

RPB WALT AND LILLY DISNEY AWARD FOR AMBLYOPIA RESEARCH

Spring 2016 Guidelines and Instructions

DEADLINE

Nomination Form: December 15, 2015

Application: January 10, 2016 (awarded in June)

DESCRIPTION

RPB Walt and Lilly Disney Award for Amblyopia Research: \$100,000

The Disney Award for Amblyopia Research (DAAR) stimulates, strengthens, and promotes exceptional research to improve the diagnosis and treatment of amblyopia. RPB plans to grant one or two awards a year, totaling \$100,000 (amounts to be awarded at the discretion of the review committees). This award is currently available through Spring 2016.

Awardees will be required to expend the award within two (2) years.

ELIGIBILITY

- RPB-supported chairs may nominate an MD or PhD with a primary appointment in the department of ophthalmology (Assistant Professor through full Professor). Candidates should present independent research.
- As with all RPB awards, chairs may nominate only one person per grant category, per cycle, and candidates must either be US citizens or permanent residents (green card holder) by the application deadline. Candidates must be full-time faculty in the department of ophthalmology by the application deadline. Any previous RPB grants must be fully spent and recognized as *terminated* by RPB before applying for another RPB grant. All RPB grants must remain free of institutional overhead and are non-transferable to other individuals or other institutions. Should the awardee leave the department of ophthalmology, the department must return any unspent funds. Any equipment purchased with RPB funds is the property of the Department of Ophthalmology. Complete grant stipulations are included in award letters.

REPORTING

- > RPB requires an annual interim report while the award is active. A final report is required once funds are expended.
- > Failure to properly report and credit research funded by RPB puts your grant at risk for termination.

NOMINATION FORM AND APPLICATION SUBMISSION

Nomination Form: Nomination forms are a requirement. For the January 10 application deadline, nomination forms are due no later than December 15. **Applications received without a prior nomination form will not be accepted.** Complete the nomination form and email to Pattie Moran at pmoran@rpbusa.org no later than December 15. Nomination forms should be sent as Word documents only.

Application: RPB will accept applications and *most* supporting documentation via the password-protected page on RPB's web site that has been established for application submission. Please note only one (1) upload, with application and all applicable supporting documentation, will be accepted per candidate. This upload must be received **no later than 11:59pm ET on the deadline date.**

- Go to https://www.rpbusa.org/rpb/grants/grantees/ to log in. NB: You can always find this page on the RPB web site, www.rpbusa.org, by clicking on the Grants tab on the left side of the home page, and then by clicking on "For Grantees".
- > Enter the password: Research
- > Click on the "Upload Your Grant Application" button to go to the upload form.
- Once you are on the upload form, enter your email address in the "From email" field.
- > Upload your application and supporting documentation by browsing for them on your computer using the "Browse" button on the form.
- Use the Message box to add additional information, if any.
- > Before clicking "SendThisFile" to send your submission, check that the information is complete.
- Click the "SendThisFile" button to send your application and supporting documentation.

This upload must include three separate documents:

Two signed, completed application forms:

- 1. One as a PDF document.
- 2. One as a Word document.

The third document must include, in PDF, in this order:

- > The candidate's NIH-style biosketch, in PDF; limit five (5) pages. The candidate must adhere to current NIH format and instructions. Biosketches submitted in any other format will be disgualified.
- A statement from the chair which should include the candidate's scientific expertise, describe research endeavors in which the candidate has exhibited scientific independence and initiative, and explain the importance and clinical relevance of his/her amblyopia research and accomplishments. Statement must be on letterhead, signed, in PDF, and addressed to "RPB's Review Committees". Limit to three (3) pages and font-size 10-point or higher.
- The candidate's signed, detailed scientific statement, in PDF, outlining the research and objectives to be pursued if grant is awarded. Statement should include an explanation of how RPB funds will be used. Limit statement to four (4) pages with references included on a fifth page. Entire statement should not exceed five (5) pages. Font size 10-point or higher.

Letters of recommendation should not be included in the application submission upload.

- Signed letters of recommendation addressed to "RPB's Review Committees" from three (3) established scientists, mentors, and/or leaders in the candidate's field of interest. For the RPB Disney Award for Amblyopia Research, no more than two (2) recommendation letters can be submitted from the candidate's institution. Subject line of the letter must include candidate's name with degrees, candidate's institution, and "Disney Award". Recommendation letters must be sent directly from the referee or his/her office and cannot be attached to the institution's application submission upload. Recommendation letters included in the upload will not be accepted. Late letters or additional letters will not be accepted. Recommendation letters can be sent by one of two methods:
 - Regular mail or package delivery system: These letters must be unopened, signed over the seal of the
 envelope, and sent directly to Pattie Moran at RPB. We suggest using a package delivery system for tracking
 purposes. All letters using either regular mail or package delivery system must be received in our offices no later
 than 5pm ET on the deadline date. Mailing address is: Pattie Moran, Research to Prevent Blindness, 645
 Madison Avenue, 21st Floor, New York, NY, 10022.

RPB Disney Award for Amblyopia Research

• **Email**: These letters must be on letterhead, signed, in PDF, and sent directly to Pattie Moran. All emailed letters must be received at pmoran@rpbusa.org **no later than 11:59pm ET on the deadline date**.

Materials, including recommendation letters, received after the deadline will not be accepted. Incomplete submissions are not forwarded to RPB's review committees and are automatically declined. Notify RPB if there are any changes to the status of major pending grants or faculty members or recruits. If the deadline falls on a weekend or holiday, proposals will be accepted the first following business day. Do not alter application format. Do not include binders, manuscripts, reprints, or any information not required by RPB.

Any questions, please contact Pattie Moran at 646-892-9566 or pmoran@rpbusa.org.

APPLICATION PREPARATION

Though the application is self-explanatory, we've included information below to assist you in preparing and completing RPB's Disney Award for Amblyopia Research Application.

Do not change formatting. Please keep pagination the same. If necessary, abbreviate answers to fit allotted space. Please provide responses in Arial 9 (font/size). Do not change the font/size of the actual questions.

Candidate Information:

- > Enter Candidate's name; include degrees.
- Enter age at time of application as well as year of birth.
- Place X to the right of your selection for the following (see example below):

US Citizen

Permanent Resident (Green Card Holder) X

- Enter name of institution and ophthalmology Chair; include degrees.
- Enter Candidate's current primary and secondary (if applicable) appointment(s), including academic title(s) and department(s).

Education:

- List baccalaureate through postdoc training; list all fellowships and specialties.
- Include mentors (if applicable) next to institution name (see example below):

University of New City, T. Smith

- Enter Years as YY-YY. Provide actual years at institution, e.g., 01-05, not total number of years, e.g., 4.
- ▶ MDs ONLY: Enter year of certification to American Board of Ophthalmology and list any other board certification obtained and year.

Specialty Field of Proposed Research:

Place X to the right of your selection for the following (see example below):

Anatomy/Pathology/Oncology X Biochemistry/Molecular Biology Clinical/Epidemiologic Cornea Lens

Proposed Research Summary:

- Do not go beyond allotted space.
- In layman's terms, include scientific accomplishments, clinical relevance, current research activities, and aspirations. Be sure your response includes one or two sentences outlining the research and objectives to be pursued. Do not duplicate biosketch information, awards, pubs, etc., or Chair or Candidate statements.

Time Devoted to Research as Opposed to Other Academic Duties:

Include percentage of time devoted to research.

Collaborators Onsite:

> If applicable, list up to three collaborators onsite, including degrees, titles and departments.

Letters of Recommendation:

- List individuals submitting recommendation letters, including degrees, titles, departments, and schools.
- For the RPB Disney Award for Amblyopia Research, no more than two (2) recommendation letters can be submitted from the candidate's institution.

For RPB Use Only:

> This section is for RPB Use Only. **DO NOT ENTER ANY INFORMATION.**

Current NEI Support as Principal or Co-Principal Investigator:

Place X to the right of your selection (see example below). If NO, proceed to next question.

Current NEI Support as Principal or Co-Principal Investigator: Yes X No

- Specify Source.
- > Specify Type, e.g., K08, R01, R21, etc.
- > Specify Role, e.g., PI or Co-PI.
- Enter Current Year and Total Grant Direct Costs.
- Enter Years as YY-YY. Provide actual years of grant, e.g., 12-16, not total number of years, e.g., 4.

Current NIH Support (other than NEI) as Principal or Co-Principal Investigator:

▶ Place X to the right of your selection (see example below). If NO, proceed to next question.

Current NIH (other than NEI) as Principal or Co-Principal Investigator: Yes X No

- Specify Source.
- Specify Type, e.g., K05, K21, R55, etc.
- Specify Role, e.g., PI or Co-PI.
- Enter Current Year and Total Grant Direct Costs.
- Enter Years as YY-YY. Provide actual years of grant, e.g., 12-16, not total number of years, e.g., 4.

NIH Support as Principal or Co-Principal Investigator Terminated Within Past Three Years:

> Place X to the right of your selection (see example below). If NO, proceed to next question.

NIH Support as Principal or Co-Principal Investigator Terminated Within Past Three Years: Yes X No

- Include all NIH support.
- Specify Source.
- Specify Type, e.g., K08, R01, R21, etc.
- > Specify Role, e.g., PI or Co-PI.
- Enter Total Grant Direct Costs.
- Enter Years as YY-YY. Provide actual years of grant, e.g., 11-13, not total number of years, e.g. 2.

Current Grant Support (other than NIH and NEI) as Principal or Co-Principal Investigator:

▶ Place X to the right of your selection (see example below). If NO, proceed to next question.

Current Grant Support (other than NIH and NEI) as Principal or Co-Principal Investigator: Yes X No

- Specify Source.
- Specify Type, if applicable
- Specify Role, e.g., PI or Co-PI.
- > Enter Current Year and Total Grant Direct Costs.
- Enter Years as YY-YY. Provide actual years of grant, e.g., 12-16, not total number of years, e.g., 4.

Pending Grant/Renewal Support (all) as Principal or Co-Principal Investigator:

Place X to the right of your selection (see example below). If NO, proceed to next question.

Pending Grant/Renewal Support (all) as Principal or Co-Principal Investigator: Yes X No

- Specify Source.
- Specify Type, e.g., K08, R01, R21, etc.
- Specify Role, e.g., PI or Co-PI.
- Enter Total Grant Direct Costs.
- ► Enter Years as YY-YY. Provide actual years of grant, e.g., 15-17, not total number of years, e.g., 2.

Current Time Commitment:

- Include time commitment percentage to each responsibility.
- If applicable, specify Other responsibilities such as administrative, volunteer efforts, etc.

Anticipated Use of RPB Funding:

Include percentage and description of grant use. Use brief descriptions, e.g., salary supplement for PI; partial salary for assistants; equipment; consumables; etc.

Publications:

- Candidate's Publication History: Provide number of peer-reviewed publications; number of other publications; and the total number of publications in the candidate's career (number of peer-reviewed and other publications should equal total number of publications).
- Candidate's Publications Pertaining to Proposed Research: Provide number of peer-reviewed publications; number of other publications; and the total number of publications pertaining to proposed research (number of peer-reviewed and other publications should equal total number of publications). Indicate number of publications pertaining to proposed research listed in candidate's biosketch.

Agreement:

Chair and Candidate to sign.

Contact Information:

- Enter contact information for ophthalmology Chair; include degrees
- > Enter contact information of Grant Coordinator responsible for RPB applications. Include address if different than Chair's and include degrees.
- Complete contact information for Candidate; include degrees.
- Enter contact information for Ophthalmology Director of Research and Dean of the Medical School; include degrees.

NIH-STYLE BIOSKETCH FORMAT AND SAMPL	Ε

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors. Follow this format for each person. DO NOT EXCEED FIVE PAGES.

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY

NOTE: The Biographical Sketch may not exceed five pages. Follow the formats and instructions below.

A. Personal Statement

Briefly describe why you are well-suited for your role in the project described in this application. The relevant factors may include aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and your past performance in this or related fields (you may mention specific contributions to science that are not included in Section C). Also, you may identify up to four peer reviewed publications that specifically highlight your experience and qualifications for this project. If you wish to explain impediments to your past productivity, you may include a description of factors such as family care responsibilities, illness, disability, and active duty military service.

B. Positions and Honors

List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

C. Contribution to Science

Briefly describe up to five of your most significant contributions to science. For each contribution, indicate the historical background that frames the scientific problem; the central finding(s); the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and your specific role in the described work. For each of these contributions, reference up to four peer-reviewed publications or other non-publication research products (can include audio or video products; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware) that are relevant to the described contribution. The description of each contribution should be no longer than one half page including figures and citations. Also provide a URL to a full list of your published work as found in a publicly available digital database such as SciENcv or My Bibliography, which are maintained by the US National Library of Medicine.

D. Research Support

List both selected ongoing and completed research projects for the past three years (Federal or non-Federally-supported). Begin with the projects that are most relevant to the research proposed in the application. Briefly indicate the overall goals of the projects and responsibilities of the key person identified on the Biographical Sketch. Do not include number of person months or direct costs.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors. Follow this format for each person. **DO NOT EXCEED FIVE PAGES**.

NAME: Hunt, Morgan Casey

eRA COMMONS USER NAME (credential, e.g., agency login): huntmc

POSITION TITLE: Associate Professor of Psychology

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
University of California, Berkeley	B.S.	05/1990	Psychology
University of Vermont	Ph.D.	05/1996	Experimental Psychology
University of California, Berkeley	Postdoctoral	08/1998	Public Health and Epidemiology

A. Personal Statement

I have the expertise, leadership, training, expertise and motivation necessary to successfully carry out the proposed research project. I have a broad background in psychology, with specific training and expertise in ethnographic and survey research and secondary data analysis on psychological aspects of drug addiction. My research includes neuropsychological changes associated with addiction. As PI or co-Investigator on several university- and NIH-funded grants, I laid the groundwork for the proposed research by developing effective measures of disability, depression, and other psychosocial factors relevant to the aging substance abuser, and by establishing strong ties with community providers that will make it possible to recruit and track participants over time as documented in the following publications. In addition, I successfully administered the projects (e.g. staffing, research protections, budget), collaborated with other researchers, and produced several peer-reviewed publications from each project. As a result of these previous experiences, I am aware of the importance of frequent communication among project members and of constructing a realistic research plan, timeline, and budget. The current application builds logically on my prior work. During 2005-2006 my career was disrupted due to family obligations. However, upon returning to the field I immediately resumed my research projects and collaborations and successfully competed for NIH support.

- 1. Merryle, R.J. & Hunt, M.C. (2004). Independent living, physical disability and substance abuse among the elderly. Psychology and Aging, 23(4), 10-22.
- 2. Hunt, M.C., Jensen, J.L. & Crenshaw, W. (2007). Substance abuse and mental health among community-dwelling elderly. International Journal of Geriatric Psychiatry, 24(9), 1124-1135.
- 3. Hunt, M.C., Wiechelt, S.A. & Merryle, R. (2008). Predicting the substance-abuse treatment needs of an aging population. American Journal of Public Health, 45(2), 236-245. PMCID: PMC9162292 Hunt, M.C., Newlin, D.B. & Fishbein, D. (2009). Brain imaging in methamphetamine abusers across the life-span. Gerontology, 46(3), 122-145.

B. Positions and Honors

Positions and Employment

1000 2000 Tollow, Dividion of intramatal Nobbaron, National inditate of Diag Ababb, Detribuda, IND	1998-2000	Fellow, Division of Intramural Research	National Institute of Drug Abuse.	Bethesda, MD
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Lecturer, Department of Psychology, Middlebury College, Middlebury, VT 2000-2002

Consultant, Coastal Psychological Services, San Francisco, CA 2001-

2002-2005 Assistant Professor, Department of Psychology, Washington University, St. Louis, MO 2007-Associate Professor, Department of Psychology, Washington University, St. Louis, MO

Other Experience and Professional Memberships

1995-	Member, American Psychological Association
1998-	Member, Gerontological Society of America
1998-	Member, American Geriatrics Society
2000-	Associate Editor, Psychology and Aging

Associate Editor, Psychology and Aging 2000-

Board of Advisors, Senior Services of Eastern Missouri 2003-

NIH Peer Review Committee: Psychobiology of Aging, ad hoc reviewer 2003-05

2007-11 NIH Risk, Adult Addictions Study Section, members

Honors

2003 Outstanding Young Faculty Award, Washington University, St. Louis, MO
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2004 Excellence in Teaching, Washington University, St. Louis, MO

2009 Award for Best in Interdisciplinary Ethnography, International Ethnographic Society

C. Contribution to Science

- 1. My early publications directly addressed the fact that substance abuse is often overlooked in older adults. However, because many older adults were raised during an era of increased drug and alcohol use, there are reasons to believe that this will become an increasing issue as the population ages. These publications found that older adults appear in a variety of primary care settings or seek mental health providers to deal with emerging addiction problems. These publications document this emerging problem but guide primary care providers and geriatric mental health providers to recognize symptoms, assess the nature of the problem and apply the necessary interventions. By providing evidence and simple clinical approaches, this body of work has changed the standards of care for addicted older adults and will continue to provide assistance in relevant medical settings well into the future. I served as the primary investigator or co-investigator in all of these studies.
 - a. Gryczynski, J., Shaft, B.M., Merryle, R., & Hunt, M.C. (2002). Community based participatory research with late-life addicts. American Journal of Alcohol and Drug Abuse, 15(3), 222-238.
 - b. Shaft, B.M., Hunt, M.C., Merryle, R., & Venturi, R. (2003). Policy implications of genetic transmission of alcohol and drug abuse in female nonusers. International Journal of Drug Policy. 30(5), 46-58,
 - c. Hunt, M.C., Marks, A.E., Shaft, B.M., Merryle, R., & Jensen, J.L. (2004). Early-life family and community characteristics and late-life substance abuse. Journal of Applied Gerontology, 28(2),26-
 - d. Hunt, M.C., Marks, A.E., Venturi, R., Crenshaw, W. & Ratonian, A. (2007). Community-based intervention strategies for reducing alcohol and drug abuse in the elderly. Addiction, 104(9), 1436-1606. PMCID: PMC9000292
- 2. In addition to the contributions described above, with a team of collaborators, I directly documented the effectiveness of various intervention models for older substance abusers and demonstrated the importance of social support networks. These studies emphasized contextual factors in the etiology and maintenance of addictive disorders and the disruptive potential of networks in substance abuse treatment. This body of work also discusses the prevalence of alcohol, amphetamine, and opioid abuse in older adults and how networking approaches can be used to mitigate the effects of these disorders.

- a. Hunt, M.C., Merryle, R. & Jensen, J.L. (2005). The effect of social support networks on morbidity among elderly substance abusers. Journal of the American Geriatrics Society, 57(4), 15-23.
- b. Hunt, M.C., Pour, B., Marks, A.E., Merryle, R. & Jensen, J.L. (2005). Aging out of methadone treatment. American Journal of Alcohol and Drug Abuse, 15(6), 134-149.
- c. Merryle, R. & Hunt, M.C. (2007). Randomized clinical trial of cotinine in older nicotine addicts. Age and Ageing, 38(2), 9-23. PMCID: PMC9002364
- 3. Methadone maintenance has been used to treat narcotics addicts for many years but I led research that has shown that over the long-term, those in methadone treatment view themselves negatively and they gradually begin to view treatment as an intrusion into normal life. Elderly narcotics users were shown in carefully constructed ethnographic studies to be especially responsive to tailored social support networks that allow them to eventually reduce their maintenance doses and move into other forms of therapy. These studies also demonstrate the policy and commercial implications associated with these findings.
 - a. Hunt, M.C. & Jensen, J.L. (2003). Morbidity among elderly substance abusers. Journal of the Geriatrics, 60(4), 45-61.
 - b. Hunt, M.C. & Pour, B. (2004). Methadone treatment and personal assessment. Journal Drug Abuse, 45(5), 15-26.
 - c. Merryle, R. & Hunt, M.C. (2005). The use of various nicotine delivery systems by older nicotine addicts. Journal of Ageing, 54(1), 24-41. PMCID: PMC9112304
 - d. Hunt, M.C., Jensen, J.L. & Merryle, R. (2008). The aging addict: ethnographic profiles of the elderly drug user. NY, NY: W. W. Norton & Company.

Complete List of Published Work in MyBibliography:

http://www.ncbi.nlm.nih.gov/sites/myncbi/collections/public/1PgT7IEFIAJBtGMRDdWFmjWAO/?sort=date&direction=ascending

D. Research Support

Ongoing Research Support

R01 DA942367 Hunt (PI)

09/01/08-08/31/16

Health trajectories and behavioral interventions among older substance abusers

The goal of this study is to compare the effects of two substance abuse interventions on health outcomes in an urban population of older opiate addicts.

Role: PI

R01 MH922731 Merryle (PI)

12/15/07-11/30/15

Physical disability, depression and substance abuse in the elderly

The goal of this study is to identify disability and depression trajectories and demographic factors associated with substance abuse in an independently-living elderly population.

Role: Co-Investigator

Faculty Resources Grant, Washington University

08/15/09-08/14/15

Opiate Addiction Database

The goal of this project is to create an integrated database of demographic, social and biomedical information for homeless opiate abusers in two urban Missouri locations, using a number of state and local data sources. Role: PI

Completed Research Support

R21 AA998075 Hunt (PI)

01/01/11-12/31/13

Community-based intervention for alcohol abuse

The goal of this project was to assess a community-based strategy for reducing alcohol abuse among older individuals.

Role: PI