**INDIANA UNIVERSITY SCHOOL OF MEDICINE**

**BIOMEDICAL RESEARCH GRANT APPLICATION**

**TO THE**

##### BIOMEDICAL RESEARCH COMMITTEE

PRINCIPAL INVESTIGATOR NAME: EMAIL:

RANK: eRA COMMONS: ORCID ID:

DEPARTMENT: DEPARTMENT CODE:

CAMPUS ADDRESS:

TITLE OF PROPOSAL:

BUDGET PERIOD: From:  To:

AMOUNT REQUESTED: $ Percent Effort **%**

APPROVAL

YES**\*** NO PENDING PROTOCOL # DATE

BIOSAFETY?

VERTEBRATE ANIMALS?

HUMAN SUBJECTS?

\* Proof of these approvals will be required before an award is set up

PROJECT INVOLVE CLINICAL RESEARCH?

RESUBMISSION TO BRC?   if yes, see additional requirements in RFA

LETTER FROM DEPARTMENTAL CHAIRMAN?  Confirm inclusion of approval letter

“The undersigned agrees 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.”

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Date Principal Investigator

|  |  |  |
| --- | --- | --- |
| DESCRIPTION: State the application’s broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application. | | |
|  | | |
| PERFORMANCE SITE(S) *(organization, city, state)* | | |
| KEY PERSONNEL Start with Principal Investigator. List all other key personnel in alphabetical order, last name, first name, Organization / Division and Project Role. | | |
|  |  |  |

Principal Investigator/Program Director (Last, first, middle):

Reasons for Application– one page maximum.

State the reasons for the application at the present time and specify whether these are start-up funds for a new investigator or bridge funding between periods of extramural grant support. If the request is a resubmission of a proposal previously reviewed by the Biomedical Research Committee, the applicant must include a detailed introduction showing what changes have been made to address the previous comments. Changes should also be noted in the body of the proposal and prior review comments included in the appendices.

If this is a resubmission, a response to reviews is also **required** – add an additional one page maximum for a total of two pages.

Principal Investigator/Program Director (Last, first, middle):

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILED BUDGET FOR INITIAL BUDGET PERIOD**  **DIRECT COSTS ONLY** | | | | | | | FROM  04/01/2025 | | THROUGH  03/31/2026 | | |
| 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 |  |  | XXXXXX | XXXXXX | | XXXXXX | | | XXXXXX |
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| **SUBTOTALS** | | | | | |  | |  | | |  |
| CONSULTANT COSTS | | | | | | | | | | |  |
|  | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | |  |
|  | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | |  |
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| TRAVEL | | | | | | | | | | |  |
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| PATIENT CARE COSTS | INPATIENT | | | | | | | | | |  |
|  | OUTPATIENT | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | | |  |
|  | | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | |  |
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| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | | **$** | |
| **TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** *(Item 7a, Face Page)* | | | | | | | | | | **$** | |

BUDGET JUSTIFICATION:

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 01/31/2026)

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**

**OTHER SUPPORT**: Since the guidelines restrict funding to applicants who do not have extramural funding of $100,000 (direct costs) or greater per annum, it is critical that the Other Support page be clear and detailed, and include funding through program projects, centers, joint grants, etc., as well as the role of the applicant in each grant and any potential overlap. Both Active and Pending support should be listed.

Include all information noted below OR you may substitute the [current NIH OS form](https://grants.nih.gov/grants/forms/all-forms-and-formats/other-support-format) but you MUST include dollar amounts when indicating current / pending funding

ACTIVE/PENDING (Indicate)

Source and Project Number:

Principal Investigator:

Title of Project (or Subproject):

Percent Effort of BRC applicant:

Dates of Approved/Proposed Project:

Annual Direct Costs of Overall project:

Annual Direct Costs of Subproject of BRC applicant:

The major goals of this project are…

OVERLAP

ACTIVE/PENDING (Indicate)

Source and Project Number:

Principal Investigator:

Title of Project (or Subproject):

Percent Effort of BRC applicant:

Dates of Approved/Proposed Project:

Annual Direct Costs of Overall project:

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OVERLAP

ACTIVE/PENDING (Indicate)

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Title of Project (or Subproject):

Percent Effort of BRC applicant:

Dates of Approved/Proposed Project:

Annual Direct Costs of Overall project:

Annual Direct Costs of Subproject of BRC applicant:

The major goals of this project are…

OVERLAP

RESEARCH PLAN (See RFA for details):