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

*Pilot Project Proposals Supporting Innovative Research Focused on Cancer*

**IUSCCC Trainee (Graduate Students, Post-docs, Residents and Clinical Fellows) Pilot Application**

**PRINCIPAL INVESTIGATOR (Trainee)**:

RANK / TITLE:

EMAIL:

ORCID ID:

DEPARTMENT and SCHOOL:

INSTITUTION / AFFILIATION: IUB  IUI IUSM  PUI  PURDUE  UND IU Regional Campus

IUSM Regional Campus IBRI

**MENTOR**:

EMAIL:

TITLE OF PROPOSAL:

AMOUNT REQUESTED (UP TO $10,000) FOR A ONE YEAR AWARD:

IS THIS A RESUBMISSION: YES  NO \*You are required to provide a 1-page response to previous critiques if this is a resubmission of an unfunded project submitted through this funding mechanism

HAVE YOU PREVIOUSLY RECEIVED FUNDING THROUGH THIS MECHANISM: YES  NO \*Note: only trainees who received funding awards in 2022 or earlier are eligible for additional funding

|  |  |  |
| --- | --- | --- |
|  |  |  |

**FOR ALL NON-IU APPLICANTS THIS IS CONSIDERED EXTERNAL 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%7Cjudrisco%40iu.edu%7C6173ecee907441c961f508db65cffd1c%7C1113be34aed14d00ab4bcdd02510be91%7C0%7C0%7C638215716228661978%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=9MfTlWjTBf69kGqmkB0X6i3YFX3lHaSpVIwepttxp%2BY%3D&reserved=0),  This action triggers contact from your Pre-Award research administrator.  This must be done BEFORE beginning your application.

RESPONSE TO PREVIOUS CRITIQUES (PROVIDE THIS INFORMATION IF THIS PROJECT IS A RESUBMISSION; LIMIT OF 1 PAGE)

ABSTRACT (30 LINES)

SPECIFIC AIMS (1 PAGE)

RESEARCH STRATEGY (4 PAGES; SHOULD INCLUDE SIGNIFICANCE, INNOVATION & APPROACH)

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

BUDGET JUSTIFICATION (1 PAGE):

SIGNED LETTER FROM TRAINEE & MENTOR

BIOSKETCHES (PLEASE BE SURE TO USE THE CORRECT FORMAT AND USE THE BIOSKETCH FOR TRAINEES OR FACULTY AS APPLICABLE: <https://grants.nih.gov/grants-process/write-application/forms-directory/biosketch>)