

UPMC Children's Hospital of Pittsburgh
Research Advisory Committee (RAC)
Grant Application Face Sheet

| | |
|---|--|
| 1. Title of Project | |
| 2. Submission <input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Year 2 Funding | |
| 3. Principal Investigator | |
| 3a. Name (Last, First, Middle) | 3f. Degree(s) |
| 3b. Academic Title | 3g. Type of Grant <input type="checkbox"/> Start Up <input type="checkbox"/> Seed <input type="checkbox"/> Research Fellowship/ Post-Doc <input type="checkbox"/> Graduate Student/ Pre-Doc <input type="checkbox"/> Pilot Translational Funds <input type="checkbox"/> Bridging Funds |
| 3c. Department | |
| 3d. Subdivision | |
| 3e. Office Telephone | 3h. Email: |
| 4. Research Approvals | |
| 4a. Human Subject Research (IRB) <input type="checkbox"/> No <input type="checkbox"/> Yes | Approval Date: ID Number: |
| 4b. Vertebrate Animals (IACUC) <input type="checkbox"/> No <input type="checkbox"/> Yes | Approval Date: ID Number: |
| 4c. Recombinant DNS (IBC) <input type="checkbox"/> No <input type="checkbox"/> Yes | Approval Date: ID Number: |
| 4d. Use of PCTRC | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 5. Project Dates and Proposed Costs <i>(all project/period starts dates will be January or July and must include year)</i> | |
| Project Start Date: | Project End Date: |
| Period Start Date: | Period End Date: |
| 5a. Year 1 Cost: | 5b. Year 2 Cost: |
| Year 2 Application Request | |
| 5c. Requested Funding Amount: | |
| 6. Signatures | |
| Principal Investigator: | |
| Division Chief: | |
| Mentor: <i>(fellowship only)</i> | |

RAC Grant Application

Table of Contents

| | Page Numbers |
|---|--|
| Grant Application Face Sheet | 1 |
| Table of Contents | |
| Abstract..... | |
| Detailed Budget for Initial Budget Period | |
| Budget for Entire Proposed Period of Support..... | |
| Progress Report/Competitive Renewal Detailed Budget | |
| Budget Justification | |
| Biographical Sketch – Principal Investigator | |
| Other Biographical Sketches | |
| Resources | |
| Research Plan | |
| 1. Introduction to Revised Application, if applicable | |
| 2. Specific Aims | |
| 3. Research Strategy | |
| 4. Vertebrate Animals (<i>Include approval letter in appendix</i>) | |
| 6. Bibliography and References Cited | |
| 7. Letters of Support | |
| 8. Mentor Letter (<i>Required for Fellowships and Graduate Students Only</i>) | |
| 9. Publications (<i>Progress Report Only</i>) | |
| Other Support (<i>Required for Start-Up grant applications</i>) | |
| Appendix | <input type="checkbox"/> Check if Appendix is Included |

Please remember to follow the page limits indicated in the application instructions.

Principal Investigator (Last, First, Middle):

Abstract

Follow directions and guidance in the application instructions.

Principal Investigator (Last, First, Middle):

| | | |
|---|------|---------|
| Detailed Budget for Initial Budget Period Direct Cost Only | FROM | THROUGH |
|---|------|---------|

List PERSONNEL (*Applicant organization only*)

Use Cal, Acad, or Summer to Enter Months Devoted to Project

Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

| NAME | ROLE ON PROJECT | Cal. Months | Acad. Months | Summer Months | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | TOTAL |
|------|-----------------|-------------|--------------|---------------|------------------|------------------|-----------------|-------|
| | PD/PI | | | | | | | |
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SUBTOTALS →

CONSULTANT COSTS

EQUIPMENT (*Itemize*)

SUPPLIES (*Itemize by category*)

TRAVEL

INPATIENT CARE COSTS

OUTPATIENT CARE COSTS

ALTERATIONS AND RENOVATIONS (*Itemize by category*)

OTHER EXPENSES (*Itemize by category*)

| | | |
|--|-------------------------------------|-----------|
| CONSORTIUM/CONTRACTUAL COSTS | DIRECT COSTS | |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (<i>Item 7a, Face Page</i>) | | \$ |
| CONSORTIUM/CONTRACTUAL COSTS | FACILITIES AND ADMINISTRATIVE COSTS | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | \$ |

Principal Investigator (Last, First, Middle): _____

**Budget for Entire Proposed Project Period
Direct Cost Only**

| BUDGET CATEGORY TOTALS | INITIAL BUDGET PERIOD <i>(from Form Page 4)</i> | 2nd YEAR OF SUPPORT REQUESTED |
|---|---|-------------------------------|
| PERSONNEL: <i>Salary and fringe benefits.</i> | | |
| CONSULTANT COSTS | | |
| EQUIPMENT | | |
| SUPPLIES | | |
| TRAVEL | | |
| INPATIENT CARE COSTS | | |
| OUTPATIENT CARE COSTS | | |
| ALTERATIONS AND RENOVATIONS | | |
| OTHER EXPENSES | | |
| DIRECT CONSORTIUM/ CONTRACTUAL COSTS | | |
| SUBTOTAL DIRECT COSTS <i>(Sum = Item 8a, Face Page)</i> | | |
| F&A CONSORTIUM/ CONTRACTUAL COSTS | | |
| TOTAL DIRECT COSTS | | |
| TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD | | \$ |

Principal Investigator (Last, First, Middle):

| | | |
|---|------|---------|
| Progress Report/Competitive Renewal Detailed Budget (If applicable) | FROM | THROUGH |
|---|------|---------|

PROGRESS REPORT (Start Up, Seed and Graduate Student)

Enter Estimated First Year Carryover

Enter Second Year Request

*Enter Total Requested for Second Year

(first year carryover plus second year)

*This is the amount to be budgeted below

*

| PERSONNEL | ROLE ON PROJECT | TYPE APPT. (months) | % EFFORT ON PROJ. | INST. BASE SALARY | DOLLAR AMOUNT REQUESTED (omit cents) | | |
|------------------|-----------------|------------------------|-------------------|-------------------|--------------------------------------|-----------------|--------|
| NAME | | | | | SALARY REQUESTED | FRINGE BENEFITS | TOTALS |
| | | | | | | | |
| | | | | | | | |
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| SUBTOTALS | | | | | | | |

CONSULTANT COSTS

SUPPLIES (Itemize by category)

OTHER EXPENSES (Itemize by category)

| | |
|------------------------------|-----------|
| TOTAL COSTS REQUESTED | \$ |
|------------------------------|-----------|

Budget Justification

Provide a detailed justification for each category in the budgets. *(may detail more than one budget below)*

Biographical Sketch

*Provide the following information for the Principal Investigator and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.***

NAME:

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 <i>(if applicable)</i> | Completion Date MM/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

Principal Investigator (Last, First, Middle):

Resources

Identify the facilities to be used (laboratory, clinical, animal, computer, office, other) as related directly to the proposed project.

Principal Investigator (Last, First, Middle):

Research Plan

Follow the directions and guidance in the application instructions.

Principal Investigator (Last, First, Middle):

Other Support

Follow the directions and guidance in the application instructions.