**2025 Indiana CTSI Postdoc Challenge:**

**Grant Funding to use INDIANA 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 [ ]  IUI [ ] IUSM [ ]  PURDUE (West Lafayette only) [ ]  UND

CAMPUS ADDRESS:

EMAIL:

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_bvFHRTecny6B0jA)

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: [ ] IUB [ ]  IUI [ ] IUSM [ ]  PURDUE [ ]  UND

CAMPUS ADDRESS:

EMAIL:

**CORE FACILITY TO BE UTILIZED**:

CORE DIRECTOR:EMAIL:

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

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

**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, IUI** | **Signature and Date** |
| Applicant |  |
| Department Head / Chair |  |

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

|  |  |
| --- | --- |
| **University of Notre Dame** |  |
| Applicant |  |
| Department Head / Chair |  |
| Notre Dame investigators MUST indicate their intent to submit to this opportunity by submitting the request through [NDp3](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Finside.nd.edu%2Ftask%2Fall%2Fndp3&data=05%7C01%7Cjudrisco%40iu.edu%7Cdabce171ff0d404d754008da2de63de6%7C1113be34aed14d00ab4bcdd02510be91%7C0%7C0%7C637872764204681776%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=8L5JGnzHtM1T7yffte5eo03JvEj5G1tTYzhcxEEB30c%3D&reserved=0), Notre Dame Research's proposal intake form available on InsideND and completing the required questions in the Proposal Intake Form.  This action triggers contact from your Pre-Award research administrator.  This must be done BEFORE uploading your application into the Indiana CTSI grants site.  |

**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** | FROM05/01/2025 | THROUGH04/30/2026 |
| CORE SERVICES -  |       |
|  |       |
|  |       |
|  |       |
|  |       |
| TOTAL DIRECT COSTS FOR BUDGET PERIOD |       |

**BUDGET JUSTIFICATION**

Additional Required Pages: Please follow the guidelines. Each section should be uploaded separately.