

**Pilot & Feasibility Grant**

**2022 APPLICATION**

AN INITIATIVE FUNDED BY

**NIH/NIDDK P30 DK097512**

Submission Due Date: Monday March 21, 2022

Contact **Jeffrey Elmendorf, Ph.D.** [**jelmendo@iupui.edu**](mailto:jelmendo@iupui.edu) **with questions.**

**UPLOAD via the Start a Submission link here:** [**CTSI CDMD Link**](https://indianactsi.org/translational-research-development/open-funding-opportunities#CDMD202203)

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

December 2021**INDIANA UNIVERSITY CENTER FOR DIABETES & METABOLIC DISEASES (CDMD)**

**PILOT & FEASIBILITY GRANT PROGRAM**

**2022 APPLICATION**

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

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

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

**INSTITUTIONAL AFFILIATION:**

**INSTITUTIONAL EIN or DUNS NUMBER:**

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

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

**INSTITUTIONAL AFFILIATION:**

**INSTITUTIONAL EIN or DUNS NUMBER:**

**TITLE OF PROPOSAL:**

**Provide a brief specification that the PI is a new investigator (Category 1), an established investigator new to diabetes-related research (Category 2), an established diabetes investigator pursuing a high impact/high risk project or project that is a significant departure from the PI’s usual work (Category 3), or an investigator developing new research techniques/technologies that could be used in an IDRC Core facility (Category 4). Also include whether the submission is in response to a special AD/ADRD- or Physician-Scientist special invitation.**

**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; indirect costs are not allowed)

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 **500 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 CDMD interdisciplinary collaborations.

**INTRODUCTION** **(If this is a resubmission of a previous non-funded P&F application; not a new submission,** please provide a one-page response to how this resubmission responds to the reviewers’ previous comments. ***If this is a new submission, please indicate N/A*.)SPECIFIC AIMS** (Provide a one page description of the specific aims for this project.)

**RESEARCH PLAN** (Provide up to **3 pages** for the project’s research plan. The research plan should address the following review criteria: ***i)*** ***Quality*** – high standards of scholarship; ***ii)*** ***Relevance to the mission of the CDMD*** – must have clear potential impact on the development of new strategies for the treatment of diabetes and/or complications of diabetes; ***iii)*** ***Impact*** – the results of the proposed project must show a strong potential for subsequent extramural funding from NIDDK, ADA, and/or the JDRF; ***iv)*** ***Leverage*** – proposals must demonstrate the benefit of available resources at the CDMD; and ***v)*** ***Collaborations*** – proposals that promote collaborations between investigators at Indiana University School of Medicine and other Indiana University campuses (IU Bloomington, IU Muncie, etc.), Indiana University-Purdue University Indianapolis (IUPUI), Purdue University, University of Notre Dame and the Indiana Biomedical Research Institute (IBRI) are encouraged.

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

**Required Additional Pages (Appendices)**

* **Key Personnel**
* **Other Support** for each key personnel limited to 2 pages each
* **NIH Biosketch** for each key personnel in new format, limited to 5 pages each
* **Description of Facilities and Resources** available to the applicant
* **Budget** in NIH format with budget justification

1. Supplies and costs must relate directly to the performance of the project.
2. Travel should be limited to the amount necessary to achieve the aims of the project.
3. No-cost extensions will not be awarded.

* **Approved current institutional vertebrate animal care form** (if applicable)
* **Approved current institutional human subjects selection criteria form** (if applicable)

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. 03/2020 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 and Honors**

**C. Contributions to Science**

**D. Additional Information: Research Support and/or Scholastic Performance**

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):

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILED BUDGET FOR YEAR 1 BUDGET PERIOD**  **DIRECT COSTS ONLY** | | | | | | FROM  June 1, 2022 | | THROUGH  June 30, 2023 | | |
| 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: