



COVID-19 Letter of Appeal

The Cystic Fibrosis Foundation (CFF) acknowledges the difficulties that the current pandemic has placed on all programs and awardees. This form presents current awardees with grants that have original project end date between March 1, 2020 and December 31, 2020, the opportunity to submit requests to help ease potential financial shortfalls caused by the current pandemic, in order to complete their study.

To help CFF adequately evaluate requests, please outline how supplemental funds will fill a budgetary shortfall caused by disruptions in the originally approved research plan caused by COVID-19. Your justification should address the following: Operational status and reduced capacity of your research environment due to COVID-19, impact on workforce (such as adjustments in protected research time, furloughs, or reassignment of duties), impact on ability to complete research aims as originally proposed, access to human samples, work with animal models, and/or study recruitment and study visits.

2nd/3rd Year Post Docs and 3rd/4th/5th Year Clinical Fellows - In addition to completing box one and two, please submit the cause of your request and the impact COVID-19 may have had on your career advancement or training. Provide justification in the third box. NOTE: Supplement funding can only be applied for a continuation or extension of current or equivalent research position.

NOTE: All No-Cost Extensions (even COVID-19 related) should be completed on our No-Cost Extension form. You can find the link to our Reporting Forms for CF Foundation Awards [here](#). Please complete all fields on this form and have it signed by both the Principal Investigator and Authorized Institutional Official. Budgetary request should include Direct Costs and Indirect Costs, *if allowable*. Refer to your Original RFA Policies and Guidelines. The deadline submission of the Letter of Appeal is November 16, 2020. Please note that requests are not automatically approved and CFF may request additional information to support the LOA. Submit the form to grants@cff.org and in your email subject line, please include "COVID-19 LOA: Grant #". If you have any questions, please contact grants@cff.org.

| | | | |
|---|---|---|--|
| Project Title: | | Grant Number: | |
| Current Project End Date: | | Requested New Project End Date (If Approved): | |
| Total Cost Amount Requested - Supplement (Directs + Indirect Costs – if allowable): | | Projected Unexpended Funds for Current (Original) Project End Date: | |
| Human Subjects: <input type="checkbox"/> No <input type="checkbox"/> Yes | Human Subjects Assurance #: IRB Status: _____ Date: _____ | | |
| Vertebrate Animals: <input type="checkbox"/> No <input type="checkbox"/> Yes | Animal Welfare Assurance #: IACUC Status: _____ Date: _____ | | |
| Explain the specific delays that COVID-19 has had on your project and what the financial implications are: | | | |
| Describe how you will utilize additional funds. Describe any changes to your research plan or protocol that may be required: | | | |
| (Postdoc Fellows and Clinical Fellows Only) General justification for additional funding: | | | |

Authorized Institutional Official's Signature Date

Name:

Principal Investigator Signature Date

Name: