



# **REQUEST FOR APPLICATIONS**

## **Multiple Myeloma Research Foundation Myeloma Accelerator Challenge Program Grants**

*July 2022*

## 1. FUNDING OPPORTUNITY DESCRIPTION

### Purpose/Overall Goal:

The Multiple Myeloma Research Foundation (MMRF) is dedicated to accelerating a cure for every myeloma patient. In pursuit of this, we are seeking applications for the MMRF Myeloma Accelerator Challenge Program Grants in two areas of high unmet need:

1. Optimizing first-line therapy for high-risk newly diagnosed Multiple Myeloma (HR-NDMM)
2. High-risk Smoldering Multiple Myeloma (HR-SMM)

Applicants will form multi-institutional, collaborative research networks for preclinical and translational projects, with a primary goal of developing novel, hypothesis driven clinical trial concept(s) in each of these two areas of unmet need. This program will provide funding up to \$10,000,000.00 over 3 years for one network in each area. Resulting clinical trials are intended to be funded by mechanisms outside of this grant program and do not need to be included in the budget.

### Background:

#### 1. High-Risk, Newly Diagnosed Multiple Myeloma

The addition of new agents and immune-based therapies to the armamentarium of anti-myeloma therapies has led to continued improvement in clinical outcome for many myeloma patients. However, a subset of newly diagnosed MM, referred to as high-risk (HR-NDMM), generally have worse outcomes than standard risk patients, regardless of drugs, transplant, or immune therapies. HR-NDMM patients progress through therapy options and die more quickly than standard risk patients. High-risk is generally defined by different chromosomal abnormalities such as 1q21 amplification, t(4;14), t(14;16), t(14;20) or del17p/TP53 mutation; however, clinical features such as extramedullary disease, the presence of myeloma cells in the peripheral blood (circulating MM cells/CMMC), or a functional definition such as relapse within 18 months of therapy are also relevant and can discern high-risk patients with poor overall survival.

Importantly, relapsed/refractory MM patients, including those with high-risk clinical or molecular features, can achieve clinical benefit from recently approved therapies, such as CAR-T cells and investigational agents such as bi-specific T cell redirecting agents. Furthermore, combination regimens incorporating quadruplets of anti-CD38 monoclonal antibodies, thalidomide-based immunomodulators (IMiDs), proteasome inhibitors, and steroids demonstrate improved response rates, depth of response, and PFS in clinical studies compared to older regimens. However, upfront quad-drug regimens do not offer high-risk MM subgroups the improved clinical benefit (PFS/OS) observed in patients lacking high-risk features. Detailed analyses of HR-NDMM outcomes are also often limited by inadequate sample size; the high-risk group is a small subset of the overall MM population with each sub-type smaller still.

There is emerging evidence that each high-risk group may be a distinct biological entity: e.g., it has been suggested that the high-risk t(4;14) subgroup may not have uniformly inferior survival, and that the clinical outcomes for t(4;14) patients may be dependent on the presence of additional mutations, with some t(4;14) myeloma behaving as standard risk while others do not. Consequently, a comprehensive understanding the distinct tumor and host biology in HR-NDMM patients is critical to

the development of rationally designed therapeutic strategies for clinical investigation. Such testing may require novel trial designs to explore outcomes more efficiently and in sufficiently powered cohorts of HR-NDMM.

## 2. High-Risk Smoldering Multiple Myeloma

Current data demonstrate that the majority of multiple myeloma cases arise from “precursor” plasma cell dyscrasias, characterized by the progression from Monoclonal Gammopathy of Undetermined Significance (MGUS) to asymptomatic or Smoldering Multiple Myeloma (SMM) to active MM. However, only a subset of patients with precursor conditions will progress to symptomatic MM. The annual rate of progression from SMM to active MM is 10% for the first 5 years, and 3% per year for the next 3 years, with a 57% overall risk of progression. The time to progression from SMM to active MM can range from months to years, and therefore the identification of “high-risk” SMM individuals likely to progress to symptomatic MM within two to three years is a clinical priority. There is, however, a need for consensus on the appropriate combination of clinical and pathological features to accurately predict and identify these patients. The leveraging of advanced multi-omic technologies, such as tumor exome/genome sequencing and high-dimensional immune profiling of the tumor microenvironment, as molecular diagnostic tools may be critical steps in the development of predictive risk stratification measures and guide treatment selection in this distinct patient population.

The advent of novel immunologic therapies has spurred a new generation of SMM clinical trials, predicated in part on the assumption that the immune system in early disease is less impaired and therefore more capable of being mobilized against malignant blasts. However, a growing body of evidence is challenging this assumption: e.g., asymptomatic plasma cell dyscrasias have elements in the tumor microenvironment (TME) that are distinct from both healthy and symptomatic MM bone marrow. Therefore, a detailed understanding of the characteristic biology of SMM will be essential for more accurate risk stratification and development of rationally designed therapeutic strategies tailored for SMM, as opposed to rote application of treatment regimens that are more applicable to symptomatic MM.

### The goals of these research programs include:

- Investigate tumor and immune microenvironment biological features that distinguish high-risk from standard-risk NDMM or SMM for accurate risk stratification and treatment selection. **All proposed translational research studies must include plans for analysis of patient-derived samples representative of the racial and ethnic diversity of the overall myeloma patient community**
- Understand tumor-intrinsic and microenvironmental factors that govern resistance to existing clinical strategies
- Generate hypotheses for novel combination or sequences of therapies. Drive support for changes to be made to therapeutic regimens through development of rational combination and sequencing of therapies for testing in clinical trials
- Identify biomarker signatures and algorithms that can predict the likelihood of clinical response or resistance to therapeutic agents/therapy and/or unacceptable toxicity
- Contribute to standardizing immune monitoring and -omic assays to enable correlative analyses that could be applied across different contemporary therapies for HR-NDMM and HR-SMM

- Inclusion of representative racial and ethnic populations in all proposed translational and associated clinical research studies

### **MMRF Myeloma Accelerator Challenge Program Grants**

The MMRF Myeloma Accelerator Challenge Program grants are designed to bring together researchers from different institutions and laboratories in synergistic, collaborative networks to generate new insights and hypothesis-driven clinical trial concepts to improve clinical outcomes for the HR-NDMM and HR-SMM patient populations. Collaborative networks are encouraged to propose diverse approaches to address the critical questions on high-risk disease biology and clinical response to therapy, including, but not limited to, the application of state-of-the-art tumor -omic, immune profiling, and other advanced research and diagnostic technologies and high-level computational capabilities. Laboratory studies may include *in vitro* and animal models; experiments using primary human myeloma specimens are mandatory. The research plan should accomplish the following:

- Assemble a large database of information from tumor and immune analyses of patient-derived samples and derivatives. **The data contained within this database must be representative of the racial and ethnic diversity of the myeloma patient population:**
  - Analysis of patient samples obtained from clinical trials and/or biobanks, including their use in *in vitro* and advanced preclinical animal models, exposed to different, clinically relevant therapeutic agents, including immune therapies, and correlated with the level of response/non-response to therapeutic agent.
- Use data to generate testable hypotheses on the molecular and cellular basis of drug response and relapse
- Develop findings into a high-value clinical study plan(s) for rapid deployment as a clinical study.

Research teams should have a balance of basic, translational, bioinformatics and clinical research expertise to enable generation, analysis and interpretation of the high-dimensional translational data needed to develop novel clinical trials concepts in HR-NDMM or HR-SMM. Each institution in the collaborative network will designate one principal investigator (PI), and these PIs will collectively be responsible for the oversight and execution of the research plan. One PI and their sponsoring institution site will be designated as the Program Study Director and Lead Site with responsibility for all program administrative, regulatory, budgetary and invoicing functions. The Program Study Director and Lead Site will also be the primary contact for the MMRF.

Network PIs will have quarterly meetings, either by teleconference or in person, with key MMRF clinical and translational research staff to review program progress and facilitate further planning. Research teams will be responsible for providing interim and annual progress reports describing the status of the ongoing research and key findings over the grant funding period. The release of all scheduled funding by MMRF will be contingent upon demonstration of satisfactory progress against program milestones and timelines. The release of the final payment is contingent upon the acceptance of the Final Study Report, which must contain at least one clinical trial concept based upon the work. Clinical trial concepts developed before the final study report may be submitted for review at any time during the study period and do not need to be held for the Final Study Report.

## Funding

The MMRF will award two (2) grants, providing up to \$10,000,000.00 in funding over three (3) years, for each successful collaborative network. One grant will be awarded for research on HR-NDMM, and one grant will be awarded for research on HR-SMM, with funding beginning in early 2023. Continued funding will be contingent upon satisfactory progress against program deliverables and timelines and MMRF approval of the submitted interim and annual progress reports.

## Application Submission Process:

A Letter-of-Intent (LOI) must be submitted to MMRF by the collaborative research network by Friday, September 30<sup>th</sup>, 2022. The LOI must contain the following and should be no longer than 2 pages:

- Project title and summary
- Brief description of the project specific aims
- Identification of Program Study Director and Lead Site
- Names of all Principal Investigators, their institutional affiliation, and a brief summary of each Principal Investigators research expertise, operational responsibilities and value to the Network
- Name of the Lead Site legal representative authorized to negotiate on behalf of the institution

A separate form is attached to collect the contact information for all network principal investigators and their sponsoring institutions, and the Lead Site legal representative (**Appendix A**). Appendix A must be submitted with the LOI.

To expedite contracting and research start-up, the Program Study Director and Lead Site must accept the MMRF's non-negotiable contractual terms which are summarized in **Appendix B**. A signed copy of Appendix B must be submitted with the LOI.

A specific MMRF Myeloma Accelerator Challenge Grants Program portal will be created by MMRF to host LOIs and applications. All LOIs must be submitted through this grant application portal. The portal will be hosted on the ProposalCentral website (<https://proposalcentral.altum.com>).

MMRF will review all LOIs for proposal scope, available technical expertise and access to resources, and alignment with program goals. After review, the MMRF will contact all networks whose proposals **meet** the MMRF selection criteria by Friday, October 7<sup>th</sup>, 2022 to invite them to submit a full application for external peer review.

Full applications must be received by Friday, December 30<sup>th</sup>, 2022. An electronic grant application template will be used to create the final application and will be available through the MMRF Myeloma Accelerator Challenge Grant portal in ProposalCentral. All applications must be submitted electronically through this portal. Applications sent directly to MMRF will **not** be accepted. Invited applications will be reviewed by an external panel of experts using NIH criteria and MMRF will notify the successful grant recipients by April 2023.

**Reminder:** At any point during the award period, the research network may propose a novel clinical trial concept. Clinical costs for these trials are not part of the budget of the Challenge Grant; these will be funded by separate mechanisms that may include financial and in-kind support (e.g., drug supply) from pharma/biotech partners and/or MMRF financial support.

## 2. KEY DATES:

- Release of RFA: July 22<sup>nd</sup>, 2022
- LOI Due Date: September 30<sup>th</sup>, 2022
- Go/No-Go Notification: October 7<sup>th</sup>, 2022
- Full Application Due Date: December 30<sup>th</sup>, 2022
- Peer Review: January 1<sup>st</sup>, 2023 - February 28<sup>th</sup>, 2023
- Award Announcement: March - April 2023

## 3. AVAILABLE FUNDS

The MMRF intends to fund two (2) Myeloma Accelerator Challenge Program grants. The total costs for each grant will be \$10 million.

### Permissible direct costs include:

- Personnel Expenses of the Principal Investigator and co-Principal Investigators, post-doctoral researchers, and non-administrative staff including salary, wage, or stipend with fringe benefits. No more than 40% of the direct costs may be requested for the salary and fringe benefit expenses of professional staff with a post-graduate degree (Ph.D., M.D., D.V.M.). The 40% limit does not include the salary and fringe benefits of technical research staff.
- Supplies and materials as itemized in the budget
- Annual travel expenses of no more than \$2000/meeting for 1 researcher/institution for attendance to a nationally-recognized scientific/medical conference

Permissible indirect (also referred to as institutional) costs:

- May not exceed **10%** of direct costs.

### Impermissible Costs:

- Membership dues, books, journals, publication costs and tuition, capital equipment.

The funds awarded shall be used solely for the purposes specified in the application submitted to the MMRF as executed by the Principal Investigator, co-Principal Investigators, collaborating staff and institution in compliance with the budget annexed to the application, or any subsequent budget approved by the MMRF.

## 4. ELIGIBILITY

### Requirements:

This purpose of this RFA is to support **two (2)** Myeloma Accelerator Challenge Program grants focused on collaborative, multi-institutional research on HR-NDMM and HR-SMM. One grant will be awarded for HR-NDMM and one for HR-SMM. Collaborative research networks must contain at least 3 separate research institutions who will collectively assemble the appropriate assays, tools and models to study critical research questions that can be rapidly translated into novel treatment approaches for HR-NDMM and HR-SMM patients. The network should include investigators with

expertise in basic, translational, computational/bioinformatics and clinical research focused on different types of immune and/or targeted therapeutic approaches. Individual investigators may not participate in more than two collaborative networks submitting LOIs for the Myeloma Accelerator Challenge Program.

**Institutions within each Accelerator Program grant will all be required to agree to:**

- Share resources, reagents, methods and SOPs for the different assays and tools being developed within their Networks
- Contribute to the establishment of an omics-profiling database, first to share between the institutions in each Network and the MMRF, and eventually to be released more broadly into the public domain
- Meet on a semi-annual basis with MMRF to discuss results

Each MMRF Myeloma Accelerator Challenge program grant will be judged as a single entity and **no** funding will be available for otherwise meritorious portions of the total application. The overall quality of all the projects and Network research teams, and the research synergies achieved by linking them together will determine the likelihood of funding. The MMRF Myeloma Accelerator Challenge program grant applicants will be judged principally, although not solely, on three main features of the application:

1. The significance of the research to the overarching goals of advancing the community's understanding of the subject area (HR-NDMM or HR-SMM) and the development of hypothesis-driven clinical concepts that may be rapidly implemented.
2. Prior accomplishments of the investigators in the fields of myeloma biology and translational research, and the development of clinical strategies for treatment of myeloma
3. The potential synergy and enduring collaboration that would result from engaging different institutions together into an interactive, co-dependent program.

**Leadership and staffing:**

Each submission shall have a Program Study Director who will serve as Lead Principal Investigator and will be responsible for the preparation and submission of the application and budget, the conduct of this research program and for adherence with the MMRF's guidelines. Each institution in the Collaborative Network should have a co-Principal Investigator responsible for the management of their institution's contribution to the Network under the overall direction of the Program Study Director. A detailed management plan must be provided with the final application that clearly defines the roles and responsibilities of the Principal Investigator and co-Principal Investigators at each of the institutions within the Collaborative Network. The Program Study Director and co-Principal Investigators must hold an M.D., Ph.D., or equivalent degree, and be from not-for-profit 501(c) 3 organizations, or their international counterparts/equivalents, including universities, colleges, hospitals, research organizations and/or clinical laboratories.

**5. Submission of Letter of Intent:**

A 2-page letter of intent should be submitted by **11:59 PM EST on September 30th, 2022** and include the following information:

- Project title and summary

- Brief description of the project specific aims
- Names of all Principal Investigators and their institutional affiliation
- Brief summary of each Principal Investigators research expertise, operational responsibilities and value to the Network
- Identification of Program Study Director and Lead Site
- Name and contact information Lead Site legal representative authorized to negotiate on behalf of the institution
- Signature from the Lead Study Site legal representative acknowledging receipt and acceptance of the MMRF's non-negotiable contractual requirements
- Notification of LOI by email to:
 

Mark Hamilton, Ph.D.  
Associate Director, Research/Immunology  
Multiple Myeloma Research Foundation  
383 Main Ave., 5<sup>th</sup> Floor  
Norwalk, CT 06851  
Tel. (203) 652-0233  
Email: hamiltonm@themmrf.org
- Electronic submission of the LOI to the MMRF Myeloma Accelerator Challenge Program via the ProposalCentral web portal (<https://proposalcentral.altum.com>)
- **The MMRF will review all Letters-of-Intent submitted for the Myeloma Accelerator Challenge Program Grant for alignment with Program goals and the research capabilities of the Network institutions. MMRF will then notify each Network on whether to submit a full application.**
- Submission of the Full application will be due on **Friday, December 30<sup>th</sup>, 2022 11:59 PM EST.** An electronic application submission form and instructions will be available in the Program Submission Portal (<https://proposalcentral.altum.com>).

## 6. Review Process

Each application will undergo a thorough review that consists of two parts: an internal review by the MMRF for compliance with guidelines, program scope, eligibility, and appropriateness; and a second more extensive external peer review by recognized experts in multiple myeloma, hematological oncology, informatics, and translational research.

### Review criteria include:

1. Significance of the research to contribute to advancing the program topics (HR-NDMM and HR-SMM) to clinically tractable hypotheses.
2. Integration and application of appropriate technologies to comprehensively assess patients (including but not limited to biology of tumor and host) and where appropriate describe a shared strategy for standardized collection and analysis of data.



3. Demonstration of the synergy and interdisciplinary nature of the proposed collaborative projects; inclusion of teams with differing perspectives on the challenge topic a priori will also be considered.
4. Clarity of thought and written presentation of the overall program goals and research projects
5. Likelihood of technical success as balanced by scope of work and novelty of the proposed collaborative program
6. Experience, background, and qualifications of investigators (Principal Investigator(s) and co-Principal Investigator)
7. Appropriateness of the budget
8. Quality of the resources and environment (facilities, special equipment, patient population, etc)
9. Adequacy of provisions for protection of human subjects, laboratory animals and investigators and staff using biohazardous materials or procedures

## **7. Progress Reports and Continuation of Funding**

The successful Networks will have quarterly meetings with the MMRF and provide written reports at 6-month intervals (interim and annual). The submission of milestone-driven progress reports **are strictly required** for the release of subsequent funding detailed in any future grant agreement between the Network and the MMRF.

- The Principal Investigator must submit 6-month interim reports detailing the progress by the Network. The first interim report should be submitted to MMRF within 6 months of the date of full execution of the grant agreement, and every 6-months thereafter.
- Reports must include a written study report (maximum 5 pages) and presentation (e.g., powerpoint or pdf) highlighting the key findings during the 6-month reporting period and, when appropriate, summarize clinical trial concepts.
- Publications and disclosure of all intellectual property derived from the program grant research must also be provided in the report.
- The report should include a report from the Financial Officer of the Program Study Director's Sponsoring Institution (Lead Site) detailing how the grant funds were expended over the course of the interim report period.
- All interim reports shall be reviewed by the MMRF to evaluate the progress of the Network's research plan against program timelines and deliverables. The MMRF will use that report as the basis for continuation of funding for the Network for the next 6 months.
- Although awards are for a three-year period, the MMRF reserves the right to terminate any grant if it determines that there has been inadequate research progress or if progress reports are delinquent for more than 30 days.

## **8. Final Reports**

Within 90 days of the expiration of the grant period, the grantee shall submit a detailed summation of the research, together with copies of all publications and/or disclosure of intellectual property derived from the research. The final research report must include a written report (maximum 10 pages) and presentation (e.g., powerpoint or pdf) highlighting the critical findings of the project and its outcomes including a prioritized list of clinical trial concepts. In addition, a one paragraph summary of the research project must be included for the lay public. The final report must also include a final

accounting report prepared by the Program Study Director's Sponsoring Institution (Lead Site). A final payment of grant funds shall be made only after receipt of a copy of all mutually agreed-upon study data, as detailed in the any future grant agreement.

## 9. Application Information

Applications must be submitted through the MMRF Myeloma Accelerator Challenge Program portal (<https://proposalcentral.altum.com>).

For scientific inquiries contact:

Mark Hamilton, Ph.D.  
Associate Director – Research/Immunology  
Multiple Myeloma Research Foundation  
383 Main Ave., 5<sup>th</sup> Floor  
Norwalk, CT 06851  
Tel. (203) 652-0233  
Email: [hamiltonm@themmrf.org](mailto:hamiltonm@themmrf.org)

April Cook, PhD  
Senior Scientist – Research/Bioinformatics  
Multiple Myeloma Research Foundation  
383 Main Ave., 5<sup>th</sup> Floor  
Norwalk, CT 06851  
Tel. (203) 652-0224  
E-mail: [cooka@themmrf.org](mailto:cooka@themmrf.org)

## 10. Contract and Terms of Award:

Upon receipt of the Notice of Grant Award, the identified legal representative on the grant application (who is authorized to negotiate on behalf of the institution) of the Program Study Director sponsoring organization, will initiate contracting with the MMRF. The MMRF reserves the right to withdraw the grant award if the parties fail to agree to grant terms within **60** days of the Notice of Grant Award.

The failure of the grantee and/or the sponsoring institution to adhere to any of the terms and conditions in the contract shall constitute sufficient grounds for the MMRF, in its discretion, to withhold any or all funds due until the deficiency is corrected. Either the MMRF or the sponsoring institution may terminate the contract upon giving 90 days written notice if the deficiency cannot be corrected. In such case, any unexpended balance of funds must be returned to the MMRF.

## 11. Assurances

### Human Investigation

The grantee (Program Director and/or Project Leaders) must obtain approval from the sponsoring institution's Institutional Review Board on use of human subjects in research if the project requires the use of human materials or subjects. Written approval of the Institutional Review Board on use of human subjects must be submitted to the MMRF. Failure to notify the MMRF of use of human materials or subjects in a grantee's research may result in termination of the grant.

## **Laboratory Animals**

The MMRF adheres to the most current guidelines applicable to the care and the treatment of animals in laboratory work as outlined by the National Institutes of Health. For projects which involve laboratory animals, approval from the Sponsor's Institutional Animal Care and Use Committee (IACUC) must be obtained. The approval date and Animal Welfare Assurance number must be provided to the MMRF. Non-US applicants should submit approval documentation from the Animal Ethics Committee. The grantee must include in the application a statement that the sponsoring institution meets and adheres to these policies whether or not the use of laboratory animals is planned in the proposal. Failure to notify the MMRF of compliance with these guidelines on the use of laboratory animals may result in termination of the grant.

## **Biohazards**

The grantee must include in the application a statement about any potential biohazards and a description of the safeguards planned where such hazards to the investigator, other personnel or any other individuals may be encountered. The MMRF assumes no responsibility or liability for any such biohazards and shall be held harmless from the results of the use of any such biohazards.

12. About the MMRF

## About the Multiple Myeloma Research Foundation

The Multiple Myeloma Research Foundation (MMRF) has always focused on a singular mission to accelerate a cure for each and every multiple myeloma patient. Since its founding over 20 years ago by Kathy Giusti, a myeloma patient, and her twin sister Karen Andrews, the MMRF has been one of the leading non-profit research organizations by relentlessly pursuing innovations and collaborative research models to accelerate the development of new treatment approaches and extend the lives of patients. Over that period, the MMRF has raised over \$500M towards research, opened nearly 100 clinical trials, helped bring 15+ new FDA-approved therapies to market, and tripled the life expectancy of multiple myeloma patients.

In recent years, the MMRF has focused in three key areas:

- Advancing the field of immunotherapy to accelerate precision medicine approaches for patients
- Investing in the most promising emerging technologies through venture-philanthropy
- Building data and informatics platforms that can drive new scientific discoveries.

These important strategic priorities led to the launch of many groundbreaking initiatives that have already delivered exciting results for the myeloma community. However, there is much more work to do. The MMRF must continue to evolve to urgently meet the needs of patients today, as well as address the highest areas of unmet need for the myeloma community tomorrow.

Partnering with a diverse set of stakeholders across the research, technology, advocacy and regulatory ecosystems, the MMRF strives to identify both the greatest areas of unmet need, and opportunities for the MMRF and our partner networks to have the most impact for patients. The MMRF continues to build upon our legacy initiatives and responds to the rapidly evolving research and care landscape, including the urgent need to incorporate diversity, equity, and inclusion and health equity into all aspects of our work so that the latest resources, treatments, and ultimately cures will be accessible to all patients.

Everything we do at the MMRF is inspired by the myeloma community we serve, and with that community in mind, we will continue to drive new innovations, maintain our sense of urgency, and focus on delivering solutions for patients as we grow closer to a world free of multiple myeloma.

**Appendix A: Investigator and Institutional Contacts**  
MMRF Myeloma Accelerator Challenge Program Grant

	Address	E-mail	Telephone	Signature
Program Study Director				
Sponsoring Institution				
Legal Representative				

Principal Investigator 1				
Sponsoring Institution 1				

Principal Investigator 2				
Sponsoring Institution 2				

Principal Investigator 3				
Sponsoring Institution 3				

Principal Investigator 4				
Sponsoring Institution 4				

Principal Investigator 5				
Sponsoring Institution 5				




**Appendix B: Summary of Non-negotiable Contractual Terms**  
MMRF Myeloma Accelerator Challenge Program Grant

<b>AUDIT RIGHTS</b>	MMRF shall have the right to audit Sponsoring Institution's books with advance written notice and records one time per year.
<b>GRANT LIMITATION</b>	Institutional Overhead may in no case exceed 10% of the grant total.
<b>INVENTIONS</b>	<p>Reporting to MMRF. All Inventions shall be reported to MMRF in writing within three (3) months after their disclosure to the Sponsoring Institution. This section shall survive in perpetuity.</p> <p>License for Research. MMRF shall be granted an irrevocable non-exclusive perpetual worldwide royalty-free license (with the right to sublicense) to practice the Invention for non-commercial research purposes.</p> <p>Participation in Income. MMRF shall have the right to participate in the income derived from any Invention, unless MMRF explicitly waives such right in writing, and the parties hereby agree that no provision of Exhibit D shall constitute such a waiver. This right to participate shall include the sharing of licensing fees and royalties and any other consideration derived from an Invention by Sponsoring Institution and/or Principal Investigator on a pro-rata basis, which shall be calculated as a fraction, the numerator of which is the amount of MMRF's total monetary contribution to the Sponsoring Institution and/or Principal Investigator that supported the Invention, and the denominator of which is an aggregate of all direct monetary costs incurred by the Sponsoring Institution and/or Principal Investigator that supported the Invention not paid by MMRF or any other third party, plus the total amount of all monetary contributions received by the Sponsoring Institution and/or Principal Investigator that supported the Invention including the Grant.</p> <p>Public Benefit: If no Commercialization in Two Years. Sponsoring Institution shall use reasonable efforts to commercialize an Invention within two (2) years from the date that a patent covering the Invention is issued. If, at the conclusion of the two (2) years period, Sponsoring Institution has not executed or is not in active negotiations for an exclusive license to a third party for such patent, then, subject to third-party rights to the applicable Invention, MMRF shall have the right (but not the obligation), upon written notice to the Sponsoring Institution, to require Sponsoring Institution to negotiate with MMRF in good faith for the grant of an exclusive license to MMRF to all right, title and interest in and to the Invention, including, without limitation, all patents, patent applications and other intellectual property rights. (deferral to relevant government policies)</p> <p>Abandonment of Intellectual Property by the Sponsoring Institution. No patent or patent application, copyright or other intellectual property protection in any Invention shall be abandoned without:</p> <p>MMRF Notice. Prior notification to MMRF (such notification not to be less than thirty (30) days before the expiration of the response period required by the applicable patent office); and</p> <p>MMRF Exclusive License. Giving MMRF the opportunity for an exclusive world-wide, perpetual, royalty-free sublicenseable license to the Invention (with respect to the applicable geographic territory) subject to and to the extent not inconsistent with the Sponsoring Institution's obligations to the United States federal government or applicable foreign government or another funder, collaborator, Invention owner, licensee, or optionee; Sponsoring Institution shall give MMRF written notice of any such obligations concurrently with the aforesaid notification.</p>

<b>MARKETING &amp; PUBLICATION</b>	<p>MMRF will have the right to publicly announce that it has provided Sponsoring Institution, Principal Investigator, Subsites, and Subsite investigator a Myeloma Accelerator Challenge Program Grant and the amount of the grant. MMRF will ask for an abstract of the research to be conducted with Grant Funds to be included.</p> <p>MMRF shall have the right to include published Grant Information results on its website or in other MMRF materials.</p> <p>MMRF shall have the right to include data and results of the Grant Research in the MMRF Virtual Lab.</p> <p>MMRF receive following credit in all marketing materials – <i>“Supported by a Research Grant from the Multiple Myeloma Research Foundation (MMRF).”</i></p> <p>Sponsoring Institution and Principal Investigator agree, as a condition to receiving Grant Funds, to participate in publicity activities.</p> <p>MMRF will have 30 days (up to 60 if patentable material is identified) to review marketing materials developed by Sponsor Institution and Principal Investigator related to the research funded by the Grant.</p> <p><i>. * return ten percent (10%) of the Grant Funds to MMRF if MMRF marketing rights infringed.</i></p>
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**Appendix B: Summary of Non-negotiable Contractual Terms – Signature Page**  
MMRF Myeloma Accelerator Challenge Program Grant

Acknowledgement of receipt and approval of the non-negotiable contractual terms:

Lead Site/Sponsoring Institute:

Legal representative:

Signature:

Date:

Program Study Director:

Signature:

Date: