**Collaborative Pilot Research Grant**

AN INITIATIVE FUNDED BY

**The Neuroscience Institute (NSI)**

**DEADLINE: October 31, 2023 @ 11:59 p.m.**

Application: UPLOAD via the Start a Submission link here: [NSI Collaborative Grant Link](https://indianactsi.org/researchers/services-tools/translational-research-development/open-funding-opportunities/#NSIC202310)

*Please note that you will be submitting through the Indiana CTSI’s grants management software WebCAMP.*

*The WebCAMP user’s guide is available under the funding announcement here:* [*https://www.indianactsi.org/researchers/funding/open-funding-opportunities/*](https://www.indianactsi.org/researchers/funding/open-funding-opportunities/)

**For RFA questions, Lindsay Treadway** [treadway@iuhealth.org](mailto:treadway@iuhealth.org)

Contact **Julie Driscol** [judrisco@iu.edu](mailto:judrisco@iu.edu) / 317-278-2822 for WebCAMP questions.

IU Health & IU School of Medicine Neuroscience Institute

**Collaborative Pilot Research Grant | 2023 APPLICATION**

**FOR APPLICATIONS FROM CO-PIs, INFORMATION AND SIGNATURES MUST REPRESENT BOTH PIs**

**PRINCIPAL INVESTIGATOR:**  **EMAIL:**

**RANK, DEPARTMENT, and SCHOOL, if appropriate:**

**INSTITUTIONAL AFFILIATION:**

**ORCID ID:**

**Co-PRINCIPAL INVESTIGATOR (if applicable):**  **EMAIL:**

**RANK, DEPARTMENT, and SCHOOL, if appropriate:**

**INSTITUTIONAL AFFILIATION:**

**ORCID ID:**

**TITLE OF PROPOSAL:**

CATEGORY BRIEF SPECIFICATION:

**ADDRESS WHERE WORK WILL BE PERFORMED:**

**BUDGET PERIOD (maximum 12 months):**

From: (Month/Day/Year) To:(Month/Day/Year)

AMOUNT REQUESTED:

Total $ (may not exceed $50,000)

APPROVAL

YES NO PENDING PROTOCOL# DATE

RECOMBINANT DNA?

HUMAN SUBJECTS?

VERTEBRATE ANIMALS?

DOES THIS PROJECT INVOLVE CLINICAL RESEARCH?

**REQUIRED SIGNATURES: The undersigned agree(s) to accept responsibility for the scientific and technical conduct of the research project and for provision of required progress reports if a grant is awarded as the result of this application.**

**APPLICANT SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPED NAME AND TITLE OF APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPARTMENTAL OFFICIAL SIGNATURE\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*By this signature you are attesting to approval and support of the time and effort specified by the PI on this application.

**TYPED NAME OF DEPARTMENTAL OFFICIAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-APPLICANT SIGNATURE (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPED NAME AND TITLE OF APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPARTMENTAL OFFICIAL SIGNATURE\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*by this signature you are attesting to approval and support of the time and effort specified by the PI on this application.

**TYPED NAME OF DEPARTMENTAL OFFICIAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABSTRACT** Provide a brief summary of your project in **250 words or less**. Include the project’s broad, long-term objectives and specific aims, a description of the research design/methods for achieving the stated goals, and neuroscience interdisciplinary collaborations.

**RESEARCH PLAN** Provide up to 2 pages for the project’s research plan in NIH format (specific aims, significance, innovation, and approach). The research plan should address the following review criteria: ***i)*** ***Quality*** – high standards of scholarship *and* ***ii)*** ***Impact*** – the results of the proposed project must show a strong potential for subsequent extramural funding (for example; NHGRI, NIA, NIAAA, NIBIB, NIDA, NIMH, NINDS, DOD, and/or the VA). Resubmissions are permitted an additional ½ page to indicate how they have responded to reviewers’ comments.

**References** (not included in research plan page limit)

**Required Additional Pages (Appendices)**

* **Key Personnel**
* **Other Support** for each key personnel limited to 2 pages each
* **NIH Biosketch** for all PIs/Co-PI’s in new format, limited to 5 pages each
* **Description of Facilities and Resources** available to the applicant
* **Budget** in NIH format with budget justification
  + - Supplies and costs must relate directly to the performance of the project.
    - Travel and faculty salaries are not allowed.
    - Student stipends are not allowed.
* **Approved current institutional vertebrate animal care form** (if applicable)
* **Approved current institutional human subject’s selection criteria form** (if applicable)
* **Letters of Support from collaborators**
* **Previous reviewers’ comments if this is a resubmission.**

Principal Investigator (Last, first, middle):

|  |  |  |  |  |  |  |  |  |  |
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| Principal Investigator/Program Director (Last, First, Middle): | | |  | | | | | | |
|  | | | | | | | | | |
| **SENIOR / KEY PERSONNEL REPORT** | | | | **Project Title** | | | | | |
| **All Senior / Key Personnel for the one year budget period must be listed below.** | | | | | | | | | |
| **Name** | **Degree(s)** | **Role on Project (e.g. PI, Res. Assoc.)** | | | **Institutional Affiliation** | **Effort Devoted to Project** | | |
| **Cal** | **Acad** | **Sum** |
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OMB No. 0925-0001 and 0925-0002 (Rev. 12/2020 Approved Through 02/28/2023)

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

**B. Positions, Scientific Appointments, and Honors**

**C. Contributions to Science**

Principal Investigator (Last, first, middle):

**OTHER SUPPORT**: Provide active support for the **Principal Investigator and any 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.

It is critical that the Other Support page be clear and detailed, and include funding through program projects, centers, joint grants, and other programs as well as the role of the person in each grant and any potential overlap. Both Active and Pending support should be listed.

Include all information noted below for each proposal / award:

|  |  |  |
| --- | --- | --- |
| **NAME OF INDIVIDUAL**  **ACTIVE / PENDING** | | |
| **Project Number**  **Source**  **Title** | **Dates of Project**  **Annual Direct Cost** | **Person Months (Cal / Academic / Summer)** |
| **Major Goals of Project**  **Overlap** | | |

Please refer to NIH [PHS398 application instructions document](http://grants.nih.gov/grants/funding/phs398/phs398.doc) for information on completing the biographical sketch pages. Actual NIH forms can be used in place of the ones provided here, for the biographical sketch and other support.

**Description of Facilities and Resources**

Principal Investigator (Last, first, middle): **YEAR 1**

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| **DETAILED BUDGET FOR YEAR 1 BUDGET PERIOD**  **DIRECT COSTS ONLY** | | | | | FROM  November 1, 2023 | | THROUGH  November 30, 2024 | | |
| 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 YEAR 1 BUDGET PERIOD** | | | | | | | |  | |

BUDGET JUSTIFICATION: