**APPLICATION DOCUMENTS**

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| University of Cincinnati CCTST Pilot and Innovative Core Grant Program *Grant Application* | | | | | | | | | | | | | | |
| 1. TITLE OF PROJECT *(Do not exceed 56 characters, including spaces and punctuation.)* | | | | | | | | | | | | | | |
| 1a. Type of application:  Pilot Translational Research proposal  Mentored Pilot Translational Research proposal  Innovative Core | | | | | | | | | | | | | | |
| **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. CO-INVESTIGATOR** | | | | | | **New CCTST Investigator  No  Yes** | | | | | | | | |
| 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 | | |  | | | | | |  | | | | |
| 07/01/2018 | 06/30/2019 | | |
| 12. The undersigned reviewed this application for a CCTST research award and are familiar with the policies, terms, and conditions of UC and/or CCHMC 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: | |
| Affiliate applicant: | | | | | | | Division Chair of Affiliate Applicant | | | | | | | |
| Signature of Affiliate Applicant | | | | Date: | | | Signature of Division Chair of Affiliate Applicant: | | | | | | Date: | |
| Date Application Received by CCTST: | | | | | | | Received By: | | | | | | | |

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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 PERIODDIRECT COSTS ONLY | | | | | | | | | | FROM | | THROUGH | | | |
| 07/01/18 | | 06/30/19 | | | |
| PERSONNEL *(Applicant organization only)* | | | |  | % | | |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | | |
| NAME | | ROLE ON PROJECT | | TYPE APPT. *(months)* | EFFORT ON PROJ. | | | INST. BASE SALARY | SALARY REQUESTED | | FRINGE BENEFITS | | | | TOTAL |
|  | |  | |  |  | | |  |  | |  | | | |  |
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| SUBTOTALS | | | | | | | | |  | |  | | | |  |
| CONSULTANT COSTS | | | | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | | | | |  |
| TRAVEL | | | | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | |  | | | | | | | | | | | |  |
| OUTPATIENT | |  | | | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | | | | | | |  |
| 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)* | | | | | | | | | | | | | $ | |  |
| Principal Investigator/Program Director (Last, First, Middle): | | | | | | | | | | | | | |  | |
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| BUDGET JUSTIFICATION | | | | | | | | | | | | | | | |
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| Principal Investigator/Program Director (Last, first, middle): | | | | |
| **BIOGRAPHICAL SKETCH**  Provide the following information for the key personnel in the order listed for Form Page 2.  Follow the sample format for each person. **DO NOT EXCEED FOUR PAGES.** | | | | |
|  | | | | |
| NAME | | POSITION TITLE | | |
| EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)* | | | | |
| INSTITUTION AND LOCATION | DEGREE  *(if applicable)* | | YEAR(s) | FIELD OF STUDY |
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**NOTE: The Biographical Sketch may not exceed four pages. Items A and B (together) may not exceed two of the four-page limit. Follow the formats and instructions on the attached sample.**

1. **Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

1. **Selected peer-reviewed publications (in chronological order).** Do not include publications submitted or in preparation.

1. **Research Support.** Listselected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project. Do not list award amounts or percent effort in projects.

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| **Principal Investigator/Program Director (Last, first, middle):** |
| **OTHER SUPPORT** |

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

|  |  |
| --- | --- |
| Principal Investigator/Program Director (Last, First, Middle): |  |
|  | |
| RESOURCES | |
| FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Under “Other,” identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary. | |
| Laboratory: | |
| Clinical: | |
| Animal: | |
| Computer: | |
| Office: | |
| Other: | |
| MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each. | |