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| University of Cincinnati College of MedicineResearch Innovation/Pilot Grant Program *Application* | | | | | | | | | |
| 1. **TITLE OF PROJECT *(Do not exceed 56 characters, including spaces and punctuation.)*** | | | | | | | | | |
| **2. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR** | | | | | | **2a. PI’s EMAIL address:** | | | |
| **2b. NAME *(Last, first, middle)*; Degree (s) Institution, Department, Division, Degrees:** | | | | | | | | | |
| **3a. a. CO-INVESTIGATOR (s) Names, Degrees, and Affiliations (list below)** | | | | | | | | | |
| 4. Human Subjects Research  No  Yes  IRB Number: | | 4a. Research Exempt  No  Yes  If “Yes,” Exemption No. | | | 4b. Human Subjects Assurance No.  4c. NIH-Defined Phase I Clinical Trial  No  Yes | | | | |
| 6. Vertebrate Animals  No  Yes  6a. If “Yes,” IACUC Approval Date    6b. Animal Welfare Assurance No. | | 7. IBC Protocol  No  Yes  7a. If “Yes,” Approval Date:    7b. Approval Number: | | | | | 8. Radiation  No  Yes  8a. If “Yes,” Approval Date | | |
| 9. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | | | 1. COSTS REQUESTED   Direct Costs ($) | | | |  | | |
| From | Through | |  | | | | |  | |
| June 30, 2022 | June 30, 2023 | |
| 12. The undersigned reviewed this application and are familiar with the policies, terms, and conditions of UC concerning research support and accept the obligation to comply with all such policies, terms, and conditions. | | | | | | | | | |
| Primary Applicant: | | | | Division Chair of Primary Applicant: | | | | | |
| Signature of Primary Applicant | | | Date: | Signature of Division Chair of Primary Applicant | | | | | Date: |
| Affiliate applicant: | | | | Division Chair of Affiliate Applicant: | | | | | |
| Signature of Affiliate Applicant | | | Date: | Division Chair of Affiliate Applicant: | | | | | Date: |

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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 | | |
| June 30, 2022 | | June 30, 2023 | | |
| 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 |
|  | | 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)* | | | | | | | | | | | $ |  |
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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 Date  MM/YYYY | FIELD OF STUDY |
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**A. Personal Statement**

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

**C. Contributions to Science**