***FORMAT FOR SUBMISSION OF EUREKA FUNDING APPLICATIONS***

Since applicants will not be present at the review session, it is important that the proposal be as clear and concise as possible. In addition, all technical aspects should provide sufficient details within the context of the page limitations.

1. TITLE PAGE IN [NIH FACE PAGE FORMAT](https://grants.nih.gov/grants/funding/phs398/fp1.pdf)

2. BUDGET: use format outlined on page 2 of this Request for Proposals

3. PROJECT DESCRIPTION:approximately four single-spaced typewritten pages.Any proposal in which the Project Description section exceeds this page limitation or that is incomplete will not be considered for review.

Specific Aims: provide one page to highlight the main thrust, specific aims, and hypothesis of the proposal. ~1-page

Significance (Background): state the research problem, review relevant literature in the area, and indicate relevanceof the project to translational research. ~1-page

Innovation: ~½ page

Preliminary Data: NOT REQUIRED, owing to the goal of the program to fund early stage projects. However, if available, include relevant preliminary data and describe how it supports the long-range objectives of the proposed work. ~1-page

Research Design and Methods: describe in sufficient detail and clarity to allow the reviewers to grasp how you plan to achieve your stated specific objectives. Be sure to address pitfalls, alternative approaches, and future directions. ~2 ½ -pages

4. REFERENCES

5. BIOGRAPHICAL SKETCH: use the standard [NIH-style sketch](https://grants.nih.gov/grants/forms/biosketch.htm)

**Department of Medicine Eureka Funding Mechanism Budget**

***Instructions:*** *The maximum allowed budget is $10,000. In the table below, complete the areas for which you have costs. In the remaining space remaining below the table, briefly justify costs included in the table. For personnel expenses, describe each person’s percent effort and their role on the project. For operating expenses, indicate major categories in your justification. \*Note\* to preserve space on this page, these instructions should be deleted.*

**Line Item Budget**

|  |  |  |
| --- | --- | --- |
| **Category** | **Expense Code** | **Amount Requested** |
| Faculty Salary | F5000 |  |
| Staff Salary | F5200 |  |
| Faculty Fringe (UVMMG: 22% UVM: 44%) | F5991/6 |  |
| Staff Fringe | F5991 |  |
| Animal Maintenance/Animal Costs | F6003 |  |
| Consultant Services/Consultant Contract Services | F6120 |  |
| Equipment (>$5K)  | F6500 |  |
| Facility User Fee/Facility & Equipment Rental  | F6350 |  |
| Human Subjects Costs |
|  Inpatient Costs/Inpatient Care Expenses  | F6128 |  |
|  Outpatient Costs/Outpatient Care Expenses | F6127 |  |
|  Other Costs/Services and Other Expenses | F6000 |  |
| Publication Costs | F6011 |  |
| Supplies  | F6001 |  |
| Travel  | F6050 |  |
| Other |  |  |
| Other |  |  |
| **Total** |  |

**Budget Justification:**