**MOLECULAR THERAPEUTICS PROGRAM (MTP) COLLABORATION IN TRANSLATIONAL RESEARCH FOR COVID-19**

**APPLICATION**

**PRINCIPAL INVESTIGATOR**:

RANK / TITLE: eRA COMMONS NAME:      ORCID ID:

DEPARTMENT and SCHOOL:

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:

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):

FISCAL OFFICER/BUSINESS MANAGER:       EMAIL:

TOTAL AMOUNT REQUESTED (Limit of $15,000 - $50,000) $

**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.”

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| **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.

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

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

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

Signature approval by any Sponsored Program Services (SPS) Pre-Award Center Manager is required by Purdue University applicants.

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| **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)). | | |
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**Project Abstract:** This should be a brief (250 word maximum) abstract in layman’s terms.

**Keywords:** List 5 keywords that describe the research content of your proposal.

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

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| **DETAILED BUDGET FOR PROJECT PERIOD**  **(may not exceed 24-months)**  **DIRECT COSTS ONLY** | | | | | FROM  **06/01/2020** | | 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 |
|  | Principal  Investigator |  |  |  |  |  | |  |
|  | Collaborator |  |  |  |  |  | |  |
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| **SUBTOTALS** | | | | |  |  | |  |
| CONSULTANT COSTS | | | | | | | |  |
| SUPPLIES | | | | | | | |  |
| TRAVEL | | | | | | | |  |
| PATIENT CARE COSTS | | | | | | | |  |
| OTHER EXPENSES | | | | | | | |  |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | |  |

BUDGET JUSTIFICATION (½ pages):

Note: Include a separate budget and justification for each participating site

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

RESEARCH PLAN (Not to exceed 2 pages):

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

SAFETY PLAN (if not applicable please indicate NA rather than leaving blank):

PROTECTION OF HUMAN SUBJECTS; VERTEBRATE ANIMALS; AND/OR RECOMBINANT DNA (the appropriate details, where applicable, must be addressed. If not applicable, please indicate NA).

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/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