UPMC Children's Hospital of Pittsburgh
Research Advisory Committee (RAC)

Grant Application Face Sheet

1. Title of Project	
2. Submission ☐ New ☐Revision ☐ Year 2 Funding	
3. Principal Investigator	
3a. Name (Last, First, Middle)	3f. Degree(s)
3b. Academic Title	3g. Type of Grant ☐ Start Up ☐ Seed ☐ Research Fellowship/ Post-Doc ☐ Graduate Student/ Pre-Doc ☐ Pilot Translational Funds ☐ Bridging Funds
3c. Department	
3d. Subdivision	
3e. Office Telephone	3h. Email:

4. Research Approvals		
4a. Human Subject Research (IRB) ☐ No ☐ Yes	Approval Date:	ID Number:
4b. Vertebrate Animals (IACUC) ☐ No ☐ Yes	Approval Date:	ID Number:
4c. Recombinant DNS (IBC) ☐ No ☐ Yes	Approval Date:	ID Number:
4d. Use of PCTRC	☐ No ☐ Yes	

5. 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:
5a. Year 1 Cost:	5b. Year 2 Cost:
Year 2 Application Request	
5c. Requested Funding Amount:	

6. Signatures	
Principal Investigator:	
Division Chief:	
Mentor: *(fellowship only)*	

RAC Grant Application

Table of Contents

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

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 *(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 *(Item 7a, Face Page)*		**$**
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD		**$**

Budget for Entire Proposed Project Period
Direct Cost Only

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD *(from Form Page 4)*	2nd YEAR OF SUPPORT REQUESTED
PERSONNEL: *Salary and fringe benefits.*		
CONSULTANT COSTS		
EQUIPMENT		
SUPPLIES		
TRAVEL		
INPATIENT CARE COSTS		
OUTPATIENT CARE COSTS		
ALTERATIONS AND RENOVATIONS		
OTHER EXPENSES		
DIRECT CONSORTIUM/ CONTRACTUAL COSTS		
SUBTOTAL DIRECT COSTS *(Sum = Item 8a, Face Page)*		
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 NAME	ROLE ON PROJECT	TYPE APPT. (*months*)	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED (*omit cents*) SALARY REQUESTED	FRINGE BENEFITS	TOTALS
			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 *(if applicable)*	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

Resources

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

Research Plan

Follow the directions and guidance in the application instructions.

Other Support

Follow the directions and guidance in the application instructions.