Pilot Projects Program 2021-2022

**PROPOSAL DEADLINE: 5 pm June 1, 2021**

**APPLICATION COVER PAGE**

|  |  |
| --- | --- |
| Project Title |  |

|  |  |
| --- | --- |
| Principal Investigator |  |
| Title |  |
| Department/School of Affiliation |  |
| E-mail address |  |
| Telephone number |  |

|  |  |
| --- | --- |
| Co-Investigator |  |
| Title |  |
| Department/School of Affiliation |  |
| E-mail address |  |
| Telephone number |  |

|  |  |
| --- | --- |
| Are Human Subjects Involved?  | (Yes or No; If Yes provide IRB#) |
| Are Vertebrate Animals Used? | (Yes or No; If Yes provide IACUC#) |

|  |
| --- |
| Identify three potential independent reviewers: |
| Name | Agency | Email Address | Phone Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ABSTRACT (max 250 words)**

**RESEARCH PLAN (maximum 2-page, single-spaced, Times 11-point font, and half-inch margins)**

1. **Specific Aims**
2. **Approach (i.e., the work required to achieve this within the context of the goal of the pilot project program as stated above)**
3. **Relevance, Innovation, and Impact**
4. **Next steps in future funding**

**REFERENCES**

**TIMELINE**

**BUDGET AND BUDGET JUSTIFICATION (use attached budget and budget justification pages)**

**A short description of the student and/or faculty member’s existing works (max. 1 page)**

**BIOSKETCH for lead/faculty investigator** (<https://grants.nih.gov/grants/forms/biosketch.htm>**)**

**CV for student investigator (if applicable)**

|  |  |
| --- | --- |
|  |  |
|  |
| DETAILED BUDGET FOR BUDGET PERIOD | FROM | THROUGH |
|       |       |

 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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|       |       |       |       |       |       |       |       |       |
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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)* | $ |       |
|  | **INDIRECT COST AT 8%** |       |
| TOTAL COSTS FOR THE BUDGET PERIOD  | $ |       |

**BUDGET JUSTIFICATION:**