Project Proposal Form Instructions

As you prepare your proposal, please keep in mind the questions below. Some may not be applicable to your stage of development but will ultimately need to be addressed to successfully bring a treatment to the clinic.

Does this project align with a clinical need?
- Will this project result in a new treatment that fulfills a critical unmet clinical need?
- Will this project improve an existing treatment by making it safer, more effective, more convenient, more comfortable, more accessible, lower cost, and/or more rapid?

How will this project impact patients?
- Will this project materially increase the number of patients treated with focused ultrasound? How many?
- Will this project result in a new indication that can be reimbursed and widely available in 5 to 7 years?

How will this project be approved and reimbursed?
- Will this project facilitate regulatory approval?
- Will this project facilitate reimbursement from government and private payers?
- What is the anticipated reimbursement?
- How much will users be willing to pay for this new product or treatment?

What will the impact on the field of focused ultrasound be?
- Will this project have a profound impact on the field in terms of awareness amongst the public and medical communities?
- Will this project result in rapid presentation and publication of results?

Is there demand for this project?
- Where is the demand for this project coming from? Clinicians, scientists or patients?
- Are there donors interested in supporting this project?
- Are there co-funding sources such as related foundations, academic institutions or industry?

How will this project translate into the clinic?
- If this project is related to mechanism of action, will it translate into a clinical indication(s) of unique value?
- How much time and effort will it take to translate the results of this project to the clinic, and by whom?
- Are there commercial organizations that will manufacture and distribute the product of this research?

IT’S ABOUT THE PATIENTS
I. Project Title:

II. Principal Investigator:
   Degree & Position:
   Name of Institution:
   Email:
   Phone:

III. Co-Investigators (Please limit the number of co-investigators to five (5)):
   Co-Investigator 1:
      Degree & Position:
      Name of institution:
   Co-Investigator 2:
      Degree & Position:
      Name of institution:
   Co-Investigator 3:
      Degree & Position:
      Name of institution:
   Co-Investigator 4:
      Degree & Position:
      Name of institution:
   Co-Investigator 5:
      Degree & Position:
      Name of institution:

IV. Total Project Budget (US dollars): $

V. Total Funding Requested from FUSF (US dollars): $

VI. Length of Proposed Funding Period (e.g., 1 year):

VII. Number of Animals or Patients Involved:

VIII. Focused Ultrasound System or Equipment Used:
IX. **Ultrasound Application(s)** (e.g., *HIFU, histotripsy*) and **Bioeffect(s)** (e.g., *tissue destruction, immunomodulation*) Utilized:

X. **Please provide a 50-100 word abstract** (i.e., *a non-enabling description that may be posted on the Foundation's website if the proposal is funded*):
Part B – Research Proposal
- not to exceed 7 pages –

**Please Note:** if you would like to include figures or images as part of your application, please upload them as separate files into the foundation’s online submission system. Figures, images and literature citations will *not* be counted towards the total page limit.

I. **Hypothesis:**

II. **Specific Aims:**

III. **Background & Significance:**

IV. **Statement of Work** (*Please Include:* total number of patients, anticipated enrollment rate, patient selection criteria (i.e., inclusion/exclusion criteria), as well as a detailed description of the investigational plan):

V. Please complete the following table of quarterly research goals:

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<thead>
<tr>
<th>Quarter</th>
<th>Research Goals</th>
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VI. Summary of measurable results:

VII. Please explain how the proposed project addresses the following questions, where applicable:

1. What are the comparative immune effects induced by different FUS modes? How do these compare to other therapies (i.e. radiation, cryoablation, RF ablation)?
2. How do FUS immune effects vary by tumor type?
3. What clinical disease targets are ideal for FUS + immunotherapy combinations?
4. How can we improve/optimize FUS treatments for immunomodulation (i.e. drugs combinations, partial vs. total tumor treatment, timing of treatments)?
5. What metrics can be used to predict clinical success? (T cell ratios, etc) Can blood samples in the absence of biopsies reliably predict response?

VIII. Does your statement of work align with our preclinical or clinical guidelines for immune assessment following FUS treatment? If not, please provide a rationale.
Part C – Budget & Budget Justification

Please attach a budget and budget justification detailing the direct cost (in US dollars) of the entire project, including salaries, costs for laboratory materials, contracted services, etc.

Please note: The Foundation will not pay for institutional overhead or indirect costs. The budget and budget justification should be uploaded directly into the Foundation’s online submission system and should not be incorporated into the application form itself.

Part D – Biographical Sketches

Please attach a biographical sketch for the principal investigator and for each of the co-investigators listed in Part A of the application form. Whenever possible, biographical sketches should be in NIH format. Biographical sketches should be uploaded directly into the Foundation’s online submission system and should not be incorporated into the application form itself.

Part E – Debarment

Copies of all FDA Notices of Violation on Form 483 and Warning Letters naming or addressed to any investigator identified in the application, together with all written responses. Each applicant must certify that no investigator identified in the Application is on the FDA’s debarment list.