| Northern New England |
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| Clinical & Translational Research |
| Network — |

2018 Pilot Project Program (PPP) - COVER PAGE FORM

Submit this form with LOI by March 16, 5 PM to Meredith B. Oestreicher

MBOestreic@mmc.org

| 1. | Register with the NNE-CTR No directly to the registration form that you joined the Network | | s://is.gd/nnectr_reg2 takes you site. Please check the box to indi | cate |
|----|--|---|--|------------|
| 2. | Title of the proposed research p | project? | | |
| | | | | |
| 3. | AWARD Category (yes/no in l | box): | | |
| | Addiction Medicine/Science | e | All other applications | |
| | Rural Health Foc | eus | Multi-disciplinary | |
| 4. | Please lis t Key Personnel , exp | panding the boxes as r | needed. Identify New (N), Early S | Stage (ES) |
| | Investigator Name & Degree(s) (e.g., Jayne P. Smith, MD, PhD) Discipline or Expertise | Project Role - PD/PI, Co-I, Mentor, Mentee, etc | Academic Position, Departm Division Institution (MMC, UVM, U | |
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Note: A requirement is that at least one member of a team must hold a faculty or affiliate appointment. If junior faculty submitting application, list MENTOR information

| 5. | | verlap: Do any of the ojects? yes | investigators have current or pending no | awards | for this | or similar researc |
|---|--------|---|---|------------|----------|--------------------|
| | • | yes, please provide t | | | | |
| | | Title | | | | |
| | | Sponsor | | | | |
| | | Project Period | | | | |
| | | Annual Direct Cost | | | | |
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| | | | | | 555 | |
| | | | d research must be distinct from current fu or clarify in the box below, the distinction | • | | |
| 11001 | .1011. | i icase indicate ivolvi | of claimy in the box below, the distinction | or the r r | 1 HOIH | sarrent randing |
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| 6. | | • | rals be necessary? Approvals do not n | | • | |
| | | - | e submitted to governing agencies with strongly urged to consult with relevant | | - | |
| | | | and/or IACUC approvals. | ININE-CI | IX COILE | s for projects |
| | uic | at will fieed <u>intb; ibo</u> | and/or iAOOO approvais. | | _ | |
| | | Human Subject | ets (IRB) | | | |
| | | | e Animals (IACUC) | | | |
| | | | onic Stem Cells | | | |
| | | | nts or Toxins (IBC Biohazard) | | | |
| | | | Recombinant DNA (IBC Biohazards) | | | |
| Radioactive Substances, Lasers, and/or X-rays | | | | | | |
| | | Hazardous Ch | | | | |
| | | | an cells, tissue, blood or body fluids | | | |
| | | | enomic Arrays | | | |
| | | T drondoo or o | | | | |
| | | | | | | |
| 7. | | • | es be used? Research supported by these | | | |
| | | • | al basis. Awarded funds cannot be used to | support | external | services if these |
| | sei | rvices are available at | JVIVI, IVIIVIC, OF USIVI. | | | |
| | | Adminis | trative Core | | | |
| | | | Research Design and Epidemiology | | | |
| | | | ional Research Technologies | | | |
| | | | ealth Research and Delivery | | | |
| | | | onal Development | | | |
| | | | ject Program | | | |
| | | | g and Evaluation Core | | | |

| 8. | Please provide an Estimated Budget . The Award is up to \$50,000. | | | |
|----|---|--|--|--|
| | | | | |
| 9. | Lay Summary : Please provide a three or four sentence description of the proposed research that summarizes the focus and relevance of the project to the NNE-CTR mission in non-scientific terms such that might be used for a general interest announcement. Note: NIGMS uses these statements. | | | |
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