**Maternal and Pediatric Precision in Therapeutics (MPRNT) Knowledge & Research Coordination (KRCC) P30**

**Pilot & Feasibility Application**

**Clinical Fellow / Postdoctoral Award**

**Faculty Award**

**Project Title:**

**Principal Investigator: Rank: Email:**

**eRA Commons Name: ORCID ID:**

**Institution: School & Department:**

**Co-PI / Co-I / Collaborator: Rank: Email:**

**eRA Commons Name: ORCID ID:**

**Institution: School & Department:**

**Co-PI / Co-I / Collaborator: Rank: Email:**

**eRA Commons Name: ORCID ID:**

**Institution: School & Department:**

**Total Amount Requested**

**Fiscal Officer / Business Manager Name Email:**

**[ ]  Plan to use one of the MPRNT initated cores\*. If yes, which one:**

*\*If yes, please include letter of support from Core Director.*

**NOTE**: Proof of appropriate regulatory approvals will be required at the time of funding

 **APPROVAL**

 **YES NO PENDING PROTOCOL # DATE**

**BIOSAFETY? [ ]  [ ]  [ ]**

**VERTEBRATE ANIMALS? [ ]  [ ]  [ ]**

**HUMAN SUBJECTS? [ ]  [ ]  [ ]**

**HUMAN SUBJECT DATA TYPE:**

 **N/A       PII       PHI       Limited Data Set       De-identified**

**Is this application a resubmission? [ ]  [ ]**

**Plan to use an MPRINT-initiated core\*? [ ]  [ ]  Core Name:**

*\*If yes, please include a letter of support from the Core Director.*

**Signature of Applicant** (not typed): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certification by Department Chair:**  I certify that the applicant holds a faculty position with Principal Investigator status to apply for NIH R01 and equivalent grants and that she/he has been provided with resources and time to perform the work proposed in this application.

**Signature of Department Chair** (not typed): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institutional Signature\*** (not typed): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*Required if not from IU as this will be considered external funding.  See Notes below.*

**Signature of co-PI if applicable** (not typed): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certification by co-PI Department Chair:**  I certify that the applicant holds a faculty position with Principal Investigator status to apply for NIH R01 and equivalent grants and that she/he has been provided with resources and time to perform the work proposed in this application.

**Signature of co-PI Department Chair** (not typed): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institutional Signature\* for co-PI** (not typed): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*Required if NOT from IU as this will be considered external funding. See Notes below.*

**NOTE:**

* **PI** MUST UPLOAD THIS APPLICATION via the ‘Start a submission’ link provided by the IU MPRINT Coordinator info@mprint.org
* **University of 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%7C02%7Cjudrisco%40iu.edu%7Cd1f4835f9f9e45999a5208dbffd1d607%7C1113be34aed14d00ab4bcdd02510be91%7C0%7C0%7C638385048935395102%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=zz4CsMv9ZJ%2F3l2GTE%2BUZDvEz74hMtqkogg14gi7CaUM%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.
* **Purdue University investigators** MUST have submitted this to the Pre-Award Services Department first.

ABSTRACT (limit to 500 words)

**KEYWORDS**

|  |  |  |
| --- | --- | --- |
| **DETAILED BUDGET FOR BUDGET PERIOD**  | FROM08/01/2024 | THROUGH07/31/2025 |
| PERSONNEL *(Applicant organization only)* |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | TYPEAPPT.*(months)* | EFFORTONPROJ. | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PrincipalInvestigator |     |     |      |      |      |      |
|       | Collaborator |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|  **SUBTOTALS** |        |       |       |
| CONSULTANT COSTS |      |
| SUPPLIES  |      |
| TRAVEL |      |
| PATIENT CARE COSTS |      |
| OTHER EXPENSES |      |
| TOTAL DIRECT COSTS FOR YEAR 1 BUDGET PERIOD |  |
| INDIRECT COSTS |  |
|  |  |
| TOTAL INDIRECT COSTS |  |
| TOTAL BUDGET  |  |

**BUDGET JUSTIFICATION:**

**Specific Aims (maximum 1 page)**

**Research Proposal (maximum 3 pages)**

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 DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**A. Personal Statement**

**B. Positions, Scientific Appointments, and Honors**

**C. Contributions to Science**

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

**RESEARCH/OTHER SUPPORT**: It is critical that the Other Support page 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:

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 of applicant:

The major goals of this project are…

OVERLAP

ACTIVE/PENDING (Indicate)

Source and Project Number:

Principal Investigator:

Title of Project (or Subproject):

Percent Effort of applicant:

Dates of Approved/Proposed Project:

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The major goals of this project are…

OVERLAP

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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 of applicant:

The major goals of this project are…

OVERLAP