**PILOT FUNDING FOR RESEARCH USE OF CORE FACILITIES**

**APPLICATION**

**(Fall 2021)**

USE “TAB” TO MOVE FROM ONE AREA TO ANOTHER—AVOID USING “ENTER”.

**PRINCIPAL INVESTIGATOR**:

RANK / TITLE: eRA COMMONS NAME:      ORCID ID:

DEPARTMENT and SCHOOL: DEPARTMENT CODE (IU):

INSTITUTION / AFFILIATION: IUB  IUPUI IUSM  PURDUE  UND IU Regional Campus

IBRI

CAMPUS ADDRESS:  EMAIL:       PHONE:

**Co-PRINCIPAL INVESTIGATOR**:

RANK / TITLE: eRA COMMONS NAME:      ORCID ID:

DEPARTMENT and SCHOOL: DEPARTMENT CODE (IU):

INSTITUTION / AFFILIATION: IUB  IUPUI IUSM  PURDUE  UND IU Regional Campus

IBRI

CAMPUS ADDRESS:  EMAIL:       PHONE:

TITLE OF PROPOSAL:

KEY WORDS THAT DESCRIBE THE PROJECT (for use in identifying reviewers):

RESUBMISSION: YES  NO

\*If yes, please address or respond to the comments from the reviewers and submit it with the copy of the reviewer’s comments in the submission as supplemental information.

**CORE FACILITY TO BE UTILIZED**:

CORE DIRECTOR:EMAIL:

CORE INSTITUTION / AFFILIATION: IUB  IUPUI IUSM  PURDUE  UND

**CORE FACILITY TO BE UTILIZED**:

CORE DIRECTOR:EMAIL:

CORE INSTITUTION / AFFILIATION: IUB  IUPUI IUSM  PURDUE  UND

**TOTAL BUDGET PERIOD** (may not exceed 2 years):

FISCAL OFFICER/BUSINESS MANAGER:       EMAIL:

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

TOTAL AMOUNT REQUESTED (Limit of $10,000-*Please ensure consistency with your Detailed Budget Page*) $

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES | NO | Protocol  Number | Approval  Date | (or Pending) |
| RECOMBINANT DNA / IBC? |  |  |  |  |  |
| HUMAN SUBJECTS? |  |  |  |  |  |
| VERTEBRATE ANIMALS? |  |  |  |  |  |

REQUIRED SIGNATURES: “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.”

|  |  |  |  |
| --- | --- | --- | --- |
| **IUSM Signature and Date** | | | |
| Applicant | |  |
| Department Head / Chair(1) |  | | |

Departments of Medicine and Pediatric: Division Chief Signature is requested in lieu of the Department Chair. Institutional Official

Signature is not required.

|  |  |  |  |
| --- | --- | --- | --- |
| **IUB, IUPUI, IU Regional Campuses Signature and Date** | | | |
| Applicant | |  |
| Department Head / Chair |  | | |

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

|  |  |  |
| --- | --- | --- |
| **Purdue University Signature and Date** | | |
| Applicant |  |
| Department Head / Chair |  | |
| Institutional Official  (contact Tommy Sors ([tsors@purdue.edu](mailto:tsors@purdue.edu) for institutional signature) |  | |

|  |  |  |
| --- | --- | --- |
| **University of Notre Dame** | **Signature and Date** | |
| Applicant | |  |
| Department Head / Chair | |  |
| Indicate intent to submit to Melanie DeFord via email ([mdeford@nd.edu](mailto:mdeford@nd.edu)).  Must work with your pre-award research administrator.  Institutional routing is not required; however investigators must answer the compliance questions in Cayuse.  If you have any questions, contact David Ross ([dross5@nd.edu](mailto:dross5@nd.edu)) or Melanie DeFord ([mdeford@nd.edu](mailto:mdeford@nd.edu)). | | |
|  |  |  |

**Project Abstract:** This should be a brief (300 word maximum) abstract in layman’s terms.

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

RESEARCH PLAN (Not to exceed 2 pages unless an additional ½ page is needed to describe how previous review comments have been addressed):

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

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILED BUDGET FOR BUDGET PERIOD**  **LIMITED TO DIRECT COSTS FOR *CORE SERVICES***  **Please ensure that the amount for requested for each Core is listed separately** | FROM | THROUGH | |
| CORE SERVICES - | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
| TOTAL DIRECT COSTS FOR BUDGET PERIOD | | |  |

BUDGET JUSTIFICATION:

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

**A. Personal Statement**

**B. Positions and Honors**

**C. Contributions to Science**

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

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

**RESEARCH/OTHER SUPPORT**: 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 applicant in each grant and any potential overlap. Both Active and Pending support should be listed. Include all information noted below:

ACTIVE/PENDING (Indicate)

Source and Project Number:

Principal Investigator:

Title of Project (or Subproject):

Percent Effort of applicant:

Dates of Approved/Proposed Project:

Annual Direct Costs of Overall project:

Annual Direct Costs of Subproject of 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 applicant:

Dates of Approved/Proposed Project:

Annual Direct Costs of Overall project:

Annual Direct Costs of Subproject of 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 applicant:

Dates of Approved/Proposed Project:

Annual Direct Costs of Overall project:

Annual Direct Costs of Subproject of applicant:

The major goals of this project are…

OVERLAP

**Sample Letter from Core Director**

<Date>

Principal Investigator:

Proposal Title:

Dear Committee Members:

I have reviewed this project with the principal investigator and support its consideration for pilot funding.

***[In the remaining paragraph(s) the director should describe the pilot investigator’s intended use of the facility and the cost involved, assessing the center’s ability to support the study, the experimental design as it relates to the facility and the time line is appropriate.]***

I certify that:

□ The core has the capability to perform the work outlined in the application

□ The budget requested can cover the work to be performed in the core (if additional monies have not been identified)

□ The experimental design proposed for the facility is appropriate and can accomplish the stated purpose

Sincerely,

Core Facility Director Signature Block