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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  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 | | | | |  | | |  | | |
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| 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.tif PPT-CCTST-Element1 | **Center for Clinical and Translational Science and Training**  University of Cincinnati Academic Health Center  3333 Burnet Avenue  Loc. S, 2nd Floor, Suite 500, ML 11028  Cincinnati, OH 45229  Voice: 513.803.1412  Fax: 513.803.1039  Web: 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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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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