PROPOSAL TO

Ralph W. and Grace M. Showalter Research Trust Fund

## Principal Investigator with degrees

**Academic Rank:**

## Department: Department Code:

## Email: ORCID ID:

## Performance Site(s):

**Title of Application:**

**Is this application a resubmission?** Yes\*No

\*if yes, see additional requirements in the RFA

# Project Period: July 1, 2023 to June 30, 2024

**Amount Requested:** $ (may not exceed $75,000)

**Applicant Institution:** Indiana University

(Address for all Office of Research Administration

Correspondence) 509 E 3rd Street

Bloomington, Indiana 47401-3654

Telephone: (317) 278-3473

E-mail: [iuaward@iu.edu](mailto:iuaward@iu.edu)

**Payment Address:** Indiana University  
 Office of Research Administration  
 Dept 78867  
 P.O. BOX 78000  
 Detroit, MI 48278-0867

**Individual Authorized to**

**Sign for the Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Steven Allen Martin

Associate Vice President for Research Administration

**After obtaining institutional signature the PI must upload this application via the Start a Submission link found here:** [CTSI Showalter Link](https://indianactsi.org/translational-research-development/open-funding-opportunities#SHOW202301)

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

LAYMAN’S SUMMARY / ABSTRACT **Not to exceed 1 double-spaced page**. Emphasize the importance of the work in layman’s terms. This section should be carefully written to explain the proposal to a wider audience and clearly understandable to non-scientists. Focus on clear identification of the problem, the general approach, and the benefits anticipated from the results.

Since this will be used to communicate your project with the Trustees, you may also wish to review this [**this template**](https://indianactsi.org/wp-content/uploads/2020_annual_meeting_presentation_template.pptx) for ideas on how to organize your abstract for maximum understanding.

**Response to Reviewers’ Comments** (if Applicable)

**If the request is a resubmission of a proposal previously reviewed by the Biomedical Research Committee, the applicant must include a detailed introduction showing what changes have been made to address** **the previous comments.** This should not exceed one page. Changes should also be noted in the body of the proposal and prior review comments included in the appendices.

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DETAILED BUDGET FOR INITIAL BUDGET PERIOD  **DIRECT COSTS ONLY** | | | | | | | FROM  07/01/2023 | | THROUGH  6/30/2024 | |
| 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 | | | | | | | | | |  |
|  | | | | | | | | | |  |
| EQUIPMENT *(Itemize- capital threshold is $5000 per item; equipment total must be < 30% of requested direct costs)* | | | | | | | | | |  |
|  | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | |  |
|  | | | | | | | | | |  |
|  | | | | | | | | | |  |
| TRAVEL*(travel expenses requested from the Showalter Trust should be minimal)* | | | | | | | | | |  |
|  | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | | | | | | | | |  |
|  | OUTPATIENT | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | |  |
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|  | | | | | | | | | |  |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | | **$** |
|  | | **INDIRECT COSTS 20% (excluding equipment)** | | | | | | | |  |
| **TOTAL COSTS FOR INITIAL BUDGET PERIOD** | | | | | | | | | | **$** |

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

One-Page Budget Justification:

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 09/30/2024)

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, Scientific Appointments, and Honors**

**C. Contributions to Science**

**OTHER SUPPORT**: It is critical that the Other Support section be clear and detailed, and include funding through program projects, centers, joint grants, and other programs as well as the role of the applicant in each grant and any potential overlap. Both Active and Pending support should be listed. Include all information noted below. Add additional pages if needed.

ACTIVE/PENDING (Indicate)

Source and Project Number:

Principal Investigator:

Title of Project (or Subproject):

Percent Effort of applicant:

Dates of Approved/Proposed Project:

Annual Direct Costs of Overall project:

Annual Direct Costs of Subproject under the direction of applicant:

The major goals of this project are…

OVERLAP No Yes If yes, scientific / budgetary overlap with this proposal exists, describe how it will be resolved in the event that both applications are funded.

ACTIVE/PENDING (Indicate)

Source and Project Number:

Principal Investigator:

Title of Project (or Subproject):

Percent Effort of applicant:

Dates of Approved/Proposed Project:

Annual Direct Costs of Overall project:

Annual Direct Costs of Subproject under the direction applicant:

The major goals of this project are…

OVERLAP No Yes If yes, scientific / budgetary overlap with this proposal exists, describe how it will be resolved in the event that both applications are funded.

ACTIVE/PENDING (Indicate)

Source and Project Number:

Principal Investigator:

Title of Project (or Subproject):

Percent Effort of applicant:

Dates of Approved/Proposed Project:

Annual Direct Costs of Overall project:

Annual Direct Costs of Subproject under the direction of applicant:

The major goals of this project are…

OVERLAP No Yes If yes, scientific / budgetary overlap with this proposal exists, describe how it will be resolved in the event that both applications are funded.

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

RESEARCH PLAN *(***Not to exceed 6 single-spaced pages excluding references and Future Directions.** *Use one-inch left / right margins and Arial 12 point font, and include “Specific Aims”, “Significance”, and “Research Plan”. Include also a paragraph about “Future Direction” but this is outside of the 6 page research plan .)*

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

APPENDICES (On this cover page please list, and briefly describe, the documents attached): Appendices should include all of the **required** items below when applicable. In addition to the required items, you may include other supporting documents up to a maximum of five additional pages. Information key to understanding the proposal such as diagrams and data should not be presented here; key scientific information must fit within the 6 - page ‘Research Plan’ limit.

1. **Required** - Timeline describing the milestones and expected achievement date for the tasks within the proposed research. A table may be inserted in lieu of text.
2. **Required** – A brief one-page status report for applicants with any previous Showalter awards.
3. **Required** – A letter from the Department Chair that indicates support for the proposal and for the development of the research career of the faculty member. Space, equipment, dedicated departmental research funds and other departmental support should be detailed in this letter.
4. **Required** – If the applicant is an Assistant Research Professor or Assistant Scientist and is working under the mentorship of a senior investigator, an additional letter from the senior investigator clearly describing the pathway to independence for the applicant and how the applicant will develop a distinct line of research.  Note that inadequate description of this matter is likely to negatively impact the investigator’s likelihood of funding
5. **Required** – Letter(s) of support from key collaborators indicating their willingness to participate in the project.
6. **Required** – Match letters detailing the cost share commitment(s) when cost share is proposed.
7. **Required** – Prior scientific reviews for applications previously submitted or resubmitted to the Biomedical Research Committee (BRC).
8. **Required** – Regulatory approval documentation, when available.
9. **Optional –** A complete and unedited copy of reviewer’s comments must be included for all Showalter proposals previously submitted
10. **Optional** – Other pertinent information such as vendor quotes for consultation or core services, etc.