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| **University of Cincinnati KL2 Grant Program**  *Grant Application* | | | | | | | | | | | | | | |
| 1. TITLE OF PROJECT *(Do not exceed 56 characters, including spaces and punctuation.)* | | | | | | | | | | | | | | |
| 1a. Type of application:  New Application  Renewal Application | | | | | | | | | | | | | | |
| **2. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR** | | | | | | | **New CCTST Investigator  No  Yes** | | | | | | | |
| 2a. NAME *(Last, first, middle)* | | | | | | | 2b. DEGREE(S) | | | | | |  | |
|  | |  | | |  |  | |
| 2c. POSITION TITLE | | | | | | | 2d. MAILING ADDRESS *(Street, city, state, zip code)* | | | | | | | |
| 2e. DIVISION | | | | | | |
| 2f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | | | | |
| 2g. TELEPHONE AND FAX *(Area code, number and extension)* | | | | | | | E-MAIL ADDRESS: | | | | | | | |
| TEL: | | FAX: | | | |  | | | | | | | | |
| **3. PRIMARY MENTOR** | | | | | | |  | | | | | | | |
| 3a. NAME *(Last, first, middle)* | | | | | | | 3b. DEGREE(S) | | | | | |  | |
|  |  | | |  | |  | |
| 3c. POSITION TITLE | | | | | | | 3d. MAILING ADDRESS *(Street, city, state, zip code)* | | | | | | | |
| 3e. DIVISION | | | | | | |
| 3f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | | | | |
| 3g. TELEPHONE AND FAX *(Area code, number and extension)* | | | | | | | E-MAIL ADDRESS: | | | | | | | |
| TEL: | | | FAX: | | |  | | | | | | | | |
| 4. Human Subjects Research  No  Yes | | | 4a. Research Exempt  No  Yes  If “Yes,” Exemption No. | | | 4b. Human Subjects Assurance No.    4c. NIH-Defined Phase I Clinical Trial  No  Yes | | | | | | | | 5. Human Subjects Protection Certification:  No  Yes  5a. Certification Date: |
| 6. Vertebrate Animals  No  Yes  6a. If “Yes,” IACUC Approval Date    6b. Animal Welfare Assurance No. | | | 7. IBC Protocol  No  Yes  7a. If “Yes,” Approval Date:    7b. Approval Number: | | | | | | 8. Radiation  No  Yes  8a. If “Yes,” Approval Date | | | | |  |
| 9. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | | | | 1. COSTS REQUESTED   Direct Costs ($) | | | | |  | | | | | |
| From | Through | | |  | | | | | |  | | | | |
| 04/01/17 | 03/31/19 | | |
| 12. The undersigned reviewed this application for a KL2 research award and are familiar with the policies, terms, and conditions concerning research support and accept the obligation to comply with all such policies, terms, and conditions. | | | | | | | | | | | | | | |
| Primary Applicant: | | | | | Division Chair of Primary Applicant: | | | | | | | | | |
| Signature of Primary Applicant | | | | Date: | Signature of Division Chair of Primary Applicant | | | | | | | | Date: | |
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Principal Investigator/Program Director (Last, First, Middle):

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| **Scientific Abstract**: Using technical language, briefly describe the proposed project in 200 words or less. |
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| **Lay Abstract**: Using non-technical language, briefly describe the proposed project in 100 words or less. |
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| Principal Investigator/Program Director (Last, First, Middle): | | | | | |  | | | | | | | | | |
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| **DETAILED BUDGET FOR BUDGET PERIOD**  **DIRECT COSTS ONLY** | | | | | | | | | | FROM | | THROUGH | | | |
| 04/01/17 | | 03/31/18 | | | |
| PERSONNEL *(Applicant organization only)* | | | |  | % | | |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | | |
| NAME | | ROLE ON PROJECT | | TYPE APPT. *(months)* | EFFORT ON PROJ. | | | INST. BASE SALARY | SALARY REQUESTED *(75% up to 75,000)* | | FRINGE BENEFITS | | | | TOTAL |
|  | | KL2 Scholar | | 12 | 75% | | |  |  | |  | | | |  |
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| **SUBTOTALS** | | | | | | | | |  | |  | | | |  |
| CONSULTANT COSTS | | | | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | | | | |  |
| TRAVEL | | | | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | |  | | | | | | | | | | | |  |
| OUTPATIENT | |  | | | | | | | | | | | |  |
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| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | | | | |  |
| **SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** | | | | | | | | | | | | | **$** | |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | | | DIRECT COSTS | | | | | | |  | |
| FACILITIES AND ADMINISTRATIVE COSTS | | | | | | |  | |
| **TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** *(Item 10, Face Page)* | | | | | | | | | | | | | **$** | |  |

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| Principal Investigator/Program Director (Last, First, Middle): |  |

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| **DETAILED BUDGET FOR BUDGET PERIOD**  **DIRECT COSTS ONLY** | | | | | | | | | FROM | | THROUGH | | | |
| 04/01/18 | | 03/31/19 | | | |
| PERSONNEL *(Applicant organization only)* | | | |  | % | |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | | |
| NAME | | ROLE ON PROJECT | | TYPE APPT. *(months)* | EFFORT ON PROJ. | | INST. BASE SALARY | SALARY REQUESTED *(75% up to 75,000)* | | FRINGE BENEFITS | | | | TOTAL |
|  | | KL2 Scholar | | 12 | 75% | |  |  | |  | | | |  |
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| **SUBTOTALS** | | | | | | | |  | |  | | | |  |
| CONSULTANT COSTS | | | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | | | |  |
| TRAVEL | | | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | |  | | | | | | | | | | |  |
| OUTPATIENT | |  | | | | | | | | | | |  |
|  | | | | | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | | | |  |
| **SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** | | | | | | | | | | | | **$** | |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | | DIRECT COSTS | | | | | | |  | |
| FACILITIES AND ADMINISTRATIVE COSTS | | | | | | |  | |
| **TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** *(Item 10, Face Page)* | | | | | | | | | | | | **$** | |  |

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| Program Director/Principal Investigator (Last, First, Middle): | |  |
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| **YEAR 1 BUDGET JUSTIFICATION** | | |
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| Program Director/Principal Investigator (Last, First, Middle): | |  |
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| **YEAR 2 BUDGET JUSTIFICATION** | | |
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OMB No. 0925-0001/0002 (Rev. 08/12 Approved Through 8/31/2015)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. DO NOT EXCEED FIVE PAGES.

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | Completion Date  MM/YYYY | FIELD OF STUDY |
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**NOTE: The Biographical Sketch may not exceed five pages. Follow the formats and instructions below.**

# A. Personal Statement

Briefly describe why you are well-suited for your role in the project described in this application. The relevant factors may include aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and your past performance in this or related fields (you may mention specific contributions to science that are not included in Section C). Also, you may identify up to four peer reviewed publications that specifically highlight your experience and qualifications for this project. If you wish to explain impediments to your past productivity, you may include a description of factors such as family care responsibilities, illness, disability, and active duty military service.

# B. Positions and Honors

List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

# C. Contribution to Science

Briefly describe up to five of your most significant contributions to science. For each contribution, indicate the historical background that frames the scientific problem; the central finding(s); the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and your specific role in the described work. For each of these contributions, reference up to four peer-reviewed publications or other non-publication research products (can include audio or video products; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware) that are relevant to the described contribution. The description of each contribution should be no longer than one half page including figures and citations. Also provide a URL to a full list of your published work as found in a publicly available digital database such as SciENcv or My Bibliography, which are maintained by the US National Library of Medicine.

# D. Research Support

List both selected ongoing and completed research projects for the past three years (Federal or non-Federally-supported). Begin with the projects that are most relevant to the research proposed in the application. Briefly indicate the overall goals of the projects and responsibilities of the key person identified on the Biographical Sketch. Do not include number of person months or direct costs.

|  |
| --- |
| **Principal Investigator/Program Director (Last, first, middle):** |
| **OTHER SUPPORT**  **(required for KL2 Scholar Applicant; Primary Mentor)** |

Provide active support for all key personnel. **Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards.** Training awards, prizes, or gifts do not need to be included.

There is no "form page" for other support. Information on other support should be provided in the *format* shown below, using continuation pages as necessary. ***Include the principal investigator's name at the top and number consecutively with the rest of the application.*** The sample below is intended to provide guidance regarding the type and extent of information requested. Refer to the specific instructions in Section I.

For information pertaining to the use of and policy for other support, see “Policy and Additional Guidance.”

**Format**

|  |  |  |
| --- | --- | --- |
| **NAME OF INDIVIDUAL**  ACTIVE/PENDING | | |
| Project Number (Principal Investigator)  Source  Title of Project *(or Subproject)*  The major goals of this project are… | Dates of Approved/Proposed Project  Annual Direct Costs | Percent Effort |
| OVERLAP *(summarized for each individual)* | | |

ACTIVE

PENDING

OVERLAP

**Diversity Questionnaire (Required by NIH)**

What is your sex/gender?  Female  Male

What is your ethnic background?

Hispanic or Latino? Yes  No

Not Hispanic or Latino?  Yes  No

Unknown or Not Reported  Yes  No

What is your racial background?  
  
 American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

Asian

Black or African American

White (non-Hispanic)

More Than One Race

Unknown or Not Reported

Do you have a disability? Yes  No  Do Not Wish to Provide

Are you from a disadvantaged background?

Yes  No  Do Not Wish to Provide

Individuals from disadvantaged backgrounds are defined as:

1. Individuals who come from a family with an annual income below established low-income thresholds.  These thresholds are based on family size, published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs.  The Secretary periodically publishes these income levels at <http://aspe.hhs.gov/poverty/index.shtml>.  For individuals from low-income backgrounds, the institution must be able to demonstrate that such candidates (a) have qualified for Federal disadvantaged assistance; or (b) have received any of the following student loans: Health Professional Student Loans (HPSL), Loans for Disadvantaged Student Program; or (c) have received scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.

2. Individuals who come from a social, cultural, or educational environment such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.  Recruitment and retention plans related to a disadvantaged background are most applicable to high school and perhaps undergraduate candidates, but would be more difficult to justify for individuals beyond that level of achievement.

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| Program Director/Principal Investigator (Last, First, Middle): | | |  | | | | |
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| **CHECKLIST** | | | | | | | |
| **TYPE OF APPLICATION** *(Check all that apply.)* | | | | | | | |
| NEW application. *(This application is being submitted for the first time.)* | | | | | | | |
| RENEWAL of grant number: | | KL2TR001426 | | |  |  | |
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| **Applicants must fulfill the following criteria:** | | | | | | | |
|  | | | | | | | |
| I am a CCTST member | | | | | | | |
| I am a U.S. citizen OR a non-citizen national OR can provide proof of lawful admission for permanent  resident. | | | | | | | |
| I am NOT on a temporary or student visa. | | | | | | | |
| I have completed my MD or PhD. | | | | | | | |
| I have a guaranteed faculty appointment (not contingent on receipt of the KL2 award) | | | | | | | |
| I have not been the Principal Investigator of an NIH grant or contract (including R01, P, and K awards;  previous R03 or R21 awards are permissible). | | | | | | | |
| I am willing and able to spend a minimum of 75% of my full-time professional effort on research and  research career development activities. | | | | | | | |
| I intend to seek independent grant support during the award period. | | | | | | | |
| I have the full support of my supervisor and division director for this program (letter of support required with full application). | | | | | | | |
| I do not have another career development award pending (e.g. K08, K01, K23). | | | | | | | |
| I am not a CCHMC Procter Scholar, Trustee Grant, or PS2 awardee, or CCTST T1 awardee. | | | | | | | |
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| APPLICANT CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. | | | SIGNATURE OF APPLICANT.  *(In ink. “Per” signature not acceptable.)* | | | DATE | |