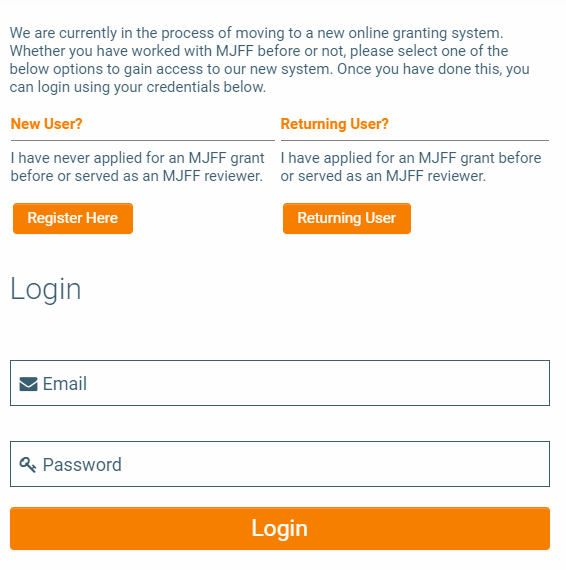
Spring 2022 Request for Applications

THERAPEUTIC PIPELINE PROGRAM - PRE-CLINICAL

AN EDMOND J. SAFRA CORE PROGRAM FOR PD RESEARCH

The Michael J. Fox Foundation Grant Portal Registration Guide

All pre-proposals must be submitted through the [MJFF Grant Portal.](https://grants.michaeljfox.org/iface/index.jsp?lang=1)



**Getting Started: New Users**

If you have never applied to an MJFF RFA, click the Register Here button.

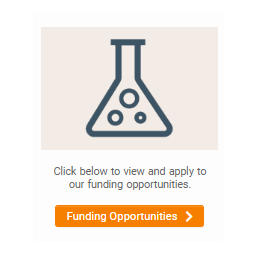
1. Search for your organization in the Organization Name field. If your organization is not found, click Add New Organization and complete the organization registration.
2. Complete the Contact Information fields. Be sure to use an active email address.
3. Click the Submit button.
4. You will receive an email to the provided email address.
5. Follow the instructions in that email to set a password and log in to the Grant Portal.

**Getting Started: Returning Users**

If you have applied to an MJFF RFA in the past, click the Returning User button.

1. Input the email address associated with your MJFF account.
2. If the email you entered is in our system, you will receive an email instructing you to reset your password and log in to the Grant Portal.
3. If you do not receive an email, you may try a different email address. If you still do not receive an email, please register as a new user.

Once you have logged in to the MJFF Grant Portal, click the Funding Opportunities button to view open funding opportunities. Select Spring 2022 RFA: Therapeutic Pipeline Program - Pre-Clinical and proceed to start your pre-proposal.



**Changing Your Organization**

You can access your profile and information by clicking on your initial on the top right of the page and then selecting My Profile. If you notice your organization is incorrect you may request an organization change by following the below steps:

1. Navigate to the Organization Change Request tab in your profile.



1. Check the Request a Change to Primary Organization or Associated Organization checkbox.
2. After reading the instructions on the page and determining your change type, select the appropriate option from the Change Type drop down menu.
3. Search for the new organization in the Organization search bar. If it does not currently exist in our database, click the Add Organization if Not Found Above button and follow the steps to register the new organization.
4. In the Notes/Description box, please briefly explain the need for the change.
5. Click the Request Organization Change button at the bottom of the page.



You can begin an application before the organization change is made. Once you request a change, a member of MJFF staff will promptly review your request and send you a confirmation email.

Pre-Proposal Instructions and Requirements

Please review the instructions below before you log in to the MJFF Grant Portal. Applications will only be accepted through the MJFF Grant Portal.

All pre-proposals are treated with confidentiality by The Michael J. Fox Foundation (MJFF) and our reviewers. All pre-proposals received in response to MJFF RFAs will be subjected to review and only applicants whose pre-proposals are determined to best fit criteria as defined in the RFA will be invited to submit full applications. In order to expedite the pre-proposal review process, written critiques will not be provided for those not invited to the full application stage.

MJFF requires that the Principal Investigator be the primary applicant (i.e., the person who initiates and takes primary responsibility for the application). All application-related correspondence will be sent to the Principal Investigator.

**Online Application Form**

Complete the online application tabs with the following information:

* Project Information & Description tab: Please enter basic information about your proposed project, including title, project duration, and abstract.
* Team Information tab: Please fill in required information for the Principal Investigator, including ORCID, and add other members of the team (including Co-Principal Investigators, Consultants, etc.) For each team member listed, you will need to note their first and last name, institution, position title, email, role on the project, career stage, and ORCID.
* Project Proposal Template tab: Complete the pre-proposal template below and upload as a PDF document. In the Confirmation section of the Project Proposal Template tab, please confirm your submission and input your initials.

**Please Note**

* Symbols do not transfer correctly to our online system. Spell out any symbols (e.g., alpha-synuclein) in your online form.
* Once you begin an online application, you may save and return to it before final submission. You can access it through your portal homepage under Applications in Progress. When ready to submit, please click Submit at the bottom of the application to ensure that your submission is delivered promptly to MJFF.

A notice of proposal receipt is automatically sent by email upon online submission**. If you do not receive this automatic notification within one hour of submission, please contact MJFF at** [grants@michaeljfox.org](mailto:grants@michaeljfox.org) **to check on the status of your proposal.**

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#### PRE-PROPOSAL template

*Please use the following template to create an executive summary of your experimental plan and upload a PDF copy with your online submission. Text should be no smaller than 11-pt font and should not exceed 2 pages****, inclusive of optional references but excluding the Therapeutic Profile Template****. You may delete the instructional text in each box below to save space.*

Principal Investigator:

Institution/Company:

Project Title:

☐ I plan to request biospecimens from MJFF for use in this project. (If yes, please download and complete the separate Biospecimen Request Pre-proposal Form.)

|  |  |
| --- | --- |
| THERAPEUTIC | Describe the specific therapeutic being developed, mode of action and how the therapeutic was identified. Please identify the strengths and weaknesses of the proposed therapeutic. |
| INDICATION | Describe whether the proposed therapeutic is intended to: alter the course of disease progression, address motor or non-motor symptoms of Parkinson’s, or treat complications of therapeutic liabilities. |
| TARGET | Indicate the biological target and hypothesized mechanism and pathway for which you propose to develop a Parkinson’s disease therapeutic. If possible, also demonstrate proof of target engagement. |
| STAGE OF DEVELOPMENT | Describe the current stage of development of your proposed therapeutic (e.g., high-throughput screening, hit-to-lead, lead optimization, or pre-clinical drug candidate nomination) and discuss relevant data (preclinical and/or clinical) that justifies the progression of the therapeutic to the next development stage (e.g., bioavailability, PK/PD relationships, safety). As a guidance, you can refer to the Therapeutic Template Profile below. Studies to collect gaps in the data can be proposed as part of your application. |
| DEVELOPMENT PLAN | Describe and justify the proposed study(ies) that you wish to complete to move the proposed therapeutic forward. How do these studies fit into the big picture of developing a therapeutic for patients? |
| IP/PATENT LANDSCAPE | Describe any intellectual property considerations and/or restrictions that may impact how further development of the proposed therapeutic will proceed (e.g., existence of competing technologies or legal barriers to commercialization). |
| IMPACT | Indicate how a successful outcome of the proposed plan would lead to future development efforts, including ultimate goals and estimated timeline for moving the therapeutic into the next stage of development. |

#### Therapeutic Template Profile

Please use the following Therapeutic Template Profile as a guidance to provide information of the stage of development of your proposed therapeutic drug, including PK/PD, safety, and efficacy data. This template is intended to only serve you as a guidance of the relevant experiments eventually needed for the advancement of the proposed therapy. **It is not a requirement to submit this information at this stage**. Provided you are invited to submit a full proposal, you will be requested to fill the template with as much information as possible and submit it as part of the full proposal.

CHEMICAL PROPERTIES

|  |  |  |
| --- | --- | --- |
|  | | |
|  | Series 1 | Series 2 |
| MW |  |  |
| TPSA |  |  |
| cLogP |  |  |
| eLogD (preferred shaker flask method) |  |  |
| Number of hydrogen bond donors |  |  |
| Number of hydrogen bond acceptors |  |  |
| MPO score |  |  |
| Does it contain a(n) Thiol |  |  |
| Does it contain a(n) Acid |  |  |
| Does it contain a(n) Basic amine |  |  |
| Does it contain a(n) Hydroxy amine |  |  |
| Can they form covalent adducts? |  |  |
| Any structural alerts? |  |  |
| Any chiral centers? |  |  |
| If so, can they be racemized at physiological pH? |  |  |
| Is there obvious SAR? |  |  |
| How many hits have been synthesized to date? From many different structure classes? |  |  |
| How many leads have been synthesized to date? From many different structure classes? |  |  |
| Additional information |  |  |

IN VITRO/IN VIVO ADME & PK

|  |  |  |
| --- | --- | --- |
|  | Series 1 | Series 2 |
| In vitro microsomal stability: Human, mouse, rat, dog, and/or cyno T1/2; CL |  |  |
| Microsome Stability: Human T1/2; Cl (%remaining after 60mins) |  |  |
| Formulation used for IV/PO |  |  |
| In vivo rodent/ In vivo NHP PK |  |  |
| IV T1/2; CL; Vdss |  |  |
| PO Dose/Cmax |  |  |
| F% (at X mg/kg) |  |  |
| CACO2 or MDCK permeability/efflux |  |  |
| Brain/Plasma concentration; Timepoint |  |  |
| In vivo Brain/Plasma AUC ratio |  |  |
| In vivo Unbound Brain/Unbound Plasma AUC ratio |  |  |
| In vivo total and unbound brain concentration (at timepoint X) |  |  |
| Homogenate Brain Fraction unbound (Fub) |  |  |
| Plasma protein binding |  |  |
| Brain protein binding |  |  |
| Additional Information |  |  |

THERAPEUTIC CHARACTERISTICS

IS THERE A PK/PD RELATIONSHIP?

|  |
| --- |
| Click here to enter text. |

ADDITIONAL PK INFORMATION (please discuss the following: Dose(s), Route(s) of Administration, Species, Tissues; ie. Brain, CSF, plasma, Time pointes tested) PLEASE ATTACH ANY DATA/GRAPHS THAT MAY SUPPORT THIS INFORMATION ON PAGE 3

TARGET ENGAGEMENT MARKERS SELECTED:

SAFETY PHARMACOLOGY

SAFETY PHARMACOLOGY ☐Not Tested ☐NOEAL at Click or tap here to enter text. Mg/kg Click or tap here to enter text.

hERG SIGNAL ☐ Yes ☐ No

PREVIOUS CLINICAL EXPERIENCE WITH THERAPEUTIC

EXPERIENCE IN HUMANS: NON-PD:

*INDICATE DISEASE:*

EXPERIENCE IN HUMANS: PD:

DOSE RATIONALE JUSTIFICATION: (Please reference the page number in or section in the IB or discuss selection based on safety, receptor coverage, etc)