**Values Fund for Education APPLICATION 2024-25**

**\*please note, after receiving 3 Values Fund for Education awards you are generally no longer eligible to apply – ask** [**ValuesFundRE@iuhealth.org**](mailto:ValuesFundRE@iuhealth.org)

**Project Director**:

**Project title:**

**Department:**

**Mailing Address:**

**Phone:** (317)    -

**Email:**

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

IU Health employee at:

IU Health Medical Staff PRIVILEGES at:

Hold official IU Health appointment:

**BUDGET PERIOD:** (Not to exceed 24 months)

**From:** 07/01/2025 MM/DD/YY **To:**       MM/DD/YY

Month/Day/Year Month/Day/Year

**AMOUNT REQUESTED**: (Not to exceed $50,000 per year)

**Year 1** $       **Year 2** $       **Total** $

**Percent Effort of Project Director**:     %

**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. I understand 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 (IUH) OR DEPARTMENT CHAIR (IUSM) SIGNATURE:**

Signature Date Print Name

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

Signature Date Print Name

**Project Summary:** Provide a brief 3-4 sentence general description of the educational program. Include who will receive this education. The information in the summary will be used to identify proposal reviewers with the appropriate expertise and will also serve 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** | | | | FROM  07/01/2025 | | THROUGH  06/30/2026 | | |
| PERSONNEL *(Applicant organization only)* | | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | |
| NAME | ROLE ON  PROJECT | EFFORT  ON  PROJ. | INST.  BASE  SALARY | SALARY  REQUESTED | FRINGE  BENEFITS | TOTAL |
|  | Principal  Educator |  |  |  |  |  |
|  | Collaborator |  |  |  |  |  |
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| **SUBTOTALS** | | | |  |  |  | |
| CONSULTANT COSTS | | | | | |  | |
| EDUCATIONAL SUPPLIES | | | | | |  | |
| TRAVEL | | | | | |  | |
| OTHER EXPENSES | | | | | |  | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | |  | |

BUDGET JUSTIFICATION (½ pages): This page may be copied and a separate budget for each participating site.

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| **DETAILED BUDGET FOR SECOND BUDGET PERIOD**  **DIRECT COSTS ONLY** | | | | FROM  07/01/2026 | | | THROUGH  06/30/2027 | | | |
| PERSONNEL *(Applicant organization only)* | | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | |
| NAME | ROLE ON  PROJECT | EFFORT  ON  PROJ. | INST.  BASE  SALARY | SALARY  REQUESTED | | FRINGE  BENEFITS | TOTAL | | |
|  | Principal  Educator |  |  |  | |  |  | | |
|  | Collaborator |  |  |  | |  |  | | |
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| **SUBTOTALS** | | | | |  |  |  | | |
| CONSULTANT COSTS | | | | | | |  | | |
| EDUCATIONAL SUPPLIES | | | | | | |  | | |
| TRAVEL | | | | | | |  | | |
| OTHER EXPENSES | | | | | | |  | | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | |  | |

BUDGET JUSTIFICATION (½ pages): This page may be copied and a separate budget for each participating site.

Project Director’s name:       Project Title:

RATIONALE FOR FUNDING, SIGNIFICANCE:

1. What is the potential importance of the proposed program? Discuss novel ideas and/or contributions the project offers.
2. Make clear the potential importance of the proposed project to further educational efforts especially at IU Health. Explain how this project supports the IU Health values and is of benefit to IU Health patients.

Project Director’s name:       Project Title:

## BIOGRAPHICAL SKETCH

EDUCATION: (Begin with baccalaureate training or other initial professional education, such as nursing, and include postdoctoral training.)

INSTITUTION AND LOCATION DEGREE YEAR FIELD OF

CONFERRED STUDY

     

PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years, including representative earlier publications pertinent to this application.

Project Director’s name:       Project Title:

**OTHER GRANT 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.

Other Support page should 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.

(Use continuation pages if necessary)

Active  Pending \_ None

a. Source and identifying no.:       Project Director:

TITLE:

b. Your role on project:       % of your effort:

c. Dates and costs and entire project (For renewals, include only the most recent competitive award. List direct and indirect costs separately).

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| **Project Schedule** | | | | | | | |
| **Instructions:** Following is the 'Project Schedule Template’ which is a required element of the application. This form will be used in the evaluation of your grant submission. The start date for your project will be July 1, 2025. Please complete the following, being certain to include all project related activities as well as the time required to complete them. Please add/remove activity rows or milestones as required for your project. There is no required number of milestones or activities for a milestone. However, if the milestones are not sufficiently described, it may affect the evaluation and scoring of the project. | | | | | | | |
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| Month | 1-3 | 4-6 | 7-9 | 10-12 | 18 | 24 | 36 |
| MILESTONE #1 (Insert milestone here and list steps below. Note the last step will be completion of the milestone. |  |  |  |  |  |  |  |
| Task 1 - Enter description and mark appropriate periods(s) |  |  |  |  |  |  |  |
| Task 2 - Enter description and mark appropriate periods(s) |  |  |  |  |  |  |  |
| Task 3 - Enter description and mark appropriate periods(s) |  |  |  |  |  |  |  |
| Task 4 - Enter description and mark appropriate periods(s) |  |  |  |  |  |  |  |
| Task 5- Enter description and mark appropriate periods(s) |  |  |  |  |  |  |  |
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| Task 5- Enter description and mark appropriate periods(s) |  |  |  |  |  |  |  |
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| Month | 1-3 | 4-6 | 7-9 | 10-12 | 18 | 24 | 36 |
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| Task 5- Enter description and mark appropriate periods(s) |  |  |  |  |  |  |  |
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| Task 3 - Enter description and mark appropriate periods(s) |  |  |  |  |  |  |  |
| Task 4 - Enter description and mark appropriate periods(s) |  |  |  |  |  |  |  |
| Task 5- Enter description and mark appropriate periods(s) |  |  |  |  |  |  |  |

***Proposal Narrative*** *(Limited to 10 pages)*

Type or paste proposal narrative (10 pages maximum)