**Indiana University Melvin and Bren Simon Comprehensive Cancer Center**

*Pilot Project Proposals Supporting Your Next Grant Submission*

**IUSCCC HHM Program Basic Science Pilot Application**

**PRINCIPAL INVESTIGATOR**:

RANK / TITLE:

EMAIL:

eRA COMMONS NAME:

ORCID ID:

DEPARTMENT and SCHOOL:

INSTITUTION / AFFILIATION: IUB  IUPUI IUSM  PURDUE  UND IU Regional Campus

IUSM Regional Campus IBRI

TITLE OF PROPOSAL:

SPECIFIC AIMS (1 page)

RESEARCH STRATEGY (3 pages)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILED BUDGET FOR INITIAL BUDGET PERIOD**  **DIRECT COSTS ONLY – ONE YEAR ONLY** | | | | | FROM | | THROUGH | | |
| PERSONNEL *(Applicant organization only)* | |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | |
| NAME | ROLE ON  PROJECT | TYPE  APPT.  *(months)* | EFFORT  ON  PROJ. | INST.  BASE  SALARY | SALARY  REQUESTED | FRINGE  BENEFITS | | | TOTAL |
|  | Principal  Investigator |  |  |  |  |  | | |  |
|  | Collaborator |  |  |  |  |  | | |  |
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| **SUBTOTALS** | | | | |  |  | | |  |
| CONSULTANT COSTS | | | | | | | |  | |
| SUPPLIES | | | | | | | |  | |
| TRAVEL | | | | | | | |  | |
| PATIENT CARE COSTS | | | | | | | |  | |
| OTHER EXPENSES | | | | | | | |  | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | |  | |

eBUDGET JUSTIFICATION (½ pages):

BIOSKETCHES