**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  IUI IUSM  PURDUE  UND IU Regional Campus

IUSM Regional Campus IBRI

TITLE OF PROPOSAL:

**FOR NON-IU APPLICANTS THIS IS CONSIDERED EXERNAL FUNDING AND SIGNATURES MUST BE OBTAINED FROM YOUR REPRESENTATIVE INSTITUTIONS**

|  |  |
| --- | --- |
| **IBRI** | **Signature and Date** |
| Applicant |  |
| Chief of Staff/ Executive Vice President |  |

|  |  |
| --- | --- |
| **Purdue University** | **Signature and Date** |
| Applicant |  |
| Department Head / Chair |  |
| Institutional Official(1) |  |

(1) Signature approval by Pre-Award Center Manager is required by Purdue University.

|  |  |
| --- | --- |
| **University of Notre Dame** | **Signature and Date** |
| Applicant |  |
| Department Head / Chair |  |
| Institutional Official\* |  |

\*This is your Notre Dame Pre-Award Program Manager. Notre Dame investigators MUST indicate their intent to submit to this opportunity by submitting the request through [NDp3](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Finside.nd.edu%2Ftask%2Fall%2Fndp3&data=05%7C01%7Ckcondron%40iu.edu%7C87fef985d736409a0bfa08db7c0c62cc%7C1113be34aed14d00ab4bcdd02510be91%7C0%7C0%7C638240164860537430%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=0oI%2FMWRhNJrHpLTzbp2jICTCefc78UoYrXvLy0za4cE%3D&reserved=0),  This action triggers contact from your Pre-Award research administrator.  This must be done BEFORE beginning your application.

LAY SUMMARY OF PROJECT (*Limited to 1/2 page and should include an impact statement*)

ABSTRACT (*NIH style; no more than 30 lines*)

SPECIFIC AIMS (*1 page*)

RESEARCH STRATEGY *(up to 3 pages; Address Social Responsibility- please outline any efforts to improve community outreach, diversify collaborators, or address a disparity)*

REFERENCES *(no page limit)*

BUDGET

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |
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| **SUBTOTALS** | | | | |  |  | | |  |
| CONSULTANT COSTS | | | | | | | |  | |
| SUPPLIES | | | | | | | |  | |
| TRAVEL | | | | | | | |  | |
| PATIENT CARE COSTS | | | | | | | |  | |
| OTHER EXPENSES | | | | | | | |  | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | |  | |

BUDGET JUSTIFICATION *(up to 1 page; Proposals should not include percent effort (salary) for PI or any faculty members)*

BIOSKETCHES

IF APPLYING FOR FUNDING TO IMPROVE AN UNFUNDED PROJECT, ATTACH PREVIOUS PEER REVIEW CRITIQUES HERE