

Application: GS-26-0000000001

Nicole Wilson - nicole@umdf.org
2026 Graduate Student Award

Summary

ID: GS-26-0000000001
Status: Graduate Student Submission Created

Keywords (Required)

Incomplete

A. Select Standardized Keywords (Minimum of 3 required)

Please select 3-5 standardized keywords from the drop-down lists below that best describe your proposal. These keywords will be used to aid in understanding the types of proposals we receive as well as to facilitate appropriate reviewer selection.

Keyword 1	
Keyword 2	
Keyword 3	
Keyword 4	
Keyword 5	

B. Enter Non-Standard Keywords (Optional)

Please enter up to 2 other non-standard keywords that best describe your proposal.

Keyword 1	(No response)
Keyword 2	(No response)

Please confirm the following

Incomplete

Form for "Please confirm the following"

Important information to review prior to proceeding:

- The RFP for the 2026 Research Grant Program can be [found here](#).
- The blank UMDF Research Grant Agreement template (including IP policy) can be [found here](#).

If you have any questions about these items, please contact grants@umdf.org for clarification before beginning a grant application.

The following must be confirmed in order to proceed with the application:

RFP for the 2026 Research Grant Program

No Responses Selected

UMDF Research Grant Agreement

No Responses Selected

PI, Postdoctoral Fellow and/or Graduate Student Submissions

No Responses Selected

Graduate Student Full Proposal Form 2026 (Required)

Incomplete

Complete this form following the directions provided for each section. Please direct any questions to grants@umdf.org.

2026 Graduate Student Full Proposal Form

Submission Reference Identifier

GS-26-0000000001

A. Graduate Student (Applicant)

First Name (i.e., JOHN Smith)	(No response)
Last Name (i.e., John SMITH)	(No response)
Academic Title(s) (BS, BA, etc.)	(No response)

A1. How did you hear about this grant cycle?

(No response)

B. Advisor and Sponsoring Institution

Advisor must be an Independent Investigator at the sponsoring institution. List the person within your department at the sponsoring institution responsible for receipt and disposition of grant funds.

Advisor First Name (i.e., JANE Smith)	(No response)
Advisor Last Name (i.e., Jane SMITH)	(No response)
Sponsoring Institution Name	(No response)
Department Name	(No response)
Telephone	(No response)
Email	(No response)
Street Address 1	(No response)
Street Address 2	(No response)
City	(No response)
State	(No response)
Postal Code	(No response)
Country	(No response)
Department Grant Administrator Name	(No response)
Department Grant Administrator Email	(No response)
Department Grant Administrator Telephone	(No response)

C. Project Title

Please provide a Project Title that succinctly describes the nature of the research project. (Maximum 160 Characters)

Do not use your application ID as a Project Title

(No response)

D. Project Abstracts

Please provide a scientifically rigorous summary of the proposed research in sufficient detail to allow for a preliminary assessment of merit, RFP responsiveness and UMD/Mito Foundation mission relevance.

NOTE: This abstract will be used for triaging purposes (250 words maximum)

	(No response)
Type of Research	(No response)
Strategic Priorities	(No response)

E. Project Costs

The Graduate Student Prize will have a one-year, **fixed** 25,000 USD budget (total) to be used for Graduate Student Salary. Other expense categories and Indirect Costs are **not** allowable expenses.

F. Project Description

G. References

Sections F and G must be completed offline and then uploaded as a separate task.

Sections F and G should be uploaded as a single combined document, no longer than six pages.

F. Project Description

Include and clearly identify the following sections:

1. Justification/Significance of the project**;
2. Specific goals;
3. Objectives, expected outcomes, and how resulting data will be utilized;
4. Activities and methods to be employed;
5. Target population;
6. Timeline for completion;
7. Details of any plans to use research gains for commercial activities and/or patents;
8. Other pertinent information, including highlighting changes if this is a resubmission of a previous proposal.
9. Any human or animal subject issues of concern: Is IRB or IACUC approval in process? Submission date?
10. Statement verifying this project is not a continuation of a past or current UMDF/Mito Foundation grant.

***Note: UMDF/Mito Foundation recognizes that the utility of research is inherently linked to rigor and reproducibility, as highlighted by [NIH Guideline](#) on this subject. It is suggested the significance section should briefly address efforts to ensure rigor & reproducibility in the proposed research.*

G. References

A specific citation format is not required.

Sections F and G must use type size no smaller than 11 point font (Times or Times New Roman) for all text and Figure legends. Allow for margins of at least ½ inch using US Letter Size 8.5x11.

SIX PAGE MAXIMUM INCLUDING ALL FIGURES, CHARTS AND REFERENCES. APPLICATION WILL NOT BE REVIEWED IF MAXIMUM EXCEEDED.

Accepted upload formats: .pdf (preferred), .txt, .odt, .doc, and .docx

H. Other Funding Sources

Summarize all forms of other support that will be used to fund the research proposal beyond the requested salary support.

Other support is defined as all Federal, non-Federal, and/or institutional funds or resources available to the applicant Graduate Student and Advisor named in the application in direct support of their research endeavors through research or training grants, cooperative agreements, contracts, fellowships, gifts, prizes and any other means.

Include all applications pending review or awards that are related to this application. Specify each amount requested and indicate each item's status as "current" or "pending".

Indicate any potential overlap with other grants and how any overlaps would be resolved. If none, please state that there are no current or potential overlaps.

(No response)

I. Sponsoring Institution

Please provide a brief description of the sponsoring institution and its facilities. Be sure to list resources necessary to adequately carry out the proposed research project. Letters of Support should be provided for resources not directly under the control of applicant Graduate Student and Advisor.

(No response)

J. Statement of Relevance

Explain how this project is responsive to the current RFP and why the UMD/UMDF/Mito Foundation are the best funding source for your project at this time.

(No response)

K. Graduate Student Training

(TO BE COMPLETED AND SIGNED BY ADVISOR)

Graduate Student Name

(No response)

Training is an important aspect of peer review for Graduate Student applications. Advisor and applicant are encouraged to consider the creation of an Individual Development Plan (IDP) utilizing [tools developed by the American Association for the Advancement of Science](#).

In the space below, provide the following descriptions:

1. Training Program for Graduate Student, including professional and educational development plans (relevant IDP details)
2. Advisory Committee (as applicable)
3. % Effort and Role of the Advisor

(No response)

Advisor Electronic Signature

By entering your name below you are acknowledging the truthfulness of the information provided above

(No response)

Date

(No response)

L. Certification and Electronic Signatures

Before electronic signatures may be entered below, the following certification statement must be answered in the affirmative. You will not be able to complete and submit the proposal unless the certification statement is acknowledged as accurate. If you are unsure about your status as a Graduate Student, please contact grants@umdf.org prior to submitting your proposal.

I, the Graduate Student applicant on this submission, agree that I am a PhD graduate student who has advanced to candidacy (completed qualifying examinations), working under the supervision of an advisor conducting mitochondrial disease research.

(No response)

Graduate Student Electronic Signature

Please enter your name. This will serve as your electronic signature, attesting that all information included in this application is accurate and not misleading.

(No response)

Date

(No response)

Advisor Signature

Please enter your name. This will serve as your electronic signature, attesting that all information included in this application is accurate and not misleading.

(No response)

Date

(No response)

Please note: By submitting this proposal you consent to having it shared confidentially with UMDF and Mito Foundation. Occasionally we are aware of other patient advocacy groups that are interested in funding mitochondrial research. Check the box below if you do NOT wish for your proposal to be confidentially shared with other potential funding partners.

No Responses Selected

Upload Sections F. Project Description & G. References (Required)

Incomplete

Sections F and G should be uploaded as a single combined document, no longer than six pages.

F. Project Description

Include and clearly identify the following sections: 1. Justification/Significance of the project**; 2. Specific goals; 3. Objectives, expected outcomes, and how resulting data will be utilized; 4. Activities and methods to be employed; 5. Target population; 6. Timeline for completion; 7. Details of any plans to use research gains for commercial activities and/or patents; 8. Other pertinent information, including highlighting changes if this is a resubmission of a previous proposal. 9. Any human or animal subject issues of concern: Is IRB or IACUC approval in process? Submission date? 10. Statement verifying this project is not a continuation of a past or current UMDF grant.

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G. References

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SIX PAGE MAXIMUM INCLUDING ALL FIGURES, CHARTS AND REFERENCES. APPLICATION WILL NOT BE REVIEWED IF MAXIMUM EXCEEDED.

Accepted upload formats: .pdf (preferred), .txt, .odt, .doc, and .docx

Upload Full Proposal Support Documentation (Optional)

Incomplete

Please upload in a single document any information in support of your proposal (e.g., letters of support, institutional assurance of Independent Researcher position, etc.). This section should not be an expansion of the project description or references. (no figures or charts)

Upload Applicant Biosketch (Required)

Incomplete

Graduate Student applicants should upload a biosketch for themselves and their advisor per the links below. Applicant should use the personal statement section of the biosketch to describe their interest in mitochondrial research and how they hope to contribute to the space in the future.

Biosketches are not required for those providing a Letter of Support. All submitted biosketches must use an NIH Biosketch format.

Graduate Student [Biosketch Template](#)

Graduate Student [Biosketch Sample](#)

[Biosketch Instructions](#)

Upload Advisor Biosketch (Required)

Incomplete

Graduate Student applicants should upload a biosketch for themselves and their advisor per the links below. Biosketches are not required for those providing a Letter of Support. All submitted biosketches must use an NIH Biosketch format.

Advisor [Biosketch Sample](#)

Advisor [Biosketch Template](#)

[Biosketch Instructions](#)

Administrative Sign-Off Requests (Optional)

Incomplete

Applicant: Please use this section to request approval signature(s) and/or administrative submission by a supervisor or institutional official. This section should only be used if your institution requires administrative approval (signature) prior to submitting, otherwise you may skip this step and submit the full proposal yourself. Applicant is solely responsible for determining if this section must be used. Contact grants@umdf.org with any questions.

Recommenders