**APPLICATION SUMMARY FORM**

|  |  |
| --- | --- |
| **CONTACT INFORMATION:** | |
| Name of Candidate (First, Last, Degree): |  |
| Position Title: |  |
| Name of Department and School: |  |
| Campus Mailing Address: |  |
| Office Phone: |  |
| Email: |  |
| Administrative Contact: |  |
| Location of Proposed Research (Building & Room #): |  |
| Title of Research Project: |  |
| Total Funds Requested: | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURES:** | | | |
| **Name of Principal Investigator:** |  | | |
| Signature: |  | Date: |  |
|  | | | |
|  |  | | |
| **Name of Department Chair:** |  | | |
| Signature: |  | Date: |  |

**INSTRUCTION CHECK LIST**

The application package should have 0.5 inch margins, Arial 11-point font, and be submitted as a single, compiled PDF that includes the following:

Application Summary Form and Signatures

Instruction Check List

Insert NIH Biosketch for the Applicant only (5-page limit)

Abstract (500 words or less) - describe in lay language the general scope of the research and its likely impact

Project Narrative (5-page limit inclusive of figures and tables) - describe the proposed project in detail. Include these sections:

* Specific Aims
* Background and Significance
* Preliminary Studies/Data (*if available)*
* Research Design and Methods
* Data Management
* Timeline
* Literature Cited (not included in the 5-page limit)

Detailed Budget

Budget Justification

Appendix (3 items maximum)

**RESEARCH TITLE:**

**ABSTRACT (500 words)**

**PROJECT NARRATIVE (5 pages)**

**Specific Aims**

**Background and Significance**

**Preliminary Data (If Available)**

**Research Design and Methods**

**Data Management**

**Timeline**

**LITERATURE CITED *(not part of the 5-page limit; please limit to 2 pages)***

**DETAILED BUDGET**

|  |  |  |
| --- | --- | --- |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | FROM | THROUGH |
| **6/01/2023** | **5/31/2024** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PERSONNEL** | | | | | | |
| **NAME** | **ROLE ON PROJECT** | **%**  **EFFORT** | **SALARY REQUESTED** | **FRINGE BENEFITS** | | **TOTAL** |
|  | Principal Investigator | % |  |  | |  |
|  |  |  |  |  | |  |
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| SUBTOTALS | | |  |  | |  |
|  | | | | | |  |
| **EQUIPMENT *(Itemize)*** | | | | | |  |
| **MATERIALS AND SUPPLIES *(Itemize)*** | | | | | |  |
| **DOMESTIC TRAVEL *(Itemize)*** | | | | | |  |
| **OUTPATIENT / CLINICAL CARE COSTS *(Itemize)*** | | | | | |  |
| **OTHER EXPENSES *(Itemize)*** | | | | | |  |
| **PUBLICATIONS** | | | | | |  |
| **SUBTOTAL** | | | | | |  |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | $ | 50,000 |

**BUDGET JUSTIFICATION**

Personnel:

Equipment:

Materials and Supplies:

Domestic Travel:

Other Expenses:

Publication Costs:

**APPENDIX (MAXIMUM 3 ITEMS)**