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**2024 APPLICATION FOR SOFT BONES  
HYPOPHOSPHATASIA RESEARCH GRANT**

The Soft Bones Foundation is offering a seed grant of \$25,000 for research in 2024-2025 that is directly related to hypophosphatasia. Proposals are welcome from faculty members at a college or university or investigators at private research institutions. Applications from senior postdoctoral trainees or research associates are acceptable provided that their mentor has a record of commitment to research relevant to HPP. This grant cannot be used for investigator salary support or indirect costs.

Please submit your application as a PDF to [denise@softbones.org](mailto:denise@softbones.org) no later than October 30, 2024. Proposal reviews are then conducted by the Soft Bones Scientific Advisory Board. The award will be announced by December 1, 2024.

**APPLICANT INFORMATION:** (please print)

Name: \_\_\_\_\_ Degree \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code \_\_\_\_\_ Daytime telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Education, professional training, and positions held (in chronological order beginning with undergraduate studies) or include NIH bio sketch.

<b>Institution</b>	<b>Location</b>	<b>Dates of Attendance or Position</b>	<b>Degree Conferred</b>	<b>Area of Study</b>

**RESEARCH ABSTRACT**

Below, please summarize your proposed research in no more than 250 words.

**RESEARCH PLAN**

Limit to no more than four single-spaced pages. You may add up to two additional pages for figures and cited references. Please provide, in PDF format, after this page the:

1. Objectives
2. Background for the problem/question/hypothesis
3. Methods and procedures
4. Relationship to hypophosphatasia

**BUDGET**

Provide below an itemized budget and narrative justification.

	<b>Amount</b>	<b>Explanation</b>
<b>Personnel</b>		
<b>Equipment</b>		
<b>Supplies</b>		
<b>Other</b>		
<b>Total</b>		

If you have also requested support from elsewhere (including the NIH), or currently have funding for elements of the proposed research, describe the other sources, award, and any work overlap below.

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***If IRB or animal committee approval is required for this proposed hypophosphatasia research, it must be obtained within a reasonable time frame before Soft Bones funding will be released.***

**APPLICANT'S STATEMENT**

I certify to the best of my knowledge that all statements and information contained in this application are true, complete, and made in good faith.

I authorize Soft Bones to investigate all statements and/or information in this application as necessary to arrive at an award decision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTITUTION FINANCIAL OFFICER**

Please provide the name, contact information, and signature of the financial officer who will receive and agree to manage the research funds, for you, if awarded.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_