MISSION MSA®

CURE-MSA Grant Program

Centers Unified in Research Efforts for MSA

Overview

The Centers Unified in Research Efforts for MSA (CURE-MSA) Grant Program aims to unify the research power of the Mission MSA Centers of Excellence (COEs) to address persistent gaps in the understanding and treatment of multiple system atrophy (MSA). Through this collaborative initiative, our objective is to fund high-impact, multi-center studies aligned with the Mission MSA Research Roadmap, with the ultimate goal of improving patient outcomes and quality of life.

Eligibility Requirements

To foster strong, mission-aligned collaboration within the Mission MSA network, only officially designated Mission MSA Centers of Excellence (COEs) may participate in CURE-MSA proposals. Each application must include but is not limited to:

- A collaboration of at least three (3) total COEs from at least three distinct U.S. Census geographic regions or international equivalents. These regions may include, but are not limited to:
    - Northeast
    - Midwest
    - South
    - West
    - International (if applicable)
- Applicants must include a brief rationale for how the geographic diversity strengthens the proposed research and enhances its potential generalizability and impact.
- One COE must be identified as the Primary Institution, which will:
    - Will be the sole recipient of CURE-MSA grant funds from Mission MSA
    - Must employ the Principal Investigator (PI)
    - Is responsible for managing the overall project, including:
        i. Managing all project-wide communication, timelines, and reporting

ii. Issuing and managing subawards to collaborating institutions

Non-COE institutions are not eligible to participate in CURE-MSA projects, whether as co-investigators, subaward recipients, consultants, or collaborators. Mission MSA recognizes the value of broad, interdisciplinary collaboration in advancing MSA research. While non-COEs cannot participate in the CURE-MSA Grant Program, we welcome and encourage engagement through other partnerships with Mission MSA.

Project Requirements

Alignment with Mission MSA Research Roadmap

To guide applicants in aligning proposals with the Mission MSA Research Roadmap, Mission MSA has provided the following definitions and examples. Projects must address one or more of the following focus areas below. All proposals should be scoped appropriately for a total grant budget of up to $100,000 over a two-year period. Proposals that do not clearly fall under one or more of these categories will be considered ineligible and will be excluded from peer review, regardless of scientific quality.

1. Biomarker Discovery

Biomarker discovery refers to identifying measurable biological indicators (e.g., proteins, genes, imaging signatures) that reflect the presence, progression, or treatment response in MSA.

Examples of Study Proposals

- Pilot study analyzing blood samples from existing biorepositories to explore protein-based biomarkers.
- Retrospective MRI scan analysis from multiple COEs to identify brain structure changes specific to MSA.
- Small-scale transcriptomic or metabolomic profiling in MSA patients compared to healthy controls.

2. Care Interventions and Disease-Modifying Treatments

Care Interventions and Disease-Modifying Treatments refers to projects that develop or evaluate approaches aimed at improving care quality or exploring

potential disease-modifying therapies for MSA. This may include pharmacologic or non-pharmacologic interventions.

Examples of Study Proposals

- Feasibility study of a coordinated care model for MSA patients across multiple clinics.
- Pilot testing of a repurposed drug in a small, single-arm study for symptom control.
- Development and implementation of a standardized care protocol (e.g., multi-disciplinary, palliative, PT/SLP/OT) across participating COEs.

3. Symptom Management and Monitoring

This area focuses on understanding and improving how symptoms are managed or monitored in MSA. It includes, but is not limited to, interventions targeting motor, autonomic, sleep, and psychiatric symptoms.

Examples of Study Proposals

- Development of a wearable sensor toolkit to measure autonomic dysfunction.
- Cross-center evaluation of speech therapy tools for dysarthria in MSA.
- Survey of patients and caregivers to understand real-world symptom burden and care priorities.

4. Natural History Studies

Natural history studies observe disease progression over time to better understand variability, prognosis, and care disparities. Studies may explore sociocultural influences on MSA.

Examples of Study Proposals

- Longitudinal chart review across COEs to track early symptom patterns.
- Study of gender- or ethnicity-based differences in time to diagnosis or access to care.
- Registry-based study of patient-reported outcomes or care barriers across participating sites.

- Pilot study on trial readiness and patient attitudes about clinical research participation.

Collaboration and Feasibility

Applicants must present a clear and well-structured plan outlining how coordination and task delegation will be managed among participating Centers of Excellence (COEs) and their respective collaborators, consultants, or lab personnel/staff.

- Collaborators: Team members at participating institutions who contribute to the project but are not listed as PI or Co-PI.
- Consultants: Individuals outside participating institutions (e.g., biostatisticians, community engagement advisors) are paid a fee for their contributions.
- Lab Personnel/Staff: Postdocs, research assistants, and coordinators with significant effort (≥75%) must be included in the personnel section.

The proposed project must span a two-year period and include defined milestones to track progress. Proposals should demonstrate the team's capacity to successfully launch and manage a multi-site study, including strategies to navigate common delays related to coordination and IRB approvals.

Additionally, a detailed subaward distribution plan must be included, specifying how funds will be allocated and managed across all collaborating institutions.

Application Structure and Process

One-Stage Application Process

The CURE-MSA program follows a single-stage application process. Applicants submit a full proposal by the published deadline. There is no Letter of Intent (LOI) phase for this grant cycle.

Word Limits and Section Guidance

To ensure fairness and comparability across applications, the following word limits apply to all submitted materials. All submissions must follow the section structure outlined in the application form. Incomplete applications or those exceeding word limits may be returned without review.

Section	Word Limit
Project Abstract	300 words
Specific Aims and Hypotheses	500 words
Background, Rationale, and Innovation	750 words
Research Design and Methodology	1,000 words
Feasibility and IRB Readiness	750 words
Collaboration and Coordination Plan	500 words
Data Sharing Plan	500 words
Sustainability and Dissemination Plan	500 words
Budget Justification	500 words

Institutional Agreements and Study Start-Up Timelines

If collaboration agreements or Material Transfer Agreements (MTAs) are required between participating institutions, applicants must include anticipated timelines and align these agreements with the IRB readiness and startup timelines.

While submission of MTAs is not required at the time of application, execution of required agreements must be completed within 90 days of award notification to avoid delays in fund disbursement.

Institutional Review Board (IRB) Readiness

Applicants must provide a plan and timeline for IRB approval at all participating institutions, as well as describe the capacity of each participating site to successfully launch and execute the proposed project. The plan should include:

- IRB Readiness: Outline plan and timeline for Institutional Review Board (IRB) submission and approval at each participating institution. Indicate whether a single IRB (sIRB) will be used or if each site will submit separately. Describe any prior experience navigating multi-site IRB approvals and how potential delays will be mitigated.
- Operational Capacity: Describe the infrastructure and resources available at each site to support the proposed study, including clinical or research space, technology needs, and administrative support.
- Staffing Plan: Identify key study personnel at each site and their roles in the project (e.g., site PI, research coordinator, data manager). Describe the plan for hiring, onboarding, or reallocating staff as needed. Include contingency plans for staff turnover or gaps in coverage.

- Recruitment Strategy: Describe each site's anticipated role in participant recruitment. Include previous recruitment performance (if applicable), patient population size, and any outreach strategies tailored to MSA patients and their care partners.
- Startup Timeline: Provide a realistic timeline for project startup at each site, including expected dates for IRB approval, site initiation, staff onboarding, and first patient enrolled.
- Startup Delays: Discuss known or anticipated barriers to site activation or study initiation and how the team plans to proactively address them.

Data Sharing and Harmonization Plan

Projects must include a plan for standardized data collection and sharing across centers. The plan should specify what data will be collected, data storage and security protocols, and how de-identified data will be shared among participating institutions. The plan should include:

- A description of the types of data being collected (e.g., clinical, biological, imaging, survey-based)
- Methods to ensure data consistency across sites (e.g., use of shared protocols, training, centralized data dictionaries)
- Plans for secure data storage, transmission, and access controls
- How de-identified data will be shared among institutions, including file formats, platforms, or repositories used
- Compliance with data security and privacy regulations (e.g., HIPAA, GDPR as applicable)
- Whether data will be available for future secondary use and how it will be archived

Letters of Collaboration

Each collaborating COE must submit a Letter of Commitment outlining its specific roles, responsibilities, and resource contributions to the project.

Budget Caps and Allowable Costs

Applicants must strictly adhere to the following budget guidelines:

- Total Budget Cap: Projects may request funding between $50,000 and $100,000 total for the entire grant period (2 years).

- Indirect Costs: Mission MSA does not allow indirect or overhead costs on CURE-MSA grants. All requested funds must be directly allocable to the execution of the proposed project. Administrative or institutional overhead expenses should be covered by the applicant institution.
- PI Salary: PI salary may be included, but must not exceed 20% of the PI's annual salary per year. Salary support should reflect the actual level of effort on the project and must be clearly justified in the budget justification section.
- Equipment Purchases: Major equipment purchases are generally discouraged. Equipment costs above $5,000 must be clearly justified as essential to the project's success and not otherwise available at participating institutions.
- Subawards: Budget plans must include a clear distribution of funds to collaborating Centers of Excellence via subawards. All subaward expenses must also comply with the above restrictions.
- Travel Costs for Conference Presentation: Applicants must budget for at least one academic or research conference presentation during the grant period. These limits apply to airfare, lodging, registration, and per diem expenses. Travel outside of study-related activities (e.g., to visit collaborators) must be clearly justified. However, to ensure funds are maximized for research execution:
    - Travel for U.S.-based conferences: maximum $2,000 per trip
    - Travel for international conferences: maximum $3,500 per trip
    - No more than two individuals may attend any one conference using grant funds

Sustainability and Dissemination Plan

Applicants must include a detailed plan for disseminating findings and ensuring the sustainability of the project's impact beyond the grant period. This plan should address strategies to reach both the scientific community and the MSA community, with the following expectations:

Dissemination Requirements

- Academic Presentation: At a minimum, awardees must commit to presenting study outcomes at at least one scientific or academic conference during the project period or within six months of project completion. Acceptable venues include neurology, movement disorders, or rare disease research conferences (e.g., MDS, AAN, EAN, etc.).

- Patient-Facing Communication: Projects must also include a strategy for communicating results to the MSA patient and caregiver community. Options may include:
    - A written lay summary published on the Mission MSA website
    - Participation in a Mission MSA webinar or patient forum
    - Creation of accessible visual summaries (e.g., printed resources, infographics, short informational videos)
    - Collaboration with Mission MSA to disseminate findings in an innovative and impactful way

Sustainability Planning

Applicants should describe how:

- Project findings will be used to inform future research, clinical care, or policy.
- Partnerships, data infrastructure, or tools developed during the project will be maintained or expanded.
- Additional funding will be sought, if needed, to build on the current work.
- Lessons learned will be documented and shared to inform future multi-center collaborations.

Reporting Requirements

Mission MSA is committed to transparency and accountability in their research investments. The following reports are required:

- Progress Reports: Reporting will be tied to the achievement of pre-defined project milestones (e.g., IRB approval, site initiation, data collection, or enrollment benchmarks) to encourage accountability and progress tracking. Progress reports will primarily include status updates, challenges, and preliminary findings when applicable.
- Final Report (due within 60 days of project completion):
    - Comprehensive narrative report
    - Summary of findings and potential implications for care
    - Final financial report, including subaward expenditures

Application Timeline

Task	Date
RFP Release	July 15, 2025
Full Applications Due	September 15, 2025
Award Notification	December 1, 2025
Grant Period Start	January 15, 2026
Midpoint Progress Report Due	July 15, 2026
Year 1 Progress Report Due	January 15, 2027
Final Report Due	February 28, 2028

Scoring Rubric

Each proposal will be evaluated on the following criteria (total possible: 100 points):

Criterion	Points
Alignment with Research Roadmap	25
Scientific Rationale & Innovation	20
Feasibility & Timeline	15
Collaboration Strength (3+ COEs & coordination plan)	15
Impact on MSA Patient Outcomes	15
Budget Justification & Subaward Clarity	10

Minimum score to be considered for funding: 75/100

For questions or technical assistance, please contact Mission MSA's Research and Medical Education Manager, Jessie Iregui at jessie.iregui@missionmsa.org.