

**2019 Pilot Project Application**

**Part A. Project Summary**

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

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1. Please list [**Key Personnel**](https://grants.nih.gov/grants/glossary.htm#Senior/KeyPersonnel)**,** expanding the boxes as needed. **UVM Investigators must be Full or Associat**e [**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. Investigators whose application for UVMCC Membership has been submitted but is pending will be provisionally accepted. Please consult NIH guidelines for [**Program Director/Principal Investigator (PD/PI)**](http://grants.nih.gov/grants/glossary.htm%23ProgramDirector/PrincipalInvestigator(PD/PI)), [**Co-Investigator**](https://grants.nih.gov/grants/glossary.htm#CoInvestigator), and [**Other Significant Contributor**](https://grants.nih.gov/grants/glossary.htm#OtherSignificantContributorsOSCs)in determining appropriate roles. You may add rows if necessary.

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| [**Investigator**](http://www.med.uvm.edu/uvmcancercenter/core-facilities/genome-technologies) **Name & Degree(s) (e.g., Jayne P. Smith, MD, PhD)** | **Academic Position or Title** | **Department or Division & College. If outside UVM please include institution.** | **Project Role (PD/PI, Co-PI, Co-I, etc.)** | **UVMCC Program Affiliation & Membership Level (e.g., CCPHS-Full)** |
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1. To help in identifying the best qualified reviewers, please provide a few keywords or subject areas that describe your research project:

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1. Is this a resubmission? Yes  No  If yes, when was it last submitted?
2. 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.

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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.

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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-(tdts))for projects involving [PRMC & IRB approvals](https://www.med.uvm.edu/uvmcancercenter/members/protocol-review)

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

1. Will any shared resources be used? Awarded funds cannot be used to support external services without prior approval if these services are available at UVMCC.

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| [Biobank Core Facility](http://www.med.uvm.edu/uvmcancercenter/core-facilities/biobank) (collection & storage of cancerous and adjacent tissue specimens for use by researchers) |  |
| [Biostatistics Core Facility](http://www.med.uvm.edu/uvmcancercenter/core-facilities/biostatistics) (Biostatistics, statistical genetics, and epidemiology for biomedical and health-related research activities) |  |
| [Cancer Translational Research Laboratory (CTRL)](http://www.med.uvm.edu/uvmcancercenter/core-facilities/cancer-translational-research) (Collaborative transdisciplinary partnerships between scientists and physician investigators) |  |
| [UVMCC Clinical Trials Office (CTO)](mailto:Karen.M.Wilson@uvm.edu) (Clinical Research Coordinator staffing, regulatory support, translational specimen collection and/or oversight for clinical studies) |  |
| [Vermont Integrative Genomics Resource (VIGR)](http://www.med.uvm.edu/uvmcancercenter/core-facilities/genome-technologies)  (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.

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1. Abstract – in a 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](mailto:innovate@uvm.edu).

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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.

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**Part B. Project Description**

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

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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.

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

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

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

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1. **Budget** – please use the Budget Form 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](mailto:edward.north@uvm.edu?subject=LCCRO%20Pilot%20Project%20Application-BUDGET) if you have questions about how to complete them. Please see specific 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.

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| Program Director/Principal Investigator (Last, First, Middle): |  | | |
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| 16 DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | | FROM | THROUGH |
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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

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| NAME | ROLE ON PROJECT | Cal.  Mnths | Acad.  Mnths | Summer  Mnths | | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | | TOTAL |
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| 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

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Equipment (up to $10,000)

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Supplies

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

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Inpatient Care Costs

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Outpatient Care Costs

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Other Expenses

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1. **Approvals** – please use the following form to confirm Department Chair or Division Chief’s acceptance of the described roles for each of the Key Personnel. **Separate signature pages may be inserted as needed for each Chair or Chief.**

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| **Key Personnel** | **Project Role** | **Department or Division** | **Chair or Chief’s Name** | **Date** |
| **Signature** |
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| Signature: |
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| 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. CVs may be used for Other Significant Contributors.
2. **Letters of Collaboration and Letters of Support** may be submitted but aren’t required.

**Application Checklist**

For application submission, please assemble all items in the following order into one PDF and send by email to [edward.north@uvm.edu](mailto:edward.north@uvm.edu?subject=Pilot%20Project%20Application) with “UVMCC Pilot Project Application” in the subject line.

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| ITEM | Limit |  |
| 1. Title | As Needed |  |
| 1. Key Personnel | As Needed |  |
| 1. Key Words | Six or fewer |  |
| 1. Resubmission (Y/N) | NA |  |
| 1. Prior Funding | As Needed |  |
| 1. Overlap | As Needed |  |
| 1. Regulatory Approvals | NA |  |
| 1. Shared Resources | NA |  |
| 1. Lay Summary | 3-4 sentences |  |
| 1. Abstract | 1 page |  |
| 1. Leadership Plan | 1 page |  |
| 1. Specific Aims | 1 page |  |
| 1. Research Strategy | 5 pages |  |
| 1. Response to Reviewers (for resubmissions only) | 1 page |  |
| 1. Literature Citations | As Needed |  |
| 1. Budget | As Needed |  |
| 1. Budget Justification | As Needed |  |
| 1. Approvals | As Needed |  |
| 1. [**NIH format Biosketches**](https://grants.nih.gov/grants/forms/biosketch.htm) for Key Personnel | 5 pages each |  |
| 1. Letters of Collaboration or Letters of Support (optional) | As Needed |  |

**Applications are due by Noon on Monday, October 15, 2018**

**Assemble into one complete PDF and send to** [**edward.north@uvm.edu**](mailto:Edward.North@UVM.EDU?subject=UVMCC%20Pilot%20Project%20Application)

Please go to [Intramural Funding Web Page](http://www.med.uvm.edu/uvmcancercenter/research/intramural-funding) for Program Description & Guidelines