



Cincinnati Children's Hospital Medical Center Trustee Grant Awards

GRANT APPLICATION DEADLINE **December 1, 2009**

Background and Purpose: The goal of the Trustee Grant Program is to provide research funds for new junior faculty to aid in their rapid achievement of independent, sustained extramural funding for their research program. Applications should be submitted within the first 3-4 years after initial appointment, by faculty whose rank does not exceed Assistant Professor (Tenure Track) or Research Associate Professor (Non-Tenure Track). Note that a pre-existing R01 (or similar) grant precludes the award of a Trustee Grant, and that receipt of an R01 during the course of a Trustee Grant leads to termination of the Trustee Grant at end of that year of funding. Funding of both laboratory and clinic-based research projects will be considered, including proposals which are likely to have a direct impact on clinical practice such as phase I and phase II clinical trials. Publications in peer-reviewed journals, substantial funding from NIH (R01 or equivalent) and private sources, improved clinical practice, and partnerships with industry are anticipated outcomes.

Complementary Award Mechanisms: There are several internal grant award mechanisms at CCHMC (e.g., Outcomes Research, Translational Research, Trustee Grants, Procter Scholarships). Applicants can confer with the administrators of each program if the appropriate mechanism for the applicant's project is not clear. For reference, the goal of the Translational Research Initiative is to stimulate research that bridges basic science discovery to clinical trials. The Outcomes Research Program is intended to stimulate the development of health services and quality improvement research to ensure optimal implementation of clinical and operational innovations in the care delivery system. Trustee Grants support laboratory-based and clinical research projects of new faculty. Procter Scholarships support M.D. and M.D./Ph.D. physicians for biomedical or clinical investigative careers in Pediatrics through (mentored) support of the transition from Fellowship to Junior Faculty positions.

Applicants should not submit the same proposal to more than one program simultaneously. Questions about the optimal mechanism for funding that are not answered by carefully reading this document should be addressed to: Christopher Karp, M.D. (Trustee Grant Program, Procter Scholarships), Tim Cripe, M.D., Ph.D. (Translational Research Initiative), or Evaline Alessandrini, M.D. (Outcomes Research Program).

Grant Application Instructions

*For questions regarding these instructions,
please contact Sonya Shields (sonya.shields@cchmc.org)*

1. Use of Trustee Grant Funds: Funds can be requested for support staff, supplies, and travel to a single domestic scientific meeting. Salary support for faculty investigators will not be provided. Large equipment items should be requested through divisional capital budget requests rather than the Trustee Grant mechanism. A maximum of \$60,000 per annum for two years can be requested initially. Carry-over of funds from year to year will be allowed only under exceptional circumstances. The total funding of Trustee Grant awardees will be reviewed by the Department annually for funding overlap with other sources of support. Funding will typically start within 1-2 months of the grant submission date. No more than 3 Trustee Grant Award submissions will be accepted from any applicant.

2. Application Format:

Composition of the Research Proposal: Research proposals should include the following in NIH format (forms attached):

1. Face page (check all appropriate IBC, IACUC, IRB, or Radiation Safety approvals or indicate pending if submitted)
2. Abstracts (scientific and lay)
3. Table of contents
4. Detailed Budget (1 year)
5. Budget justification
6. Biosketch(es) (include PI and co-investigators)
7. Other Support
8. Resources
9. Hypothesis and Specific Aims
10. Background and Significance
11. Preliminary Results
12. Research Design and Methods
13. Statement of how proposal supports career development of applicant
14. Statement regarding Human Subjects
15. Literature cited
16. One half page describing projected career development written by candidate

17. Letter of support from division director or department chair indicating his/her support, plans for mentoring the candidate, and available resources
18. Letters of support from collaborators or consultants

Applications must be submitted electronically. Send a pdf file of the assembled proposal to sonya.shields@cchmc.org. Application forms (modified from PHS 398) are attached. Proposals must be submitted in single spaced text, one-half inch margins, and no smaller than an 11-point font. Arial or Helvetica typeface is preferred. The PI's name must appear in the upper right hand corner of each page. **Proposal text must be limited to five pages (items 9-12 above, including figures but excluding references).** Standard PHS 398 forms for budget, biosketch, other support, and resources may be used. Research proposal applications will be due by 5 p.m. on December 1st, 2008.

3. **Signatures:** The signatures of all investigators and their respective division chiefs or department chairs are required.
4. **Letter of Support:** Applications must include a letter of support from the Principal Investigator's Division Director or Department Chair. Included in the letter of support must be a statement regarding the resources available to the applicant, including start-up funds and their duration.

5. Proposal Evaluation Criteria

A panel of investigators from CCHMC and/or the University of Cincinnati will conduct a review of each grant proposal. Reviewers outside the institution may be used as needed. Proposals will be evaluated along dimensions similar to those of NIH grants and other CCHMC internal awards. These include the proposal's significance, approach, innovation, investigator, mentoring/research environment, human subjects issues, and budget. Projects with a high likelihood of rapid, long-term external (NIH or equivalent) funding will be given the highest priority.



Cincinnati Children's Hospital Medical Center
Trustee Grant Application

1. TITLE OF PROJECT <i>(Do not exceed 56 characters, including spaces and punctuation.)</i>			
2. PRINCIPAL INVESTIGATOR			
2a. NAME <i>(Last, first, middle)</i>		2b. DEGREE(S)	
2c. POSITION TITLE		2d. MAILING ADDRESS <i>(Street, city, state, zip code)</i>	
2e. DIVISION		E-MAIL ADDRESS:	
2g. TELEPHONE AND FAX <i>(Area code, number and extension)</i>			
TEL: _____ FAX: _____			
4. Human Subjects Research <input type="checkbox"/> No <input type="checkbox"/> Yes	4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," Exemption No. _____	4b. IACUC Approval Date	5. Human Subjects Protection Certification: <input type="checkbox"/> No <input type="checkbox"/> Yes 5a. Certification Date: _____
6. Vertebrate Animals <input type="checkbox"/> No <input type="checkbox"/> Yes 6a. If "Yes," IACUC Approval Date _____ 6b. Animal Welfare Assurance No. _____	7. IBC Protocol <input type="checkbox"/> No <input type="checkbox"/> Yes 7a. If "Yes," Approval Date: _____ 7b. Approval Number: _____	8. Radiation <input type="checkbox"/> No <input type="checkbox"/> Yes 8a. If "Yes," Approval Date _____	
9. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i>		10. COSTS REQUESTED Year 1 (\$)	
From _____	Through _____	11. COSTS REQUESTED Year 2 (\$)	
12. The undersigned reviewed this application for a CCHMC Trustee research award and are familiar with the policies, terms, and conditions of CCHMC concerning research support and accept the obligation to comply with all such policies, terms, and conditions.			
Applicant:		Division Chair of Applicant:	
Signature of Applicant _____ Date: _____		Signature of Division Chair of Applicant _____ Date: _____	
Date Application Received by Trustee Grant Program: _____		Received By: _____	

Principal Investigator (Last, First, Middle):

Scientific Abstract: Using technical language, briefly describe the proposed project in 200 words or less.

Lay Abstract: Using non-technical language, briefly describe the proposed project in 100 words or less.

Principal Investigator (Last, First, Middle):

TRUSTEE GRANT
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Detailed Budget	<u>4</u>
Budget Justification	<u>5</u>
Biographical Sketch – Principal Investigator (<i>Not to exceed four pages</i>)	<u>6</u>
Other Biographical Sketches (Not to exceed four pages for each)	_____
Other Support	_____
Resources	_____
Research Plan:	_____
Introduction to Revised Application (<i>Not to exceed 3 pages</i>) (<i>If Resubmission of original proposal</i>).....	_____
A. Hypothesis and Specific Aims.....	_____
B. Background and Significance.....	_____
C. Preliminary Studies	_____
D. Research Design and Methods.....	_____
E. Statement of how proposal supports career development of applicant	_____
F. Statement regarding Human Subjects/Vertebrate Animals/Biohazards/Radiation Safety	_____
Protection of Human Subjects (Required if Item 4 on the Face Page is marked "Yes")	_____
G. Literature Cited	_____
H. One half page describing projected career development written by candidate	_____
I. Letter from Division Chair or Director indicating his/her support, plans for mentoring candidate and resources available	_____
J. Letters of Support from collaborators or consultants	_____

Appendix

Number of publications and manuscripts accepted for publication (*not to exceed 5*)

Other items (list):

Check if
Appendix is
Included

Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR BUDGET PERIOD (ONLY DIRECT COSTS ALLOWED)					FROM	THROUGH	
<i>PERSONNEL (Applicant organization only)</i>			TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	INST. BASE SALARY	<i>DOLLAR AMOUNT REQUESTED (omit cents)</i>	
NAME	ROLE PROJECT	ON				SALARY REQUESTED	FRINGE BENEFITS
	Principal Investigator						
SUBTOTALS							
CONSULTANT COSTS							
EQUIPMENT <i>(Itemize)</i>							
SUPPLIES <i>(Itemize by category)</i>							
TRAVEL							
PATIENT CARE COSTS		INPATIENT					
		OUTPATIENT					
OTHER EXPENSES <i>(Itemize by category)</i>							
DIRECT COSTS FOR YEAR 1							\$

TOTAL DIRECT COSTS FOR YEAR 1



\$

Principal Investigator (Last, First, Middle):

BUDGET JUSTIFICATION

Principal Investigator (Last, first, middle):

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2.
Follow the sample format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE		
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

NOTE: The Biographical Sketch may not exceed four pages. Items A and B (together) may not exceed two of the four-page limit. Follow the formats and instructions on the attached sample.

- A. Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

- B. Selected peer-reviewed publications (in chronological order).** Do not include publications submitted or in preparation.

- C. Research Support.** List selected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project. Do not list award amounts or percent effort in projects.

Principal Investigator (Last, first, middle):

OTHER SUPPORT

Provide active support for all key personnel. **Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards.** Training awards, prizes, or gifts do not need to be included.

There is no "form page" for other support. Information on other support should be provided in the *format* shown below, using continuation pages as necessary. **Include the principal investigator's name at the top and number consecutively with the rest of the application.** The sample below is intended to provide guidance regarding the type and extent of information requested. Refer to the specific instructions in Section I.

For information pertaining to the use of and policy for other support, see "Policy and Additional Guidance."

Format

NAME OF INDIVIDUAL

ACTIVE/PENDING

Project Number (Principal Investigator)	Dates of Approved/Proposed Project	Percent Effort
Source	Annual Direct Costs	
Title of Project (<i>or Subproject</i>)		
The major goals of this project are...		

OVERLAP (*summarized for each individual*)

ACTIVE

PENDING

OVERLAP

Principal Investigator (Last, First, Middle):

RESOURCES

FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Under "Other," identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.
