**INDIANA UNIVERSITY SCHOOL OF MEDICINE**

**RESEARCH ENHANCEMENT GRANT APPLICATION**

**TO THE**

##### BIOMEDICAL RESEARCH COMMITTEE

PRINCIPAL INVESTIGATOR NAME:

RANK: eRA COMMONS NAME:

DEPARTMENT: DEPARTMENT CODE:

CAMPUS ADDRESS:CAMPUS PHONE:

TITLE OF PROPOSAL:

ADDRESS WHERE WORK

WILL BE PERFORMED:

BUDGET PERIOD:

From:  To:

(Month/Day/Year)

AMOUNT REQUESTED:

$ Percent Effort **%**

APPROVAL

YES NO PROTOCOL # DATE

RECOMBINANT DNA?

VERTEBRATE ANIMALS?

HUMAN SUBJECTS?

**Will this project involve Clinical Research?**

**Is this application a resubmission?**

LETTER FROM DEPARTMENTAL CHAIRMAN?  Confirm inclusion of approval letter

“The undersigned 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.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Principal Investigator

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

|  |  |  |
| --- | --- | --- |
| DESCRIPTION: State the application’s broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.** | | |
|  | | |
| PERFORMANCE SITE(S) *(organization, city, state)* | | |
| KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below.  Start with Principal Investigator. List all other key personnel in alphabetical order, last name first. | | |
| Name | Organization | Role on Project |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

Reasons for Application and response to reviews, if resubmission – one page maximum

State the reasons for the application at the present time and specify whether these are start-up funds for a new investigator or bridge funding between periods of extramural grant support. If the request is a resubmission of a proposal previously reviewed by the Biomedical Research Committee, the applicant must include a detailed introduction showing what changes have been made to address the previous comments. Changes should also be noted in the body of the proposal and prior review comments included in the appendices.

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILED BUDGET FOR INITIAL 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 |  |  | XXXXXX | XXXXXX | | XXXXXX | | | | XXXXXX |
|  | |  |  |  |  |  | |  | | | |  |
|  | |  |  |  |  |  | |  | | | |  |
|  | |  |  |  |  |  | |  | | | |  |
|  | |  |  |  |  |  | |  | | | |  |
|  | |  |  |  |  |  | |  | | | |  |
|  | |  |  |  |  |  | |  | | | |  |
| **SUBTOTALS** | | | | | |  | |  | | | |  |
| CONSULTANT COSTS | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
| TRAVEL | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | | | | | | | | | | |  |
|  | OUTPATIENT | | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | | **$** | | |
| CONSORTIUM/CONTRACTUAL | | DIRECT COSTS | | | | | | | | |  | |
| COSTS | | FACILITIES AND ADMINISTRATIVE COSTS | | | | | | | | |  | |
| **TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** *(Item 7a, Face Page)* | | | | | | | | | | **$** | | |

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

BUDGET JUSTIFICATION:

**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 Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**NOTE: The Biographical Sketch may not exceed five pages. Follow the formats and instructions below.**

**A. Personal Statement**

Briefly describe why you are well-suited for your role in the project described in this application. The relevant factors may include aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and your past performance in this or related fields (you may mention specific contributions to science that are not included in Section C). Also, you may identify up to four peer reviewed publications that specifically highlight your experience and qualifications for this project. If you wish to explain impediments to your past productivity, you may include a description of factors such as family care responsibilities, illness, disability, and active duty military service.

**B. Positions and Honors**

List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

**C. Contribution to Science**

Briefly describe up to five of your most significant contributions to science. For each contribution, indicate the historical background that frames the scientific problem; the central finding(s); the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and your specific role in the described work. For each of these contributions, reference up to four peer-reviewed publications or other non-publication research products (can include audio or video products; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware) that are relevant to the described contribution. The description of each contribution should be no longer than one half page including figures and citations. Also provide a URL to a full list of your published work as found in a publicly available digital database such as SciENcv or My Bibliography, which are maintained by the US National Library of Medicine.

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

**OTHER SUPPORT**: Since the guidelines restrict funding to applicants who do not have extramural funding of $100,000 (direct costs) or greater per annum, it is critical that the Other Support page be clear and detailed, and include funding through program projects, centers, joint grants, etc., 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 BRC applicant:

Dates of Approved/Proposed Project:

Annual Direct Costs of Overall project:

Annual Direct Costs of Subproject of BRC 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 BRC applicant:

Dates of Approved/Proposed Project:

Annual Direct Costs of Overall project:

Annual Direct Costs of Subproject of BRC 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 BRC applicant:

Dates of Approved/Proposed Project:

Annual Direct Costs of Overall project:

Annual Direct Costs of Subproject of BRC applicant:

The major goals of this project are…

OVERLAP

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

RESEARCH PLAN: