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| **University of Cincinnati KL2 Grant Program***Grant Application: Face Page* |
| 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 [ ]  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 OF  SUPPORT *(month, day, year—MM/DD/YY)* | 1. COSTS REQUESTED

Direct Costs ($)      |  |
| From | Through |  |  |
| 04/01/20 | 03/31/22 |
| 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 |

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

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| **Project Summary/Abstract**: Please limit to 30 lines of text.State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe the research design and methods for achieving the stated goals. |
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| **Project Narrative**: Please limit to three sentences. Describe the relevance of this research to public health. For example, how, in the short or long term, the research would contribute to fundamental knowledge about the nature and behavior of living systems and/or the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.  |
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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 |
| 04/01/20 | 03/31/21 |
| PERSONNEL *(Applicant organization only)* |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | TYPEAPPT.*(months)* | EFFORTONPROJ. | INST.BASESALARY | SALARYREQUESTED *(75% up to 75,000)* | FRINGEBENEFITS | 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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| Principal Investigator/Program Director (Last, First, Middle): |       |

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| **DETAILED BUDGET FOR BUDGET PERIOD****DIRECT COSTS ONLY** | FROM | THROUGH |
| 04/01/21 | 03/31/22 |
| PERSONNEL *(Applicant organization only)* |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | TYPEAPPT.*(months)* | EFFORTONPROJ. | INST.BASESALARY | SALARYREQUESTED *(75% up to 75,000)* | FRINGEBENEFITS | 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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|       |

**Note**: Use the Budget Justification to provide the additional information requested in each budget category identified above and any other information the applicant wishes to submit to support the budget request. The following budget categories must be justified, where applicable: equipment, travel, participant/trainee support, and other direct cost categories that will be used to help achieve the career development and research objectives of this award. In addition to the justifications described in the above sections, also include a justification for any significant increases or decreases from the initial budget period. Justify budgets with more than a standard escalation from the initial to the future year(s) of support.

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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 and 0925-0002 (Rev. 09/17 Approved Through 03/31/2020)

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 DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

**B. Positions and Honors**

**C. Contributions to Science**

**D. Additional Information: Research Support and/or Scholastic Performance**

**Note: please see** <https://grants.nih.gov/grants/forms/biosketch.htm> **to access instructions for completing the Biographical sketch.**

OMB No. 0925-0001 (Rev. 07/18 Approved Through 03/31/2020)

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| PHS 398 OTHER SUPPORT |

Provide active and pending support for all senior/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 reporting Other Support. Information on Other Support should be provided in the *format* shown below.

For information pertaining to the use of and policy for other support, see [NIH Grants Policy Statement, Section 2.5.1: Just-in-Time Procedures](https://grants.nih.gov/grants/policy/nihgps/HTML5/section_2/2.5_completing_the_pre-award_process.htm#Just-in-). Neither the application under consideration nor the current PHS award for this project should be listed as Other Support.

Effort devoted to projects must be measured using “person months.” NIH and other PHS agencies use the concept of “person months” as a metric for determining percent of effort. For more information about calculating person months, see NIH’s [Frequently Asked Questions on Person Months](https://grants.nih.gov/grants/policy/person_months_faqs.htm).

**Format**

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| **NAME OF INDIVIDUAL**ACTIVE/PENDING  |
| Project Number (Contact Principal Investigator) SourceTitle of Project *(or Subproject)*The major goals of this project are… | Dates of Approved/Proposed ProjectAnnual Direct Costs | Person Months(Cal/Academic/Summer) |
| OVERLAP (summarized for each individual) |  |  |

**Note: please see** <https://grants.nih.gov/grants/forms/othersupport.htm> **to access instructions for completing the Biographical sketch.**

**Please insert here, using blank pages:**

1. **Specific Aims** (limit 1 page)
2. **Candidate Information and Goals for Career Development** (limit 12 pages, combined with Research Plan – limit does not include Specific Aims)
3. **Research Plan** (limit 12 pages, combined with Candidate Information and Goals for Career Development – limit does not include Specific Aims)
4. **Training in the Responsible Conduct of Research** (limit 1 page)
5. **Institutional Environment** (limit 1 page)
6. **Statement of how the research is translational** (no page limit; please be succinct)
7. **Protection of Human Subjects** (no page limit; please be succinct)
8. **Vertebrate Animals** (no page limit; please be succinct)
9. **Select Agent Research** (no page limit; please be succinct)
10. **Bibliography and References Cited** (no page limit)
11. Letters of support (no page limit; Department/Division Chair, collaborators/consultants)
12. Mentoring agreement (no page limit)
13. Individual development plan (no page limit)

**Note: For guidance on the sections above, please reference the RFA and the NIH Career Development Award instructions:**

<https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/career-forms-e.pdf>

**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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| **CHECKLIST** |
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| **Applicants must fulfill the following criteria:** |
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| [ ]  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 an MD, PhD or equivalent degree. |
| [ ]  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 CCTST T1 awardee.

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| [ ]  My mentor is on the approved list of mentors, or has been pre-approved by the KL2 Director. |

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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. | DATE      |