**Department of Medicine Pilot Grant Program**

Application Instructions

***FORMAT FOR SUBMISSION OF APPLICATIONS***

Proposals should be clear and concise and must contain all information required for review within the page limitations indicated below.

I. **TITLE PAGE** (please use provided template; see below)

II. **BUDGET**: Please use the provided budget template (see below) and include a budget justification with a detailed breakdown of all project costs.

III. **PROJECT DESCRIPTION**:Using the section headers below, please describe your project in no more than six pages. Documents must be in 11-point Arial or another NIH-recommended font (Georgia, Helvetica, or Palatino Linotype), single-spaced, with 0.5-inch margins on all sides. Use of URLs to provide information outside the page limits of the project description is not allowed. Proposals in which the Project Description is incomplete or exceeds the page limits will not be reviewed. While writing your proposal, consider that reviewers may not be experts in your specific area of study.

*Specific Aims*: Specific aims and hypothesis of the proposal. **(*Do not exceed one page.)***

*Significance*: Describe the significance of the proposed studies to the field of study. **(*Approximately 1/2 page*)**

*Innovation*: Describe how the project is innovative in terms of concept, science, technology, and/or clinical treatment/practice. If the project involves new or unconventional collaborations across research programs and/or divisions, please address how this contributes to the project’s innovation. **(*Approximately 1/2 page)***

*Background and Preliminary Data*: Include relevant background and/or preliminary data that has led to the proposed studies, emphasizing how the proposed studies address deficiencies in the field and will position the research team for future studies and grant opportunities. **(*Approximately 1 page)***

*Research Design and Methods*: Clearly describe your research design and methods in sufficient detail to allow the reviewers to grasp how you plan to achieve your specified objectives. Please be sure to address pitfalls and alternative approaches. If the project involves research techniques, objectives, use of materials, or animal and/or human subjects activities with which the applicant has no prior experience, please provide adequate justification or describe suitable collaborations to demonstrate that the proposed studies are achievable. **(*3 to 3 ½ pages)***

*Planned Grant Submissions*: Outline your planned grant submissions using the data developed under this funding opportunity. Please specify the sponsor, grant mechanism, and the expected date of the application. **(*Do not exceed one page***.)

IV. **REFERENCES** (no page limit)

V. **BIOSKETCH**: standard NIH format (see for instructions/forms: <https://grants.nih.gov/grants/forms/biosketch.htm>).

Biosketches are required for all senior/key personnel.

**APPLICATION FOR DEPARTMENT OF MEDICINE PILOT GRANT AWARD**

|  |  |  |
| --- | --- | --- |
| **Proposal Information** | | |
| **Title**: | | |
| **Principal Investigator:** |  | |
| Email: |  | |
| Department: |  | |
|  | | |
| **Co-PI, if any:** |  | |
| Email |  | |
| Department |  | |
|  | | |
| **Period of Performance:** | Start: | End: |
| **Amount Requested:** |  | |

|  |  |  |
| --- | --- | --- |
| **Approvals** | | |
| **Human Subjects (Y/N):** | **Vertebrate Animals(Y/N):** | **Recombinant DNA(Y/N):** |
| **If yes**, IRB review status: | **If yes**, IACUC review status: | **If yes**, IBC review status: |
| \_\_\_ Approved | \_\_\_ Approved | \_\_\_ Approved |
| \_\_\_ Pending | \_\_\_ Pending | \_\_\_ Pending |
| \_\_\_ Not yet submitted | \_\_\_ Not yet submitted | \_\_\_ Not yet submitted |
|  |  |  |

**PI ASSURANCE**: I certify that the statements herein are true and accurate to the best of my knowledge and that the research proposal reflects original work by myself and has not been submitted to other funding sources by students, trainees, or junior faculty under my direct supervision. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to disciplinary action according to the bylaws of the College of Medicine and/or University of Vermont. I agree and accept responsibility for the scientific conduct of the project and to provide the required progress reports if the grant is awarded.

**Signatures**:

**Principal Investigator**:

**Department Chair**:

**Department of Medicine Pilot Grant Program: Budget**

**Instructions:** The maximum allowed budget is $50,000. Working with the DOM Pre-Award Office, provide a detailed budget using the format below.

In the budget justification, break out your costs in further detail and explain how they support your project. For personnel expenses, indicate each person’s percent effort and describe their role on the project. For operating expenses, indicate major categories in your justification and provide further cost detail and description within each category.

Please note that personnel expenditures are restricted to Department of Medicine faculty, staff, and trainees.

*\*\*Please delete these instructions from your final proposal submission documents.*

**Line Item Budget**

|  |  |  |
| --- | --- | --- |
| **Category** | **Expense Code** | **Amount Requested** |
| **Personnel** |  |  |
| Faculty Salary | F5000 |  |
| Staff Salary | F5200 |  |
| Faculty Fringe (UVMMG: 23.3% UVM: 46.1%) | F5991/6 |  |
| Staff Fringe | F5991 |  |
| **Other Costs** |  |  |
| 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:**