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| (This form was adapted from the NIH 398 grant application form)  |
|      | Child Health Research Center**Grant Application** |
| **TITLE OF PROJECT:**  |
| **PRINCIPAL INVESTIGATOR** |
| NAME (Last, first, middle): | DEGREE(S): |
|  |  |  |  |
| POSITION TITLE: | MAILING ADDRESS *(Street, city, state, zip code)* |
| DEPARTMENT: |
| DIVISION: |
|  |
| TELEPHONE AND FAX *(Area code, number and extension)* | E-MAIL ADDRESS:  |
| TEL: |  | FAX: |  |  |
| HUMAN SUBJECTS RESEARCH | Research Exempt  | Clinical Trial | VERTEBRATE ANIMALS  |
|  [ ]  No [ ]  Yes |  [ ]  No [ ]  Yes | [ ]  No [ ]  Yes |  [ ]  No [ ]  Yes |
| **APPLICANT SIGNATURE: DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                  \_\_\_\_\_\_\_\_\_\_\_      |

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| **Project Abstract**: |
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| **Relevance:** |
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| **Project/Performance Site Primary Location.** |
| **Division Name** | **Building** | **Room** |
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| **SENIOR/KEY PERSONNEL.** List all other senior/key personnel in alphabetical order, last name first |
| **Name** | **Peds Division (or other Department)** | **Role on Project** |
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| Budget Justification | 6 |
| Biographical Sketch(s) – Principal Investigator (*Not to exceed 3 pages each*) |  |
| Other Biographical Sketches (*Not to exceed 3 pages each*) |  |
| Resources |  |
| Research Plan (Specific Aims, Significance, Innovation, Research Strategy) (*Not to exceed 6 pages*) |  |
| Literature Cited |  |
| Protection of Human Subjects |  |
|  1. Protection of Human Subjects |  |
|  2. Inclusion of Women and Minorities |  |
|  3. Inclusion of Children |  |
|  4. Planned Enrollment Table |  |
| Vertebrate Animals |  |
| Letters of Support |  |

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| --- | --- | --- |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | FROM: | THROUGH: |
| 01/01/2015 | 12/31/2015 |

 List PERSONNEL *(Applicant organization only)*

Use Cal, Acad, or Summer to Enter Months Devoted to Project

 Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ONPROJECT | Cal.Mnths | Acad.Mnths | SummerMnths | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|  | PD/PI |  |  |  |  |  |  |  |
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| SUBTOTALS |  |  |  |
| CONSULTANT COSTS |  |
| EQUIPMENT *(Itemize)* |  |
| SUPPLIES *(Itemize by category)* |  |
| TRAVEL |  |
| INPATIENT CARE COSTS  |  |
| OUTPATIENT CARE COSTS  |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* |  |
| OTHER EXPENSES *(Itemize by category)* |  |
| CONSORTIUM/CONTRACTUAL COSTS | DIRECT COSTS |  |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)* | $ |  |
| CONSORTIUM/CONTRACTUAL COSTS | FACILITIES AND ADMINISTRATIVE COSTS |  |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD  | $ |  |

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**Budget Justification**:**Biosketch(s)** (NIH format)

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| RESOURCES |
|  |
| **PI Lab:****Major Equipment:** **Offices:****Other:****Core Laboratory Services**:  |

**Research Plan:**

**Literature Cited:**

**Protection of Human Subjects:**

Planned Enrollment Table

Study Title:

Comments:

|  | Ethnic Categories |
| --- | --- |
| Racial Categories | Not Hispanic or Latino | Hispanic or Latino | Total |
|  | Female | Male | Female | Male |  |
| American Indian/ Alaska Native |  |  |  |  |  |
| Asian |  |  |  |  |  |
| Native Hawaiian or Other Pacific Islander |  |  |  |  |  |
| Black or African American |  |  |  |  |  |
| White |  |  |  |  |  |
| More Than One Race |  |  |  |  |  |
| Total |  |  |  |  |  |

**Vertebrate Animals:**