PROCTER/ CHRCDA SCHOLAR AWARD APPLICATION

Please select the appropriate box for which award you wish to apply. **Note you may consult with Dr. Spearman or Dr. Deshmukh prior to applying to ensure you apply for the correct award for your situation. Please email amy.davis@cchmc.org to schedule a time to meet.

☐ **Procter/ CHRCDA Scholar Award**:
- The Procter and Child Health Research Career Development (K12) Awards have created a common program for the career development of pediatric physician-scientists at Cincinnati Children's Hospital. The joint program combines institutional support (Procter funds) with support from the NICHD-funded CHRCDA/K12 into a single program. This will allow all pediatric junior faculty physician-scientists to apply using a common application, and is designed to facilitate the development of successful, NIH-funded pediatric physician scientists at our institution. This award provides institutional support for those pediatric physician-scientists who will pursue research-intensive careers <u>and obtain independent K awards from NIH</u>. The eligibility requirements of this combined program include:
- Devote a minimum effort of 9 person-months (equivalent to 75% effort) during the Procter/CHRCDA award period
- Be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residence
- Be a pediatrician holding the M.D. or D.O. degree
- Have completed postgraduate residency training in Pediatrics
- Be no more than 4 years after attaining board eligibility in their subspecialty
- Identify an approved mentor or mentors with extensive research experience
- Not be or have been a PD/PI on an R01, R29, U01/U10, subproject of a Program Project (P01), Center (P50, P60, U54) grant, or individual mentored or non-mentored career development award (e.g., K01, K02, K08, K22, K23, K24, K25, K99). Individuals who are or were PD/PIs on NIH Small Grants (i.e., R03s) or Exploratory/Developmental Grants (i.e., R21s) may be eligible providing they meet the other eligibility requirements. Individuals who received Pediatric Scientist Development Program (PSDP) K-12 funds are eligible for this program, subject to the 6-year limitation on mentored K support.
- Agree to participate in the academic activities of the program, including mentoring activities at local and national levels
- Have written approval and support from their Division Chief: Clinician scientists must provide documentation of approval from their Division Chief for release from clinical time and 75% research effort during the award.
- **Budget: $100,000 per year for salary support and $25,000 for research funds.**

☐ **Procter Research Support Award:**
- The Procter Research Support Awards are designed to address the needs of early-career physician-scientists who are not eligible for the Procter/CHRCDA Scholar Awards in obtaining R-level grant funding from NIH. In general, these awards are meant as pilot or supplemental funding <u>leading to R01 funding from NIH</u>. An R-level grant should be planned within 2 years of receiving this award.
- Devote a minimum effort of 9 person-months to research (equivalent to 75% effort) during the funding period of the award
- Citizenship or permanent residency is <u>NOT</u> required
- Be a junior faculty member holding the M.D. or D.O. degree with a primary appointment at Cincinnati Children's (Departments of Pediatrics, Surgery, Radiology, and Anesthesia)
- Be no more than 5 years after attaining board eligibility in their subspecialty
- Identify an approved mentor or mentors with extensive research experience
- Not be or have been a PD/PI on an R01, R29, U01/U10, subproject of a Program Project (P01), Center (P50, P60, U54) grant. Current K08/K23 awardees are eligible, but not those who are currently appointed to internal K award programs (Procter/CHRCDA, KL2).
- Agree to participate in the academic activities of the program, including mentoring activities at local and national levels
- Have written approval and support from their Division Chief: Clinician scientists must provide documentation of approval from their Division Chief for release from clinical time and 75% research effort during this award.
- **Budget: $100,000 per year to augment support research program (e.g. research staff and experiments)**

Cincinnati Children's
changing the outcome together

Procter/ CHRCDA Scholar Application
Deadline: 11/1/2022 by 10:00AM
Applications should be sent to Amy Davis
Coordinator of Procter/ CHRCDA Scholar Awards @ amy.davis@cchmc.org

1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)*

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2. PRINCIPAL INVESTIGATOR

2a. NAME *(Last, first, middle)*	2b. DEGREE(S)	
2c. POSITION TITLE	2d. TELEPHONE	
2e. DIVISION	2f. E-MAIL ADDRESS	
2g. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		

3. MENTOR

3a. NAME *(Last, first, middle)*	3b. DEGREE(S)	
3c. POSITION TITLE	3d. TELEPHONE	
3e. DIVISION	3f. E-MAIL ADDRESS	
3g. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		

4. HUMAN SUBJECTS RESEARCH ☐ No ☐ Yes If yes approval date:	4a. Research Exempt ☐ No ☐ Yes	If "Yes," Exemption No.
4b. Clinical Trial ☐ No ☐ Yes	4c. NIH-defined Phase III Clinical Trial ☐ No ☐ Yes	
5. Vertebrate Animals ☐ No ☐ Yes	5a. If "Yes," IACUC Approval Date	5b. Approval Number:
6. IBC Protocol ☐ No ☐ Yes	6a. If "Yes," Approval Date:	6b. Approval Number:

8. DATES OF PROPOSED PERIOD OF SUPPORT *(month, day, year—MM/DD/YY)*		
From Through		

9. The undersigned reviewed this application for a CCHMC Procter Scholar 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.

Principal Investigator:	Division Chief/ Dept Chair/Institute Director of Primary Applicant:	
Signature of Primary Applicant	Date:	Signature of Division Chief/ Dept Chair/Institute Director of Primary Applicant	Date:

Face Page   **Form Page**

PROJECT SUMMARY: Using <u>technical</u> language, briefly describe the research design and rationale for achieving the stated goals.

RELEVANCE: Using no more than two or three sentences, describe the relevance of this research to public health.

DIVISION OR DEPARTMENT OR INSTITUTE

KEY PERSONNEL. *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

Form Page 2

Procter Scholar Application
TABLE OF CONTENTS

*For revised application- not to exceed 8 pages by the inclusion of "Response to Previous Review".

DETAILED BUDGET FOR <u>YEAR 1</u>
DIRECT COSTS ONLY

		FROM		THROUGH	

PERSONNEL *(Applicant organization only)*		Months Devoted to Project			INST.BASE SALARY	DOLLAR AMOUNT REQUESTED *(omit cents)*		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths		SALARY REQUESTED	FRINGE BENEFITS	TOTAL
						0	0	0
SUBTOTALS								

CONSULTANT COSTS	
EQUIPMENT *(Itemize)*	
SUPPLIES *(Itemize by category)*	
TRAVEL	

PATIENT CARE COSTS	INPATIENT	
	OUTPATIENT	

OTHER EXPENSES *(Itemize by category)*	

TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 9, Face Page)*　　　　$

DETAILED BUDGET FOR <u>YEAR 2</u>
DIRECT COSTS ONLY

FROM	THROUGH

PERSONNEL *(Applicant organization only)*		Months Devoted to Project				DOLLAR AMOUNT REQUESTED *(omit cents)*		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator					0	0	0
SUBTOTALS				⟶				

CONSULTANT COSTS	
EQUIPMENT *(Itemize)*	
SUPPLIES *(Itemize by category)*	
TRAVEL	
PATIENT CARE COSTS	INPATIENT
	OUTPATIENT
OTHER EXPENSES *(Itemize by category)*	

TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 9, Face Page)* ⟶ $

Principal Investigator/Program Director (Last, First, Middle):

BUDGET JUSTIFICATION.

Form Page 5

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. See <u>NIH instructions</u> for details and samples.

A.   Personal Statement

Briefly describe why your experience and qualifications make you particularly well-suited for your role (e.g., PD/PI, mentor, participating faculty) in the project that is the subject of the application.

B.   Positions, Scientific Appointments, 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 for 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 publically available digital database such as SciENcv or My Bibliography, which are maintained by the US National Library of Medicine.

For New and Renewal Applications – DO NOT SUBMIT UNLESS REQUESTED
PHS 398 OTHER SUPPORT

There is no "form page" for reporting Other Support. Information on Other Support should be provided in the format shown below.

*Name of Individual:

Commons ID:

Other Support – Project/Proposal

*Title:

Major Goals:

*Status of Support:

Project Number:

Name of PD/PI:

*Source of Support:

*Primary Place of Performance:

Project/Proposal Start and End Date: (MM/YYYY) (if available):

* Total Award Amount (including Indirect Costs):

* Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
1. [enter year 1]	
2. [enter year 2]	
3. [enter year 3]	
4. [enter year 4]	
5. [enter year 5]	

IN-KIND

*Summary of In-Kind Contribution:

*Status of Support:

*Primary Place of Performance:

Project/Proposal Start and End Date (MM/YYYY) (if available):

*Person Months (Calendar/Academic/Summer) per budget period

Year (YYYY)	Person Months (##.##)
1. [enter year 1]	
2. [enter year 2]	
3. [enter year 3]	
4. [enter year 4]	
5. [enter year 5]	

*Estimated Dollar Value of In-Kind Information:

*Overlap (summarized for each individual):

I, PD/PI or other senior/key personnel, certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

*Signature: _____

Date: _____

Career Development Plan and Research Plan: **7-page limit** (below is the approximate length for each section). For a **revised application, not to exceed 8 pages** by the inclusion of "**Response to Previous Review**".

A. Career Development Plan (2 pages)

- Candidate's Background
- Career Goals and Objectives
- Career Development/Training Activities During Award Period

B. Research Plan: **5 pages** (below is the approximate length for each section)

1. If applicable, Response to Previous Review **(1 page)**
2. **Specific Aims (1/2 page):** <u>Remember this is a 2 year project</u>.
3. **Research Strategy (4 ½ pages).** Organize the Research Strategy into three sections - *Significance*, *Innovation*, *and Approach,* using the instructions provided below. Include a thorough, but concise description of the work leading up to your current hypothesis.

    - **Significance**: Explain how the proposal will address an important problem or a critical challenge in the field. Also indicate how this proposal will generate significant preliminary data needed for an NIH grant application.

    - **Innovation**: Explain how the proposal challenges existing paradigms or clinical practice; address an innovative hypothesis or critical challenge in the field.

    - **Approach**: Describe the overall strategy, methodology, and analyses used to accomplish the specific aims of the project. Include preliminary data, a rationale for experimental design and discuss any potential problems and solutions.

C. Human Subjects. Include all sections required for a NIH application. See PHS 398 instructions.

D. Vertebrate Animals. Include the 5 point narrative required for a NIH application – See PHS 398 instructions.

E. Literature cited.

F. Division or Department or Institute Commitment to Candidate's Research Career Development (1 page)

G. Statement by Mentor or Co-Mentor. (1-2 pages)

- Provide information on Mentor's research qualifications and previous research experience as a research supervisor.

- Describe a plan for the supervision and mentoring that will occur during the proposed research period.

- Describe a plan for career progression for the candidate to move from the mentored stage to a career as an independent researcher.

- Describe a plan for monitoring the candidate's research, publications, and progression towards research independence.

- <u>Please include the Mentor or Co-Mentors' name in the statement.</u>