**2018-19 GLOBAL HEALTH Reciprocal Innovation Awards  
GRANT APPLICATION**

USE “TAB” TO MOVE FROM ONE AREA TO ANOTHER—AVOID USING “ENTER”.

Please provide all the required information.

**PRINCIPAL INVESTIGATOR**:

RANK / TITLE:

DEPARTMENT and SCHOOL:

INSTITUTION / AFFILIATION: IUB IUSM  IUPUI PURDUE  UND

CAMPUS ADDRESS:

EMAIL:eraCOMMONS USERID:

ADDRESS WHERE WORK WILL BE PERFORMED:

**CO-INVESTIGATOR / COLLABORATOR**:

RANK / TITLE:

DEPARTMENT and SCHOOL:

INSTITUTION / AFFILIATION: PURDUE  IUB IUSM  IUPUI  UND

CAMPUS ADDRESS:

EMAIL:eraCOMMONS USERID:

ADDRESS WHERE WORK WILL BE PERFORMED:

TITLE OF PROPOSAL:

TOTAL BUDGET PERIOD: (May not exceed 36 months)

From:  (Month/Day/Year) To: (Month/Day/Year)

TOTAL AMOUNT REQUESTED Per INSTITUTION:

IUB $ PURDUE $

IUSM $  UND $

IUPUI $

TOTAL (may not exceed $50,000 unless there is other secured funding) $

APPROVAL

YES NO PROTOCOL # DATE

RECOMBINANT DNA?

HUMAN SUBJECTS?

VERTEBRATE ANIMALS?

**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.”

(If additional investigators from a single institution are involved, please insert a duplicate signature block for applicable investigator, department and/or school signatures.)

|  |  |
| --- | --- |
| **IUB, IUPUI** | **Signature and Date** |
| Applicant |  |
| Department Head / Chair |  |
| School Dean |  |

|  |  |  |
| --- | --- | --- |
| **IUSM** | **Signature and Date** | |
| Applicant | |  |
| Department Head / Chair(1) | |  |

*(1) Departments of Medicine and Pediatric: Division Chief Signature is allowable in lieu of the Department Chair. Institutional Official Signature is not required for IUSM.*

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| **Purdue University** | **Signature and Date** | |
| Applicant | |  |
| Department Head / Chair | |  |
| Institutional Official(1) | |  |

*(1) Signature approval by Pre-Award Center Manager is required by Purdue University.*

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| **University of Notre Dame** | **Signature and Date** | |
| Applicant | |  |
| Department Head / Chair | |  |
| Indicate intent to submit to Melanie DeFord via email ([mdeford@nd.edu](mailto:mdeford@nd.edu)).  A copy of the completed application, with signatures, must also be sent to David Ross ([dross5@nd.edu](mailto:dross5@nd.edu)) by the due date; this is in addition to being uploaded as specified in the Guidelines. Institutional routing is not required. Contact David Ross or Melanie DeFord with questions. | | |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILED BUDGET FOR TOTAL BUDGET PERIOD**  **DIRECT COSTS ONLY** | | | | | FROM | | THROUGH | |
| 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 (1 and1/2 pages):

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

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

**PROJECT SUMMARY / ABSTRACT** (Provide a brief summary (300-400 words) describing the project focus, its significance, expected outcomes, international partner, and proposed plans for the expansion of future research if pilot funding is awarded)

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

**PROJECT DESCRIPTION** (No more than 6 pages, single-spaced, Arial 11-point font, and 0.5 inch margins excluding references. See application guidelines for specifics):

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

**PROPOSED PROJECT TIMELINE AND MILESTONES** (Describe the timeline for all major components of the project including descriptions of key milestones)