOCATION:	QUALIFICATIONS OBTAINED:	YEARS OF STUDY:	FIELD(S) OF STUDY:

POSITIONS AND HONORS *(List previous positions in chronological order, concluding with your mentor's present position. List any honors. Include present membership on any advisory committees. Include no more than 10 in total):*

SELECTED PUBLICATIONS (*List publications in chronological order. Include no more than 10. Do not include publications that are in preparation):*

SUBMITTING THE APPLICATION

Once you have completed this LOI proposal form, please email it to BISKAwards@bmrn.com. Please note that if you wish to attach additional information, e.g., figures and graphs, you must copy and paste them into this document. The program administrator will only accept a **single Word or PDF document**, not several individual items.

By submitting this LOI proposal, you are confirming that the information you provided is correct and has not been falsified in any manner. If it is discovered that you knowingly provided false information, BioMarin Pharmaceuticals will consider your application withdrawn and will, if appropriate, take further action.

_____ _____

Applicant signature *Date*