

**Pre-Clinical**

**Neuroimaging Pilot Grant**

**2021 APPLICATION**

AN INITIATIVE FUNDED BY

**Roberts Neuroscience Imaging Fund**

Submission Due Date: **March 1, 2021**

For study-related questions, please contact Yu-Chien Wu [yucwu@iu.edu](mailto:yucwu@iu.edu), Scientific Director for the Roberts Translational Imaging Facility

**UPLOAD via the Start a Submission link here** **[Stark Neuroimaging Link](https://indianactsi.org/translational-research-development/open-funding-opportunities" \l "PCNI202103)**

*Please note that you will be submitting through the Indiana CTSI’s grants management software WebCAMP.*

*The WebCAMP user’s guide is available under the funding announcement here:* [*https://www.indianactsi.org/researchers/funding/open-funding-opportunities/*](https://www.indianactsi.org/researchers/funding/open-funding-opportunities/)

For WebCAMP related questions, please contact Julie Driscol ([judrisco@iu.edu](mailto:judrisco@iu.edu) / 317-278-2822)

**Indiana University School of Medicine Stark Neurosciences Research Institute (SNRI)**

**Pilot Pre-Clinical Neuroimaging Grant Program | 2021 APPLICATION**

**FOR APPLICATIONS FROM CO-PIs, INFORMATION AND SIGNATURES MUST REPRESENT BOTH PIs**

**PRINCIPAL INVESTIGATOR:**  **EMAIL:** **ORCID ID:**

**RANK       DEPARTMENT and SCHOOL:** **CAMPUS (if regional):**

**INSTITUTIONAL AFFILIATION:** **INSTITUTIONAL EIN or DUNS NUMBER:**

**Co-PRINCIPAL INVESTIGATOR (if applicable):**  **EMAIL:       ORCID ID:**

**RANK       DEPARTMENT and SCHOOL:** **CAMPUS (if regional):**

**INSTITUTIONAL AFFILIATION:** **INSTITUTIONAL EIN or DUNS NUMBER:**

**ADDRESS WHERE WORK WILL BE PERFORMED:**

**TITLE OF PROPOSAL:**

**Provide a brief specification that the contact PI is a new neuroscience investigator (Category 1), an established neuroscience investigator new to neuroimaging-related research (Category 2), or an established neuroscience investigator pursuing a high impact/high risk project or project that is a significant departure from the PI’s usual work (Category 3)**

CATEGORY BRIEF SPECIFICATION:

**IS THIS A RESUBMISSION:  (if yes, a ½ page response to reviewers’ comments should be included)**

**BUDGET PERIOD (maximum 12 months):**

From: (Month/Day/Year) To:(Month/Day/Year)

AMOUNT REQUESTED:

Total $ (may not exceed $10,000)

APPROVAL

YES NO PENDING PROTOCOL# DATE

RECOMBINANT DNA?

VERTEBRATE ANIMALS?

DOES THIS PROJECT INVOLVE CLINICAL RESEARCH?

**REQUIRED SIGNATURES: The undersigned agree(s) 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.**

**APPLICANT SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPED NAME AND TITLE OF APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPARTMENTAL OFFICIAL SIGNATURE\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*By this signature you are attesting to approval and support of the time and effort specified by the PI on this application.

**TYPED NAME OF DEPARTMENTAL OFFICIAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-APPLICANT SIGNATURE (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPED NAME AND TITLE OF APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPARTMENTAL OFFICIAL SIGNATURE\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*by this signature you are attesting to approval and support of the time and effort specified by the PI on this application.

**TYPED NAME OF DEPARTMENTAL OFFICIAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABSTRACT** Provide a brief summary of your project in **500 words or less**. Include the project’s broad, long-term objectives and specific aims, a description of the research design/methods for achieving the stated goals, and neuroscience interdisciplinary collaborations.

**RESEARCH PLAN** Provide up to 2 pages for the project’s research plan in NIH style (specific aims, significance, innovation, and approach).

The research plan should address the following review criteria: ***i)*** ***Quality*** – high standards of scholarship; ***ii)*** ***Impact*** – the results of the proposed project must show a strong potential for subsequent extramural funding (for example; NHGRI, NIA, NIAAA, NIBIB, NIDA, NIMH, NINDS, DOD, and/or the VA). ***iii) Future plan*** - briefly specify plans for publication, applying extramural funding, and timeline; and ***iv) Resubmission*** - applications are permitted an additional ½ page to describe how the current proposal specifically addressed the previous reviewers’ comments.

**References** (not included in page limit)

**Required Additional Pages (Appendices)**

* **A List of all key personnel**
* **NIH Biosketch** for PI(s) only in new format, limited to 5 pages each
* **Budget** in NIH format with budget justification, limited to 1 page

1. Supplies and costs must relate directly to the performance of the project.
2. Travel and faculty salaries are not allowed.
3. Student stipends are not allowed.
4. Core costs should be budgeted at the internal rate.

* **Previous reviewers’ comments if this is a resubmission**
* **Letters of Support from collaborators**

Principal Investigator (Last, first, middle):

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator/Program Director (Last, First, Middle): | | |  | | | | | | |
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| SENIOR / KEY PERSONNEL REPORT | | | | Project Title | | | | | |
| All Senior / Key Personnel for the one year budget period must be listed below. | | | | | | | | | |
| Name | Degree(s) | Role on Project (e.g. PI, Res. Assoc.) | | | Institutional Affiliation | Effort Devoted to Project | | |
| Cal | Acad | Sum |
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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 (Last, first, middle): **YEAR 1**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILED BUDGET FOR YEAR 1 BUDGET PERIOD**  **DIRECT COSTS ONLY** | | | | | | FROM  July 1, 2021 | | THROUGH  June 30, 2022 | | |
| 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** | | | | |  | |  | | |  |
| SUPPLIES | | | | | | | | | |  |
| ANIMAL COSTS | | | | | | | | | |  |
| OTHER EXPENSES | | | | | | | | | |  |
| TOTAL DIRECT COSTS FOR YEAR 1 BUDGET PERIOD | | | | | | | | |  | |

BUDGET JUSTIFICATION: