

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

Title of Project:

Submission: New Resubmission Year 2 Funding

Principal Investigator

Name (Last, First, Middle):	Degree(s):
-----------------------------	------------

Academic Title:	Type of Grant
-----------------	---------------

Department:	<input type="checkbox"/> Start Up <input type="checkbox"/> Post-Doctoral Research Fellowship <input type="checkbox"/> Graduate Student Fellowship
-------------	---

Division:	<input type="checkbox"/> Pilot <input type="checkbox"/> Bridging Funds
-----------	---

Phone:	Email:
--------	--------

Research Approvals

Human Subject Research (IRB) <input type="checkbox"/> No <input type="checkbox"/> Yes	Approval Date:	ID Number:
--	----------------	------------

Vertebrate Animals (IACUC) <input type="checkbox"/> No <input type="checkbox"/> Yes	Approval Date:	ID Number:
--	----------------	------------

Recombinant DNS (IBC) <input type="checkbox"/> No <input type="checkbox"/> Yes	Approval Date:	ID Number:
---	----------------	------------

Use of PCTRC	<input type="checkbox"/> No <input type="checkbox"/> Yes
--------------	--

Project Dates and Proposed Costs *(all project/period starts dates will be January or July and must include year)*

Project Start Date:	Project End Date:
---------------------	-------------------

Period Start Date:	Period End Date:
--------------------	------------------

Year 1 Request: \$	Year 2 Request: \$
--------------------	--------------------

Year 2 Renewal Request: \$

Other Support

Please provide a total of "Other Support" from the application: \$

Signatures *(PI, Division Chief and Post-Award Administrator are mandatory signatures)*

Principal Investigator:	
-------------------------	--

Division Chief:	
-----------------	--

Post-Award Administrator:	
---------------------------	--

Mentor <i>(Post-Doc and Grad Student Applications 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	
Other Support Document	
Budget Justification	
Biographical Sketch – Principal Investigator	
Other Biographical Sketches	
Resources	
Research Plan	
Introduction to Revised Application, if applicable	
Specific Aims.....	
Research Strategy	
Vertebrate Animals (<i>Include approval letter in appendix</i>)	
Bibliography and References Cited.....	
Letters of Support	
Mentor Letter (<i>Required for Post-Doctoral and Graduate Student Applications</i>)	
Publications (<i>Progress Report Only</i>)	

Appendix

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							
SUBTOTALS →								
CONSULTANT COSTS								
EQUIPMENT (<i>Itemize</i>)								
SUPPLIES (<i>Itemize by category</i>)								
TRAVEL								
INPATIENT CARE COSTS								
OUTPATIENT CARE COSTS								
ALTERATIONS AND RENOVATIONS (<i>Itemize by category</i>)								
OTHER EXPENSES (<i>Itemize by category</i>)								
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	
SUBTOTALS								

CONSULTANT COSTS

SUPPLIES (Itemize by category)

OTHER EXPENSES (Itemize by category)

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

Principal Investigator (Last, First, Middle): _____

Other Support

Follow the directions and guidance in the application instructions.

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

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.