RARE EPILEPSY PARTNERSHIP AWARD

CURE Epilepsy's investigator-initiated grant programs seek to push the envelope and accelerate promising research leading to disease-modifying breakthroughs for people living with epilepsy. We prioritize highly innovative, risky, paradigm-shifting projects that address our mission to cure epilepsy, affirming our core belief that the only acceptable final goal is "no seizures, no side effects."

CURE Epilepsy's mission is to fund breakthrough research that will transform the lives of people with epilepsy as we lead the search for a cure.

CURE Epilepsy encourages applications from groups underrepresented in the biomedical, clinical, behavioral, and social sciences. These groups include individuals with disabilities, veterans, persons from underrepresented racial and ethnic groups and gender diverse groups, women in biomedical-related disciplines, or any legally protected characteristic.

U.S. citizenship is not required. Researchers outside the U.S. are also encouraged to apply.

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PRIORITY AREAS

CURE Epilepsy funds research that has the potential to truly transform and save lives. The purpose of this funding opportunity is to stimulate and accelerate discovery in rare epilepsies through the development of necessary research tools, techniques, model systems, and data collection platforms. Applications that are strictly focused on basic research including but not limited to gene discovery, understanding cellular pathways and mechanisms, basic electrophysiology, etc., without a research tool-building component will be given lower priority. This award is not intended to fund research focusing solely on a comorbid condition associated with a rare epilepsy without also seeking to develop tools to understand the causes and treatments for the accompanying seizures.

Each award will be co-funded by CURE Epilepsy and one or more of the rare epilepsy advocacy groups (partners) identified below. Applications must focus on one or more of the specific rare epilepsies that are represented by each group as well as address CURE Epilepsy's mission to cure epilepsy. Applications must clearly identify the rare epilepsy(ies) that the research is directed towards.

General priority areas for this program include:

- Development of rare epilepsy-specific cellular models including but not limited to patient-derived stem cells, iPSC lines, 3D organoid models or fused organoid models.
- Development of appropriate genetic animal models.
- Development of novel *in-vitro* or *in-vivo* assays or techniques, for example, drug screening platforms, to enhance research in rare epilepsy.
- Development of research tools and novel techniques to enhance understanding of the cellular, molecular, genetic, and systems-level biology that leads to rare epilepsy, as well as facilitate the investigation of disease-modifying or preventative strategies.
- Supporting registries to better understand the natural history of one or more rare epilepsies or to look across rare epilepsies to identify common therapeutic targets and/or pathways. Projects utilizing existing registries or databases are allowed and must clearly articulate the specific rare epilepsy that will be studied. The use of registry platforms that ensure patient access to their data and when appropriate integrate with existing data collection platforms to

enable data sharing with researchers and patient advocacy groups is strongly encouraged.
- Use of Electronic Health Record data to better understand the disease burden of rare epilepsy and develop therapeutic strategies.
- Development of technologies that will accelerate accurate diagnoses for rare epilepsies.

An overarching goal of this funding mechanism is to develop resources and data that will be made available to the research community to accelerate research on rare epilepsies.

Research priorities for each partner are described below. *Preference will be given to projects that specifically address one or more of these priorities.*

CTNNB1 Connect and Cure

https://curectnnb1.org/

CTNNB1 syndrome is a rare neurodevelopmental disorder caused by pathogenic variants in the catenin beta 1 (CTNNB1) gene encoding the protein beta-catenin, an essential component of the Wnt signaling pathway that regulates cell proliferation and differentiation. CTNNB1 syndrome is characterized by developmental delays, cognitive impairments, abnormal muscle tone, vision impairments and epilepsy. CTNNB1 haploinsufficiency is also the most common cause of cerebral palsy, a condition associated with a high frequency of epilepsy.

Specific research priorities include:

a. Characterizing the seizure phenotype of existing mouse models. While mouse models of CTNNB1 syndrome have been well-established, their seizure phenotype is not well understood. Projects addressing this priority should aim to characterize the seizure phenotype of one or more existing CTNNB1 mouse models throughout development, identifying key development windows for rescue of the seizure phenotype.
b. Leveraging existing patient iPSCs to develop and characterize 2D or 3D neuronal models and developing a framework for identifying small molecules or genetic approaches to rescuing beta-catenin-dependent abnormal activity.

c. Characterizing seizure-related EEG signatures with a focus on understanding genotype-phenotype correlations. Individuals with CTNNB1 syndrome have been reported to have atypical seizure phenotypes, including absence and gelastic, that are poorly understood.

Information about available cellular and animal models, as well as a biorepository can be found here https://curectnnb1.org/research/research-resources/.

CureGRIN Foundation

https://curegrin.org/

The CureGRIN Foundation represents patients with variants in the ionotropic glutamate receptor genes which cause disorders broadly referred to as GRI disorders. These include GRIA, GRID, GRIK, and GRIN encoding the AMPA receptor, Delta receptor, Kainate receptor, and NMDA receptor respectively. The receptors mediate excitatory neurotransmission necessary for brain development, learning, and memory formation. Loss-of-function or gain-of-function variants in the genes are most common and can result in a range of symptoms including intellectual disabilities, epilepsy, and behavioral disorders.

Specific research priorities include:

a. Expanding functional assessment for GRI gene variants associated with intractable seizures and developmental epileptic encephalopathy (e.g., projects that explore channel properties and/or neurobiology of GRI gene variants that lead to divergent clinical outcomes). An up-to-date list of currently known GRIN variants with functional assessments can be found at https://med.emory.edu/departments/pharmacology-chemical-biology/programs-centers/cferv/index.html. Potential projects should include plans to perform functional characterizations of variants for which this data is not currently available.
b. Testing of genetic rescue approaches in animal models of GRI variants that have a seizure phenotype.
c. Fully characterizing the seizure/electrophysiological phenotype of existing patient-specific animal and/or cellular models (e.g., iPSCs) for which this information is not known.

   A list of cellular and animal models can be found here

https://curegrin.org/accessing-gri-gene-models/.

HNRNP Family Foundation

https://www.hnrnp.org/

Heterogenous Nuclear Ribonucleoproteins (HNRNPs) Related Neurodevelopmental Disorders (HNRNP-RNDDs) are a group of distinct, rare neurodevelopmental disorders caused mostly by *de novo* variants in the HNRNP genes. Epilepsy is prevalent in several of the HNRNP-RNDDs but little research has focused on it. HNRNP genes code for a large family of about 30 RNA-binding proteins that play an important role in nucleic acid metabolism including alternative splicing, mRNA stabilization, and transcriptional and translational regulation. The HNRNP Family Foundation is an umbrella organization covering all the HNRNP-RNDDs.

Specific research priorities include:

a. Developing patient-derived neuronal models to assess and characterize seizure phenotypes. While it is estimated that 57% of individuals with HNRNP-RNDDs have seizures, some of the existing animal models have not recapitulated the seizure phenotype.
b. Generating new animal models to study the seizure phenotype in HNRNP-RNDDs. Many of the HNRNP-RNDDs lack animal models, and as mentioned above, some of the existing models do not recapitulate the seizure phenotype seen in humans.
c. Understanding the seizure profile in HNRNP-RNDDs and developing novel strategies to investigate genotype-phenotype associations and structural brain differences that can cause epilepsy in individuals with HNRNP-RNDDs. There is limited evidence to suggest that there are structural differences in the brain of many individuals with HNRNP-RNDDs but their contribution to epilepsy has not been evaluated.

KCNQ2 Cure Alliance

https://www.kcnq2cure.org/

The KCNQ2 (potassium voltage-gated channel subfamily Q member 2) gene encodes the potassium channel subunit Kv7.2 in the brain. Mutations in KCNQ2 can result in a spectrum of neonatal-onset epilepsy syndromes, encompassing

severe early-onset epilepsies known as developmental and epileptic encephalopathies (KCNQ2-DEE), milder, self-limiting familial neonatal epilepsy (KCNQ2-SLFNE), and other phenotypes with varying symptomatology and outcomes.

Specific research priorities include:

a. Testing new therapeutic strategies in existing cellular or animal models with dominant negative mutations of KCNQ2. Dominant negative mutations typically lead to the most severe developmental outcomes which can be accompanied by refractory seizures. Developing new models without including a therapeutic testing component is not a priority at this time. A list of models available for testing can be obtained by contacting Brooke Babineau, PhD brooke.babineau@kcnq2cure.org.
b. Understanding the molecular mechanisms driving hyperexcitability in gain-of-function KCNQ2 mutations, through molecular, cellular, or AI modeling.
c. Defining the developmental time course of disease phenotypes in mouse models of KCNQ2 mutations and understanding whether recovery of channel function (e.g., via genetic rescue) at different time-points may improve phenotypic outcomes including seizures.

YWHAG Research Foundation

https://www.ywhagfoundation.org/

The Tyrosine 3-Monooxygenase/Tryptophan 5-Monooxygenase Activation Protein Gamma (YWHAG) gene encodes the adapter protein, 14-3-3 gamma which is highly expressed in the brain and plays a critical role in signal transduction, cell cycle regulation, and protein trafficking. Eleven variants in the YWHAG gene are reported to cause developmental and epileptic encephalopathy 56 (DEE56), associated with early-onset epilepsy, developmental delays, motor issues, and behavioral problems. However, there is a great deal of heterogeneity in clinical severity with some individuals having a milder phenotype than others.

Specific research priorities include:

a. Developing organoid models to study the impact of YWHAG variants on network activity, synaptic function, and overall neuronal excitability with the goal of identifying new therapeutic targets.

b. Developing strategies to test novel or repurposed drugs, and gene-modulating therapies in existing or novel YWHAG models that specifically address YWHAG-related mechanisms in epilepsy.
c. Identifying clinical biomarkers of disease onset, progression, and treatment response. Examples of projects addressing this priority include studies analyzing clinical data such as seizure frequency, EEG findings, and imaging results, and genetic data, to better understand the epilepsy phenotype and genotype-phenotype correlations in YWHAG-related epilepsy.

The YWHAG Research Foundation has invested in developing iPSC cells and animal models, as well as a biorepository https://www.ywhagfoundation.org/research-assets. The community also has an ongoing natural history study and is building a patient registry. For available models or access to samples contact info@ywhagfoundation.org.

ELIGIBILITY REQUIREMENTS

This award is available to both established and early-career investigators. Established investigators are university faculty at the associate professor level or above, or investigators who hold an equivalent position in a non-university research organization. Early career investigators are defined as a) university faculty at the assistant professor level or hold an equivalent position in a non-university research organization, b) researchers with an appointment as an instructor or research assistant professor, c) post-doctoral fellows with at least three years of post-doctoral experience or d) clinical fellows. Early career investigators must have a mentor committed to advising the applicant. A clearly articulated mentorship statement from the mentor must be submitted along with the application. See Letter of Intent and Full Proposal Instructions for details.

Members of CURE Epilepsy's Scientific Advisory Council and their research team members are not eligible to apply. Scientific advisors named by partners during the registration process and their team members are not allowed to submit applications in this cycle. Other advisors not named during the registration process and their team members are, however, eligible to apply.

All materials must be submitted in English.

FUNDING CYCLE DETAILS

ACTIVITY	KEY DATES
Open Call for Letters of Intent	Tuesday, May 13, 2025
Letter of Intent Deadline	Tuesday, June 10, 2025, 9 PM ET
Full Proposal Invitations	Monday, July 28, 2025
Full Proposal Deadline	Tuesday, September 2, 2025, 9 PM ET
Anticipated Award Notification	December 2025-January 2026
Anticipated Project Start Date	Spring 2026

BUDGET INFORMATION

Funding requests must be itemized and based on specific, milestone-defined scientific aims. Requests may be made for up to a maximum of $100,000 paid over one year. CURE Epilepsy reserves the right to fund only select specific aims or stage funding of proposals based on the achievement of milestones.

Budgets may include salary support for the Principal Investigator (PI), technical staff and/or co-PIs, supplies, animal costs, vendor costs, limited equipment costs, and travel to an epilepsy-related conference only if the PI is presenting his/her CURE Epilepsy-funded research. **Indirect costs are not supported.**

LETTER OF INTENT INSTRUCTIONS

All applicants must submit a Letter of Intent (LOI). The LOI should clearly and succinctly outline the specific aims and include a brief description of the justification and research plan according to the guidelines in this announcement.

Letter of Intent Instructions:

Below are instructions for the required **scientific summary** and **future directions**

sections, which together can be no longer than two pages in length. LOIs exceeding two pages of text will not be reviewed.

1) ***Scientific Summary:*** Clearly and succinctly outline the milestone-based specific aims and anticipated research outcomes. Include a brief description of the proposed research plan and how it aligns with CURE Epilepsy's mission and the needs of the partnering organization who collectively seek to find a cure for epilepsy by accelerating research forward by leaps rather than by incremental steps (one and a half-page maximum). Early Career Investigators must identify a mentor who will advise on the development and execution of the research project.

2) ***Future Directions:*** Describe what next steps will be taken once the goals of your proposed project have been achieved (one half-page maximum, including spaces). This must include clear steps to critical next stages in development or implementation of the research findings to advance research in the rare epilepsy. This section must also include a resource and data-sharing plan to make data, research tools, databases, animal or cellular models, and assays that result from this funding readily available to the research community. Examples of data and laboratory repositories where results and resources emanating from the work will be deposited are strongly encouraged.

A few points to note:

- Lower scores will be given to proposals that are not milestone-based and not achievable within a one-year timeframe.
- Preliminary data is not required for this award mechanism but may be submitted, if available. Graphs, figures, figure legends, and charts do not count toward the two-page text description of your project.
- References are not required at the LOI phase. However, if you decide to include references, they do not count towards the page limit.

FORMATTING GUIDELINES

ITEM	DETAILS
Font and Type Density	Use an Arial, Helvetica, Palatino Linotype or Georgia typeface, a black font color, and a font size of 12 points or larger.
Figures, Tables, and Graphs	You may use a smaller type size, but it must be in a black font color, readily legible, and follow the font typeface requirement. Color can be used in figures, but all text must be in black font.
Spacing	Single-spaced between lines of text, no more than five lines of type within a vertical inch. Margins: Minimum of 0.5-inch top, bottom, right and 1-inch left.

PROPOSAL CENTRAL INSTRUCTIONS

LOIs must be submitted through ProposalCentral (https://proposalcentral.altum.com). To begin an application, applicants will need to create a professional profile, if one does not already exist.

Instructions for each section of the LOI in ProposalCentral:

1) ***Title Page:*** Enter proposal title (maximum 150 characters, including spaces).

2) ***Download Templates and Instructions:*** Download LOI guidelines and other available instructions (if provided) as needed.

3) ***Enable Other Users to Access this Proposal:*** Use this optional section to grant access to a collaborator or co-investigator.

4) ***Applicant/PI:*** This section should auto-populate from the applicant's professional profile. Double-check that the information is complete and correct. If it is not, click *Edit Professional Profile* to update the information. Indicate whether you are an early-career or established investigator. An early career investigator

must have a committed mentor to advise on development and execution of the research project. *A letter of commitment from the mentor is required if invited to submit a full proposal.*

5) ***Institution and Contacts:*** Information should auto-populate from applicant's profile.

6) ***Co-Principal Investigator (Co-PI)/Collaborators:*** Please enter information for any co-PIs or collaborators, if applicable.

7) ***Rare Epilepsy syndrome(s):*** Please select the specific rare epilepsy syndrome your project will address from the list. You may select up to three.

8) ***Keywords:*** Select at least three keywords from the list that best describe the specific focus of your research proposal.

9) ***Current and Pending Support*:** List all current and pending support for you and any co-investigators. Pending support includes any grant applications that you have submitted, but for which decisions have not yet been communicated. Current and pending support is required for the PI and co-PIs but is not required for collaborators.

10) ***Upload Attachments:*** Once the LOI is finalized, attach it by uploading the PDF into this section of ProposalCentral.
Biosketch for PI: Applicants may use NIH biosketch format if preferred over the provided template.

i. ***Please include a statement that clearly articulates the specific rare epilepsy(ies) that your application targets. Also describe your interactions, if any, with the rare epilepsy-related patient community and how your proposed work will benefit them.***
ii. *Optional: Applicants are encouraged to provide statements regarding their commitment to fostering diversity, equity, and inclusion in their research environment (100 words).*
iii. *Optional: Applicants may include a one-half page section describing any life events or circumstances that contributed to delays or gaps in their career trajectory. This may include information*

that may not otherwise be apparent to reviewers and can help provide context as they evaluate your professional trajectory and achievements. Examples include but are not limited to: being a member of a community underrepresented in biomedical research, having experienced a life event that impacted career trajectory (such as parenthood, family, or medical leave), COVID-19 pandemic-related effects, having a learning or other disability, coming from a low-income family, and being the first in your family to go to college.

11) ***Validate:*** The system will check for required components that have not been completed. Applicants will not be able to submit until all required components are completed.

12) ***Submit:*** *Click Submit* after your application has been successfully validated.

FULL PROPOSAL NARRATIVE INSTRUCTIONS (10-PAGE LIMIT*)

Invited applicants should submit full proposals and include the following in the proposal narrative:

Specific Aims: Clearly state the specific aims that will be addressed by this work. Each specific aim should be associated with a clearly articulated, measurable milestone in the research plan. Each aim and milestone must have a clearly identified budget.

Background: Describe the project background including the biological rationale and patient population for which the research is intended. Describe how the proposed approach will significantly enable treatment or prevention strategies.

Preliminary Data: Provide any preliminary data available at the time of submission.

Research and Development Plan: Detail the experiments that will be done to address each specific aim, details of research design and methods, the expected outcomes, potential pitfalls, and how results will be interpreted. If this is a collaborative proposal, briefly describe how the collaboration adds value to the application.

- CURE Epilepsy strongly encourages the use of Common Data Elements

(CDEs) in your research. Pre-clinical CDEs increase rigor, data standardization, and transparency across research studies. *Guidance for Integration in Grant Proposals*: Researchers should include in their proposal, where applicable, any procedure-specific CDEs that will be used in their pre-clinical studies. An example of the language is suggested below:
"Data collection for all *in vivo* experiments were captured using Case Report Forms (CRFs) specific to each procedure. CDEs that will be used are listed and recorded as a supplemental file". Files can be uploaded in any appropriate format to the *proposal narrative and other attachments* section as explained below. Examples of data standardization tools can be found here for the relevant pre-clinical CDEs. (https://cureepilepsy.org/research-resources/).

Statement of Relevance: Include one paragraph describing how the proposed research addresses the goal of curing epilepsy.

References: Please list all literature cited within the proposal. References do not count toward the page limit.

Proposals will be evaluated for innovation, feasibility, scientific merit, and alignment with the mission of this program.

**The 10-page limit of the Proposal Narrative is inclusive of any figures, tables, graphs, photographs, diagrams, chemical structures, pictures, pictorials, and other relevant information needed to judge the proposal.*

FORMATTING GUIDELINES

ITEM	DETAILS
Font and Type Density	Use an Arial, Helvetica, Palatino Linotype or Georgia typeface, a black font color, and a font size of 12 points or larger.
Figures, Tables, and Graphs	You may use a smaller type size, but it must be in a black font color, readily legible, and follow the font typeface requirement. Color can be used in figures, but all text must be in black font.
Spacing	Single-spaced between lines of text, no more than five lines of type within a vertical inch. Margins: Minimum of 0.5-inch top, bottom, right and 1-inch left.

FULL PROPOSAL INSTRUCTIONS FOR PROPOSAL CENTRAL

Full proposals must be submitted through ProposalCentral (https://proposalcentral.altum.com). To access your application, log in to ProposalCentral and go to the Manage Proposals tab. Below are instructions for each section of the online application:

1) ***Title Page:*** Enter proposal title (maximum 150 characters, including spaces).

2) ***Download Templates and Instructions:*** Access a copy of these guidelines and download a biosketch template if you have not already completed one. Instructions on completing your ORCID ID are also provided in this section.

3) ***Enable Other Users to Access this Proposal:*** Use this optional section to grant access to co- investigators or collaborators, so they may review or enter information into the application.

4) ***Applicant/PI:*** This section should auto-populate from the professional profile. Double check that the information is complete and correct. If it is not, click *Edit Professional Profile* to update the information. Indicate whether you are an early career or established investigator. An early career investigator must have a mentor to advise on development and execution of the research project and an articulated mentorship plan. CURE Epilepsy now requires an ORCID iD with all full proposal submissions. If your ORCID ID is not already provided on this page, enter your identifier in your Professional Profile by clicking *Edit Professional Profile*. Detailed instructions may be accessed in Step 2 of the on-line application – Download Templates and Instructions.

5) ***Institution and Contacts:*** Information should auto-populate from your profile.

6) ***Co-Principal Investigator (Co-PI)/Collaborators:*** Enter contact information for co-PIs and/or collaborators. Typically, Co-PIs are co-funded by the grant whereas collaborators are not.

7) ***Abstract and Keywords:*** Answer the questions in each box according to the instructions below:

a. Lay Summary: The lay summary will be reviewed by members of the rare

epilepsy community who would benefit from this research. Please take special care to describe the proposed work and its potential to contribute to the advancement of research in language appropriate for a non-scientific audience.

Your summary **MUST** include each of the following sections.

i. Background and Rationale.
ii. Goals: include any overarching or long-term goals.
iii. Methods: briefly explain how the project will be performed avoiding excessive technical detail.
iv. Deliverables: explain what output is expected at the successful completion of the project.
v. Impact: briefly explain how the work, if successful, will contribute to advancement of knowledge and/or research tools for rare epilepsy(ies). In this section, you may also explain the next steps in your research plan once the goals of your proposed project have been achieved.

b. Scientific Summary: Please provide a brief (250 word) scientific abstract of your project.
c. Keywords: Please select at least three and no more than seven keywords that are appropriate to the proposed project. The keywords will be used to align proposals with appropriate scientific peer reviewers.

8) **Specific Aims and Milestones:** Each specific aim should have a clearly defined outcome or milestone. For example, a specific aim screening a compound library in an organoid model might have a milestone such as: Test X number of compounds at _ different concentrations in _ organoid models derived from __ patients. For each aim and associated milestone enter a short and long description.

9) ***Aims and Milestones Schedule:*** Enter budget, start date and end date for each specific aim and associated milestone. Each specific aim should be associated with only one milestone. Do not enter multiple milestones per specific aim. The dates for different milestones can overlap.

10) ***Budget Period Detail:*** The maximum budget for this award is $100,000 U.S. Dollars (USD) over one year. Provide a detailed budget that is itemized and aligned with the specific aims and milestones identified in the proposal. Enter

proposed start and end date for Period 1. Enter funds for personnel costs using template provided. For each personnel item entered, indicate the milestone(s) that will be associated with that item. Click *Save* to save changes. The system will automatically calculate the total for the section. Next, enter non-personnel costs for each category listed e.g., materials, supplies, travel, disposables, publication fees, etc., using the template provided. Vendor costs (if work will be sourced to a third party) can be included in the 'Other Expenses' category. Leave the category blank if no expenses exist for that category. For each item entered, indicate the milestone that will be associated with that item. Please note that there is a travel cap of $1,500 USD for international applicants and $1,000 USD for U.S. applicants per year, which can be budgeted for a maximum of two investigators (the PI and Co-PI). Limited equipment purchases that are required to complete goals will be considered but must be clearly justified in the next section. Repeat steps above for Period 2. The 'copy Period 1 Forward' tab allows you to copy expenses entered in Period 1 into Period 2 and then edit as needed. **Please note that indirect costs and institutional overhead are not provided. Funds cannot be used to cover institutional expenses such as network charges, computer maintenance and services, insurance dues, or other miscellaneous expenses not directly related to performing the project.** All expenses must be converted to U.S. Dollars (USD).

11) ***Budget Summary and Justification:*** Review the summarized budget to ensure that details have been entered correctly. Provide a budget justification that clearly details how and where the funds will be used and why these expenditures are critical to the success of the proposed research.

12) ***Current and Pending Support:*** Enter all current and pending support for all PIs on the proposal. Please indicate if there is any overlap with the proposed work.

13) ***Organization Assurances:*** Answer the questions regarding use of human subjects, animals, recombinant DNA, and the possession of a Schedule 1 license should the work involve Schedule 1 substances.

14) ***Proposal Narrative and Other Attachments:*** Upload the following documents:
    a. Proposal Narrative.

    b. CDE file: Upload any procedure-specific CDE files that you propose to use

in the study (optional).

c. Facilities/Institutional Assurances (do not exceed one-half page): Provide a description of facilities available at the institution(s) where the work will be performed. If an institution does not have an official assurance document, please provide, in writing, assurances from the department chairperson or practice colleagues confirming the applicant's time, facilities, and future position, if research is funded. Please submit facilities/institutional assurances for each PI.

d. Biosketch for PI: Applicants may use NIH biosketch format if preferred over the provided template.

i. ***Please include a statement that clearly articulates the specific rare epilepsy(ies) that your work targets. Also describe your interaction(s) with a rare epilepsy-related patient community and how your proposed work will benefit them.***

ii. *Optional: Applicants are encouraged to provide statements regarding their commitment to fostering diversity, equity, and inclusion in their research environment (100 words).*

iii. *Optional: Applicants may include a one-half page section describing any life events or circumstances that contributed to delays or gaps in their career trajectory. This may include information that may not otherwise be apparent to reviewers and can help provide context as they evaluate your professional trajectory and achievements. Examples include but are not limited to: being a member of a community underrepresented in biomedical research, having experienced a life event that impacted career trajectory (such as parenthood, family, or medical leave), COVID-19 pandemic-related effects, having a learning or other disability, coming from a low-income family, and being the first in your family to go to college.*

e. Co-Investigator Biosketch: Upload biosketch for each co-investigator, if applicable.

f. Collaborator Letters of Support: Upload letters from collaborators indicating their support of the proposed work, if applicable.

g. Statement from mentor: A clearly articulated mentorship plan must be submitted for early career investigators.

h. Informed consent form: If applicable, provide a copy of the informed consent form for the proposed study.

i. Signed signature pages: Upload signed signature pages, which are generated in Step 15 of the application.

15) ***Validate:*** The system will check for required components that have not been completed. You will not be able to submit until all required components are completed.

16) ***Signature Pages:*** Click *Print Signature Page* to obtain a PDF of the document that needs to be signed by you (the submitting PI) and an institutional representative. After signatures have been collected, scan and upload to Section 13.

Submit: Please **make sure to Click *Submit*** once your application has been validated by the system.

Inquiries: Questions regarding these guidelines are welcome and should be directed to the Research Team at Research@CUREepilepsy.org or 312-255-1801.