

Application For Research Grant

Abstract Of Research Plan

Applicant Organization (Name, address) _____

Title of Application _____

All Personnel Engaged On Project, Beginning with Principal Investigator/Program Director

| | | |
|-------------|--------------|-------------------|
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |

Abstract Of Research Plan:

*Concisely describe the application's specific aims, methodology and long-term objectives, making reference to the scientific disciplines involved and the health-relatedness of the project. The abstract should be self-contained so that it can serve as a succinct and accurate description of the application when separated from it. **Do not exceed the space provided.***

Laboratory Animals Involved. *Identify by common names. If none, state "none".* _____

Principal Investigator/Program Director _____

Table of Contents

Number pages consecutively at the bottom throughout the application. Do not use suffixes such as 5a, 5b. Type the name of the Principal Investigator/Program Director at the top of each printed page and each continuation page.

| | Page Numbers |
|--|---------------------|
| Face Page, Abstract, Table of Contents..... | 1-3 |
| Detailed Budget..... | 4 |
| Biographical Sketch-Principal Investigator/Program Director (Not to exceed two pages)..... | _____ |
| Other Biographical Sketches (Not to exceed two pages for each)..... | _____ |
| Other Support..... | _____ |
| Resources and Environment..... | _____ |

Research Plan

- A. Specific Aims (Not to exceed one page)..... _____
- B. Significance (Not to exceed three pages)..... _____
- C. Preliminary Studies (Not to exceed eight pages)..... _____
- D. Methods..... _____
- E. Human Subjects, Derived Materials or Data..... _____
- F. Laboratory Animals..... _____
- G. Consultants..... _____
- H. Consortium Arrangements or Formalized Collaborative Agreements..... _____
- I. Literature Cited..... _____

Appendix (Four Sets, No Page Numbering Necessary for Appendix)

Number of publications: _____ Number of manuscripts: _____

Other items (list): _____

Principal Investigator/Program Director _____

Detailed Budget *Direct Costs Only*

From:

Through:

Personnel (Applicant Organization Only)

Time/Effort

Dollar Amount Requested

| Name | Title | % | Hours/Wk | Salary | Benefits | Totals |
|---|------------------|---|----------|--------|----------|--------|
| | Principal Invest | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Subtotals | | | | | | |
| Consultant Costs (See Instructions) | | | | | | |
| Equipment (Must be itemized) | | | | | | |
| Supplies (Itemize by category/cost) | | | | | | |
| Travel | | | | | | |
| Contractual or Third Party Costs (See instructions) | | | | | | |
| Other Expenses (Itemize by category/cost) | | | | | | |
| Total Direct Costs (Also enter on total direct costs requested for project) | | | | | | \$ |

Principal Investigator/Program Director _____

Biographical Sketch

Give the following information for key professional personnel listed on page two, beginning with the Principal Investigator/Program Director, Photocopy this page for each person.

| Name | Title | Birthdate (mo/day/yr) |
|------|-------|-----------------------|
| | | |

Education (Begin with baccalaureate training and include postdoctoral)

| Institution and Location | Degree | Year Conferred | Field of Study |
|--------------------------|--------|----------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Does the investigator have any potential conflict of interest? No Yes

If "Yes," individual(s) must submit a Conflict of Interest Disclosure Form providing details of the approved plan for managing this conflict.

Will investigator have equity interests exceeding \$10,000 in current value, or greater than 10% ownership interest in any business entity, or do/will aggregate annual payments for royalty and other payments (e.g., consulting, salary, etc.) exceed \$10,000?

No Yes

If "Yes," individual must submit a Conflict of Interest Disclosure Form providing details of the approved plan for managing this conflict.

Research and/or Professional Experience:

Concluding with present position, list in chronological order previous employment, experience, and honors. List in chronological order, the titles and complete references to recent representative publications, especially those most pertinent to this application. **Do not exceed two pages.**

Other Support

Use continuation pages if necessary

For each of the professionals names on page two, list in three separate groups: (1) active support, (2) applications pending review and/or funding, (3) applications planned or being prepared for submission. Include all federal, non-federal, and institutional grant and contract support. If none, state "none". For each item give the source of support, identifying number, project title, name of principal investigator/program director, time or percent of effort on the project by professional named, annual direct costs, and entire period of support. (If part of a larger project, provide the titles of both the parent grant and the subproject and give the annual direct costs for each.) Briefly describe the contents of each item listed. If any of these overlap, duplicate, or are being replaced or supplemented by the present application, justify and delineate the nature and extent of the scientific and budgetary overlaps or boundaries.

Principal Investigator/Program Director:

1. Active Support:

Resources and Environment

Use continuation pages if necessary

Facilities:

Mark the facilities to be used and briefly indicate their capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Use "other" to describe facilities at other performance sites listed in Item 9, page 1, and at sites for field studies. Using continuation pages, if necessary, include a description of the nature of any collaboration with other organizations and provide further information in the *research plan*.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other (_____):

Resources and Environment

Continued

Major Equipment:

List the most important items available for this project, noting the location and pertinent capabilities of each.

Additional Information:

Provide any other information describing the environment for the project. Identify support services such as consultants, secretarial, machine shop, and electronics shop, and the extent to which they will be available to the project.