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| University of Cincinnati College of MedicineResearch Innovation/Pilot Grant Program*Application* |
| **TITLE OF PROJECT *(Do not exceed 56 characters, including spaces and punctuation.)***      |
| **PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR**  | **PI’s EMAIL address** |
| **NAME *(last, first, middle)*; Degree (s) Institution, Department, Division, Degrees**           |
| **CO-INVESTIGATOR(s) Names, Degrees, and Affiliations (list below)** |
| **Human Subjects Research** [ ]  No [ ]  Yes [ ]  ExemptIRB Number: |
| **Vertebrate Animals** [ ]  No [ ]  Yes [ ]  Pending Review IACUC Approval Date:Protocol Number:  |
| DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | COSTS REQUESTED      |
| From | Through |  |
|  July 1, 2024 July 1, 2025 |

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| **Lay Abstract**: Using non-technical language describe your research in 200 words or less. This section will be used to find appropriate reviewers. |
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| **Scientific Abstract**: Using technical language, briefly describe the proposed project in 200 words or less. |
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| DETAILED BUDGET FOR BUDGET PERIODDIRECT COSTS ONLY | FROM | THROUGH |
| July 1, 2024 | July 1, 2025 |
| PERSONNEL *(Applicant organization only)* |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | TYPEAPPT.*(months)* | EFFORTONPROJ. | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PI |       |       |       |       |       | 0 |
|       |       |       |       |       |       |       |       |
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| SUBTOTALS |       |       |       |
| CONSULTANT COSTS      |       |
| SUPPLIES *(Itemize by category)*      |       |
| PATIENT CARE COSTS | INPATIENT |       |       |
| OUTPATIENT |       |       |
| OTHER EXPENSES *(Itemize by category)*      |       |
| TOTAL DIRECT COSTS FOR BUDGET PERIOD *(Item 10, Face Page)**No indirect costs permitted.*  | $ |       |
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| BUDGET JUSTIFICATION |
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OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 09/30/2024)

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 | Completion DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

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

**C. Contributions to Science**

Funded and Pending Support

Include both external and internal funding.