

**2020 Pilot Project Application**

**Part A. Project Summary**

1. What is the **title** of the proposed research project?

|  |
| --- |
|  |

1. Please list[**Key Personnel**](https://grants.nih.gov/grants/glossary.htm#Senior/KeyPersonnel), expanding or adding boxes as needed. **Principal Investigator(s) (PD/PI or co-PI) must be Full or Associate** [**University of Vermont Cancer Center (UVMCC) Members**](http://www.med.uvm.edu/uvmcancercenter/members/members) **and at least one PI must be a Full member**. LOIs from investigators whose applications for UVMCC Membership have been submitted but are pending will be provisionally accepted. Please let us know if there are changes in Key Personnel after the LOI is submitted so that we can manage potential conflicts of interest when assigning reviewers.

| **Key Personnel**[**Investigator**](http://www.med.uvm.edu/uvmcancercenter/core-facilities/genome-technologies) **Name & Degree(s)****(e.g., Jayne P. Smith, MD, PhD)** | **Department or Division, College, University (if not UVM), or other affiliation.** | [**Project Role**](https://grants.nih.gov/grants/glossary.htm#Senior/KeyPersonnel) | [**Member Level**](http://www.med.uvm.edu/vtcancercenter/about/memberdirectory) | [**Program**](http://www.med.uvm.edu/vtcancercenter/about/memberdirectory) |
| --- | --- | --- | --- | --- |
|  |  | Choose an item. | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. | Choose an item. |

1. Please provide a few **keywords or subject areas** that describe your research project. Use as many or as few as you feel will help in identifying the best qualified reviewers.

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

1. Is this a resubmission? Yes [ ]  No [ ]

If yes, when was it last submitted?

1. **Prior recent funding:** Have any of the investigators been awarded an intramural research grant in the last two years? If yes, please provide title, sponsor, project period, annual direct cost. If relevant to this project, provide a one or two sentence description of what the project accomplished.

|  |
| --- |
|  |

1. **Overlap:** Do any of the investigators have current or pending awards for this or similar research projects? If yes, please provide title, sponsor, project period, annual direct cost

|  |
| --- |
|  |

1. Will **regulatory approvals** be necessary? Approvals do not need to be in place at time of application, but must be submitted to governing agencies within 30 days of Notice of Grant Award. Applicants are strongly urged to consult with relevant [**Translational Disciplinary Teams**](http://www.med.uvm.edu/uvmcancercenter/members/trans-disciplinary-teams-%28tdts%29)for projects involving [**PRMC & IRB approvals**](https://www.med.uvm.edu/uvmcancercenter/members/protocol-review)**.**

|  |
| --- |
| Human Subjects (IRB & PRMC) |[x]
| Live Vertebrate Animals (IACUC) | [x]  |
| Human Embryonic Stem Cells |[x]
| Infectious Agents or Toxins (IBC Biohazard) | [x]  |
| Recombinant DNA (IBC Biohazards) | [x]  |
| Radioactive Substances, Lasers, and/or X-rays |[x]
| Hazardous Chemicals | [x]  |
| Human or simian cells, tissue, blood or body fluids | [x]  |

1. Will any [UVMCC Shared Resources](https://www.med.uvm.edu/uvmcancercenter/core-facilities/core-facilities) be used? Awarded funds cannot be used to support external services if these services are available at UVMCC. Please use the “Other Expenses” area of the budget page to show cost of these services, and itemize by facility. Details of facility services should be described in the budget and budget justification. Applicants are required to provide verification that the proposed project has been reviewed with facility heads.

|  |
| --- |
| [Biobank Core Facility](http://www.med.uvm.edu/uvmcancercenter/core-facilities/biobank) (collection & storage of cancerous and adjacent tissue specimens for use by researchers) |[ ]
| [Cancer Translational Research Laboratory (CTRL)](http://contentmanager.med.uvm.edu/uvmcancercenter/core-facilities/cancer-translational-research) (Collaborative transdisciplinary partnerships between scientists and physician investigators) | [ ]  |
| [Medical Biostatistics Unit](https://www.uvm.edu/biostatistics) (Biostatistics, statistical genetics, and epidemiology for biomedical and health-related research activities) | [ ]  |
| [Microscopy Imaging Center](http://med.uvm.edu/mic) (microscopy-based imaging systems, computers and software for image analysis; experimental design, tissue sectioning, sample preparation, data analysis and interpretation, and guidance) | [ ]  |
| [UVMCC Clinical Trials Office (CTO)](https://www.med.uvm.edu/uvmcancercenter/clinicaltrialsgroup/clinical-trials) (Clinical Research Coordinator staffing, regulatory support, translational specimen collection and/or oversight for clinical studies) | [ ]  |
| [Vermont Integrative Genomics Resource (VIGR)](https://www.med.uvm.edu/uvmcancercenter/core-facilities/vigr)(DNA Analysis, Microarray, Massively Parallel Sequencing and Bioinformatics) | [ ]  |

1. **Lay Summary:** Please provide a three or four sentence description of the proposed research that summarizes the focus and cancer relevance of the project in non-scientific terms such that might be used for a general interest announcement.

|  |
| --- |
|  |

1. **Abstract:** In one page or less, please summarize the cancer relevance & significance of the project, the specific aims & expected outcomes, and how the project will contribute to the development of a full research proposal for national, peer-reviewed funding. Please do not include any proprietary data or confidential information. If in doubt about what’s proprietary or confidential please contact the UVM [Office of Technology Commercialization](https://www.uvm.edu/uvminnovations/) at innovate@uvm.edu.

|  |
| --- |
|  |

1. **Leadership Plan**: In a page or less, discuss how the team members will function on the project and how their inclusion will facilitate the accomplishment of the identified aims. Describe the roles and areas of responsibility of the Key Personnel and the decision-making process for management of the project.

|  |
| --- |
|  |

**Part B. Project Description**

1. **Specific Aims** (limit to one page)

|  |
| --- |
|  |

1. **Research Strategy** (limit to five pages). Please address the following:
* Significance
	+ Identify the importance of the problem or critical barrier to progress in the field that the proposed project addresses.
	+ Identify how the proposed project will improve scientific knowledge, technical capability, and/or clinical practice in one or more broad fields
	+ Identify how the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field will be changed if the proposed aims are achieved.
* Innovation
	+ Describe how the application challenges and seeks to shift current research or clinical practice paradigms.
	+ Describe any novel theoretical concepts, approaches, or methodologies, instrumentation or interventions to be developed or used, and any advantage over existing methodologies, instrumentation or interventions.
	+ Describe any refinements, improvements, or new applications of theoretical concepts, approaches or methodologies, instrumentation, or interventions
* Approach
	+ Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project. Include how the data will be collected, analyzed, and interpreted.
	+ Describe and address the potential problems.
	+ Describe any strategy to establish feasibility, and address the management of any high risk aspects of the proposed work if the project is in the early stages of development.
	+ Address any procedures, situations, or materials that may be hazardous to other research associates and identify the precautions to be taken
	+ Describe the preliminary studies, data, and/or experience pertinent to this application. Identify the potential, problems, alternative strategies, and benchmarks for success anticipated to achieve the aims. Include a description of future directions for your research, as well as a project timeline.

**Insert Research Strategy here (limit to five pages)**

1. **Response to Reviewer Comments** (For resubmissions only - limit to one page)

|  |
| --- |
|  |

1. **Literature citations (no page limit)**

**Insert Literature citations here (no page limit)**

1. **Budget** – please use the Budget and Budget Justification templates on the following pages. Please ask your business or finance administrator, consult [NIH Budget Development Guidelines](https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/develop-your-budget.htm#personnel), or contact edward.north@uvm.edu if you have questions about how to complete the budget sections. Please see Pilot Project guidelines at the UVMCC [Intramural Funding Web Page](http://www.med.uvm.edu/uvmcancercenter/research/intramural-funding) for a list of allowable and unallowable expenses.

|  |  |
| --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): |       |
|  |
| 16 DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | 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 |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| SUBTOTALS |       |       |       |
| CONSULTANT COSTS **NOT PERMITTED**      |       |
| EQUIPMENT-(up To $10,000) *(Itemize)*      |       |
| SUPPLIES *(Itemize by category)*      |       |
| TRAVEL      |       |
| INPATIENT CARE COSTS       |       |
| OUTPATIENT CARE COSTS       |       |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* **NOT PERMITTED** |       |
| OTHER EXPENSES *(Itemize by category)*      |       |
| CONSORTIUM/CONTRACTUAL COSTS **NOT PERMITTED** | DIRECT COSTS |       |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)* | $ |       |
| FACILITIES AND ADMINISTRATIVE COSTS **NOT PERMITTED** |  |       |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD  | $ |       |

1. **BUDGET JUSTIFICATION** (expand boxes as needed)**:**

**Personnel**

|  |
| --- |
|  |

**Equipment (up to $10,000)**

|  |
| --- |
|  |

**Supplies**

|  |
| --- |
|  |

**Domestic travel directly related to the aims of the project (up to $2,000)**

|  |
| --- |
|  |

**Inpatient Care Costs**

|  |
| --- |
|  |

**Outpatient Care Costs**

|  |
| --- |
|  |

**Other Expenses**

|  |
| --- |
|  |

1. **Departmental Approval for Key Personnel**

By signing below the Department Chair or Division Chief’ agrees to the described roles for each of the Key Personnel. Please expand or add boxes as needed. **Separate signature pages may be inserted as needed for each Chair or Chief.**

| **Key Person’s Name** | [**Project Role**](https://grants.nih.gov/grants/glossary.htm#Senior/KeyPersonnel) | **Department or Division** | **Chair or Chief’s Name** | **Date** |
| --- | --- | --- | --- | --- |
| **Signature** |
|  | Choose an item. |  | Name:  |  |
| Signature:  |
|  | Choose an item. |  | Name:  |  |
| Signature:  |
|  | Choose an item. |  | Name:  |  |
| Signature:  |
|  | Choose an item. |  | Name:  |  |
| Signature:  |
|  | Choose an item. |  | Name:  |  |
| Signature:  |
|  | Choose an item. |  | Name:  |  |
| Signature:  |
|  | Choose an item. |  | Name:  |  |
| Signature:  |

1. **Facility Head approval**

By signing below, the Facility Head affirms that the described facility involvement and timeline have been reviewed and services are properly budgeted. Please expand or add boxes as needed. **Separate signature pages may be inserted as needed for each Facility Head.**

| **Facility Name** | **Facility Head’s Name** | **Date** |
| --- | --- | --- |
| **Signature** |
|  | Name:  |  |
| Signature:  |
|  | Name:  |  |
| Signature:  |
|  | Name:  |  |
| Signature:  |
|  | Name:  |  |
| Signature:  |

1. **Please provide** [**NIH format Biosketches**](https://grants.nih.gov/grants/forms/biosketch.htm) **for each of the Key Personnel.** Please limit the Biosketches to no more than five pages each.
2. **Letters of Collaboration and Letters of Support** may be included but aren’t required.

Combine all items, in order, into a single PDF and send to edward.north@uvm.edu with “UVMCC Pilot Project Application” in the subject line.

**Important Dates:**

**Letters of Intent are due by noon on Monday, July 22, 2019**

**Full Applications are due by noon on Monday, September 23, 2019**

**Award Notification will take place by Wednesday, December 4, 2019**

**Projects Start Wednesday, January 1, 2020**

**Please go to the** [**UVMCC Intramural Funding Web Page**](http://www.med.uvm.edu/uvmcancercenter/research/intramural-funding)

**to download forms and related materials.**