APPLICATION FOR Pilot and feasibility studies- RESEARCH

**Principal Investigator:**

**Project Title:**

**RESUBMISSION?**  Yes\*  No

\*Additional page outlining revisions is required. See RFA for guidelines.

**Mailing Address**

**Phone:**        -     Email:

**Address where work will be performed:**

**Mentor’s name & title:**

**Budget Period: (***Not to exceed 36 months***) From:** 07/01/2025 **To:**

**Amount Requested:** Year 1 $       Year 2 $       Year 3 $

Total For all years

**Check all that apply:** (To be eligible, you must fit at least one of the following categories)

Primary employeE at IU Health? If so, what faCILITY?

Member of IU Health Medical Staff? If so, what fACILITY?

Hold an official IU Health appointment? IF SO,WHAT FACILITY?

**Check which category(s) applies:** (To be eligible, you must be able to check all three boxes)

1) I am within 10 years of my last period of training or TERMINAL DEGREE

2) With the EXception of training grants, [NIH K08, K23) I have held no more than one small grant (less than $100,000) as Principal Or LEAD INVESTIGATOR (Co-PI titles SHOULD NOT BE COUNTED).

3) I hold an academic rank of Assistant Professor or lower or WITHIN TWO YEARS AS ASSOCIATE PROFESSOR.

**Yes NO**

RECOMBINANT DNA

HUMAN SUBJECTS

VERTEBRATE ANIMALS

RADIATION

**Which of the following categories best describes this research?**

Clinical, behavioral, or translational research

Outcomes, efficiencies, quality, or adherence to evidenced based medicine.

Population Health research

**Which of the following IU Health VALUES DOES YOUR PROJECT best SERVE? (check all that Apply)**

**PURPOSE**: WE wORK TO DO GOOD IN THE LIVES OF ALL OTHERS

**Excellence**: WE DO OUR BEST FOR AT ALL TIMES AND IN NEW WAYS

**COMPASSION**: WE TREAT ALL PEOPLE WITH RESPECT, EMPATHY AND KINDNESS

**TEAM**: WE COUNT ON AND CARE FOR EACH OTHER

**REQUIRED APPLICANT AND INSTITUTIONAL SIGNATURES:**

“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. I understand that the second phase of the funding is contingent on successful completion of first phase milestones in all institutions unless specific request for exception is made and approved.”

**APPLICANT SIGNATURE**:

Signature Date

**MANAGER’S OR DEPARTMENT CHAIR SIGNATURE:**

Signature Date Print Name

**IU OFFICE OF RESEARCH ADMINISTRATION SIGNATURE:**  (ONLY FOR IU INVESTIGATORS)

Signature Date Print Name

**Project Summary:** Provide a brief one paragraph general description of the research and its relevance to biomedical research and IU Health Values. The information in the summary will be used as a project description to be posted on the IU Health website should the project be selected for funding. Proprietary information should not be included in the summary, since the website posting will be publicly accessible.

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| **DETAILED BUDGET FOR INITIAL BUDGET PERIOD**  **DIRECT COSTS ONLY –Year 1** | | | | | FROM  07/01/2025 | | THROUGH  06/30/2026 | | |
| 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** | | | | |  |  | | |  |
| CONSULTANT COSTS | | | | | | | |  | |
| SUPPLIES | | | | | | | |  | |
| TRAVEL | | | | | | | |  | |
| PATIENT CARE COSTS | | | | | | | |  | |
| OTHER EXPENSES | | | | | | | |  | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | |  | |

BUDGET JUSTIFICATION (½ pages):

 Note - this page may be copied and a separate budget included for each participating site

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| **DETAILED BUDGET FOR INITIAL BUDGET PERIOD**  **DIRECT COSTS ONLY – Year 2** | | | | | FROM  07/01/2026 | | THROUGH  06/30/2027 | |
| 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** | | | | |  |  | |  |
| CONSULTANT COSTS | | | | | | | |  |
| SUPPLIES | | | | | | | |  |
| TRAVEL | | | | | | | |  |
| PATIENT CARE COSTS | | | | | | | |  |
| OTHER EXPENSES | | | | | | | |  |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | |  |

BUDGET JUSTIFICATION (½ pages):

 Note - this page may be copied and a separate budget included for each participating site

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| **DETAILED BUDGET FOR INITIAL BUDGET PERIOD**  **DIRECT COSTS ONLY – Year 3** | | | | | FROM  07/01/2027 | | THROUGH  06/30/2028 | |
| 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** | | | | |  |  | |  |
| CONSULTANT COSTS | | | | | | | |  |
| SUPPLIES | | | | | | | |  |
| TRAVEL | | | | | | | |  |
| PATIENT CARE COSTS | | | | | | | |  |
| OTHER EXPENSES | | | | | | | |  |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | |  |

BUDGET JUSTIFICATION (½ pages):

 Note - this page may be copied and a separate budget included for each participating site

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

PLEASE PLACE ALL FROM THE INSTRUCTIONS

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 01/31/2026)

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**

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

OTHER SUPPORT: Provide active support for the **Principal Investigator**. Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards. Training awards, prizes, or gifts do not need to be included.

It is critical that the Other Support page be clear and detailed, and includes funding through program projects, centers, joint grants, and other programs as well as the role of the person in each grant and any potential overlap. Both Active and Pending support should be listed.

Include all information noted below for each proposal / award:

|  |  |  |
| --- | --- | --- |
| **NAME OF INDIVIDUAL**  **ACTIVE / PENDING** | | |
| **Project Number**  **Source**  **Title** | **Dates of Project**  **Annual Direct Cost** | **Person Months (Cal / Academic / Summer)** |
| **Major Goals of Project**  **Overlap** | | |

Please refer to NIH [PHS398 application instructions document](http://grants.nih.gov/grants/funding/phs398/phs398.doc) for information on completing the biographical sketch and other support pages. Actual NIH forms can be used in place of the ones provided here, for these two forms only.