**2021 Indiana CTSI Postdoc Challenge:**

**Grant Funding to use CTSI-DESIGNATED CORE FACILITIES**

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

**PRINCIPAL INVESTIGATOR / APPLICANT (e.g. POSTDOCTORAL FELLOW, ASSISTANT SCIENTIST, ASSISTANT SCHOLAR, STAFF SCIENTIST, RESEARCH SCIENTIST, RESEARCH ENGINEER)**:

DEPARTMENT and SCHOOL:

INSTITUTION / AFFILIATION: [ ] IUB [ ]  IUPUI [ ] IUSM [ ]  PURDUE [ ]  UND

CAMPUS ADDRESS:

EMAIL:       PHONE:

INTERESTED IN SERVING AS A REVIEWER FOR THIS MECHANISM: [ ]  Yes [ ]  No

(if you indicated yes, please forward your CV to Becky Fulk rjfulk@purdue.edu)

TITLE OF PROPOSAL:

**ADVISOR / MENTOR**:

RANK / TITLE:

DEPARTMENT and SCHOOL:

INSTITUTION / AFFILIATION: [ ] IUB [ ]  IUPUI [ ] IUSM [ ]  PURDUE

CAMPUS ADDRESS:

EMAIL:       PHONE:

**CORE FACILITY TO BE UTILIZED**:

CORE DIRECTOR:EMAIL:

CORE INSTITUTION / AFFILIATION: [ ] IUB [ ]  IUPUI [ ] IUSM [ ]  PURDUE [ ]  UND

***If using more than one Core Facility, please list below:***

**CORE FACILITY TO BE UTILIZED**:

CORE DIRECTOR:EMAIL:

CORE INSTITUTION / AFFILIATION: [ ] IUB [ ]  IUPUI [ ] IUSM [ ]  PURDUE [ ]  UND

TOTAL AMOUNT REQUESTED (Limit of $5,000-*Please ensure consistency with your Detailed Budget Page*) $

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES | NO | ProtocolNumber | ApprovalDate | (or Pending) |
| RECOMBINANT DNA / IBC? | **[ ]**  | **[ ]**  |  |  | **[ ]**  |
| HUMAN SUBJECTS? | **[ ]**  | **[ ]**  |  |  | **[ ]**  |
| VERTEBRATE ANIMALS? | **[ ]**  | **[ ]**  |  |  | **[ ]**  |

**REQUIRED APPLICANT AND INSTITUTIONAL SIGNATU**

“The undersigned applicant 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) |  |

(1) Departments of Medicine and Pediatric: Division Chief Signature is allowable in lieu of the Department Chair. Institutional Official Signature is not required for IUSM.

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

|  |  |
| --- | --- |
| **Purdue University**  | **Signature and Date** |
| Applicant |  |
| Department Head / Chair |  |
| Institutional OfficialContact Tommy Sors tsors@purdue.edu for signature on this line  |  |

|  |  |
| --- | --- |
| **University of Notre Dame** | **Signature and Date** |
| Applicant |  |
| Department Head / Chair |  |
| Indicate intent to submit to Melanie DeFord via email (mdeford@nd.edu). A copy of the completed application, with signatures, must also be sent to David Ross (dross5@nd.edu ) by the due date; this is in addition to being uploaded as specified in the ‘Guidelines’. Institutional routing is not required. Contact David Ross or Melanie DeFord with questions. |

**Project Summary:** This should be a brief (3 sentence) abstract in layman’s terms.

**Project Abstract**: (500 word maximum)

Principal Investigator/Applicant (Last, first, middle):

RESEARCH PLAN (Not to exceed 3 pages):

3-page limit, Arial 11 font, single space, 0.5” margin size page limit does not include references. Include: Statement of interest, translational strategy and how the core facility(s) fits into this strategy, project timeline, milestones for success, and a budget and how it aligns with the strategy)

|  |  |  |
| --- | --- | --- |
| **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**

Additional Required Pages: Please follow the guidelines