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| CCTST Pilot Grant Program**Just-In-Time Core Funds Grant Application** |
| 1. TITLE OF PROJECT *(Do not exceed 56 characters, including spaces and punctuation.)*      |
| 1a. Type of application: [ ]  Research proposal [ ]  TR Faculty Development Award [ ]  Retreat proposal [ ]  Core proposal |
| **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 [ ]  YesIf “Yes,” Exemption No.      | 4b. Human Subjects Assurance No.4c. NIH-Defined Phase I Clinical Trial[ ]  No [ ]  Yes | 5. Human Subjects Protection Certification: [ ]  No [ ]  Yes5a. Certification Date:      |
| 6. Vertebrate Animals[ ]  No [ ]  Yes6a. If “Yes,” IACUC Approval Date     6b. Animal Welfare Assurance No.      | 7. IBC Protocol[ ]  No [ ]  Yes7a. If “Yes,” Approval Date:     7b. Approval Number:      | 8. Radiation[ ]  No [ ]  Yes8a. If “Yes,” Approval Date      |  |
| 9. DATES OF PROPOSED PERIOD OFSUPPORT *(month, day, year—MM/DD/YY)* | 1. COSTS REQUESTED

Direct Costs ($)      |  |
| From | Through |  |  |
|  |  |  |
| 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: |
| OFFICE USE ONLY: | Received by: | Date Received: |

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| PPT-CCTST-Element1.tifPPT-CCTST-Element1 | **Center for Clinical and Translational Science and Training**University of Cincinnati Academic Health Center3333 Burnet AvenueLoc. S, 2nd Floor, Suite 500, ML 11028Cincinnati, OH 45229Voice: 513.803.1412Fax: 513.803.1039Web: cctst.uc.edu |
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**Center for Clinical and Translational Science and Training**

**Just-In-Time Core Director Approval**

**PI:**

**Protocol Title:**

**Core:**

**Core Director:**

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| **Please check YES or NO** | **YES** | **NO** |
| 1. Are the proposed experiments feasible and appropriate for your core? |  |  |
| 2. Are the proposed experiments feasible in the timeframe needed by the applicant? |  |  |
| 3. Is the proposed use of the core translational, in support of either preclinical or early phase clinical studies? |  |  |
| 4. Does the applicant intend to use the data for a clinical/translational grant proposal, patent application, or clinical trial application? |  |  |
| 5. Does the applicant plan to use the data for their application with in the next 3-4 months? |  |  |
| 6. Is the proposed budget reasonable for the proposed experiments? |  |  |
| 7. In your opinion, if funded, will the proposal have a high priority for your core?  |  |  |

**Comments:**

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**Core Director Signature / Date**

Core Director’s signature is required to process this award. Please complete, sign, date and submit along with other application documents.

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**This section to be completed by CCTST personnel only**

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| **CCTST Approval required** | **Yes**  |  |
|  | **No** | **Signature and date** |

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