**INDIANA UNIVERSITY GRAND CHALLENGE PRECISION HEALTH INITIATIVE**

**PRECISION DIABETES PROGRAM PILOT FUNDING AWARD APPLICATION**

**TO THE**

##### RESEARCH COMMITTEE

PRINCIPAL INVESTIGATOR NAME:

RANK: eRA COMMONS:

DEPARTMENT: EMAIL ADDRESS:

CAMPUS ADDRESS:CAMPUS PHONE:

TITLE OF PROPOSAL:

ADDRESS WHERE WORK

WILL BE PERFORMED:

BUDGET PERIOD:

From:  To:

(Month/Day/Year)

AMOUNT REQUESTED:

$ Percent Effort **%**

APPROVAL

YES NO PROTOCOL # DATE

RECOMBINANT DNA?

VERTEBRATE ANIMALS?

HUMAN SUBJECTS?

**Will this project involve Clinical Research?**

**Is this application a resubmission?**

“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

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

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| 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. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.** | | |
|  | | |
| PERFORMANCE SITE(S) *(organization, city, state)* | | |
| KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below.  Start with Principal Investigator. List all other key personnel in alphabetical order, last name first. | | |
| Name | Organization | Role on Project |
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Principal Investigator/Program Director (Last, first, middle):

**Research Plan**

Please briefly describe your research plan. What will the study accomplish? What methods will be used? If you prefer, you may submit a supplementary figure of the methods.

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

**Need for Pilot Funds and Sustainability– one page maximum**

State the reasons pilot funding is needed, and what they will be used for.

Sustainability – please briefly describe future plans. What will this pilot funding lead to? How will you leverage these preliminary data and refine processes in order to generate continued future initiatives?

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

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| **DETAILED BUDGET FOR INITIAL BUDGET PERIOD**  **DIRECT COSTS 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 |
|  | | Principal  Investigator |  |  |  |  | |  | | | |  |
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| **SUBTOTALS** | | | | | |  | |  | | | |  |
| CONSULTANT COSTS | | | | | | | | | | | |  |
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| EQUIPMENT *(Itemize)* | | | | | | | | | | | |  |
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| SUPPLIES *(Itemize by category)* | | | | | | | | | | | |  |
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| TRAVEL | | | | | | | | | | | |  |
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| PATIENT CARE COSTS | INPATIENT | | | | | | | | | | |  |
|  | OUTPATIENT | | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | | | |  |
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| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | |  |
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| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | | **$** | | |
| CONSORTIUM/CONTRACTUAL | | DIRECT COSTS | | | | | | | | |  | |
| COSTS | | FACILITIES AND ADMINISTRATIVE COSTS | | | | | | | | |  | |
| **TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** *(Item 7a, Face Page)* | | | | | | | | | | **$** | | |

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

BUDGET JUSTIFICATION:

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

Please Attach Biosketch and/or CV/Resume to Document Submission