**2023 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:  IBRI IUB  IUPUI IUSM  PURDUE  UND  IU REGIONAL CAMPUS

CAMPUS ADDRESS:

EMAIL:       PHONE:

INTERESTED IN SERVING AS A REVIEWER FOR THIS MECHANISM:  Yes**\***  No

**\* if you indicated yes, please complete the** [**Qualtrics survey**](https://purdue.ca1.qualtrics.com/jfe/form/SV_396Mc4XpXQIquwK)

TITLE OF PROPOSAL:

Is this a resubmission? Yes\*  No \*If yes, see RFA for additional requirements

**ADVISOR / MENTOR**:

RANK / TITLE:

DEPARTMENT and SCHOOL:

INSTITUTION / AFFILIATION:  IBRI IUB  IUPUI IUSM  PURDUE  IU REGIONAL CAMPUS

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 | Protocol  Number | Approval  Date | (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.”

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

|  |  |
| --- | --- |
| **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 Official  Contact Tommy Sors [tsors@purdue.edu](mailto:tsors@purdue.edu) for signature on this line |  |

|  |  |
| --- | --- |
| **University of Notre Dame** |  |
| Applicant |  |
| Department Head / Chair |  |
| Indicate intent to submit to Melanie DeFord via email ([mdeford@nd.edu](mailto:mdeford@nd.edu)). A copy of the completed application, with signatures, must also be sent to David Ross ([dross5@nd.edu](mailto:dross5@nd.edu) ) by the due date.  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