

Clinical Research Enhancement Award for Trial Excellence (CREATE) Program Announcement

The Department of Medicine has established a Clinical Research Enhancement Award for Trial Excellence (CREATE) to expand our research portfolio and provide opportunities for our faculty and trainees to participate in advancing biomedical and clinical research at UofL.

The Department will fund as many proposals with total costs ranging from \$5,000 to \$40,000, depending upon the number of applications and funds available each application cycle. Preference will be given to applications using internal resources and collaborators.

The aim is to provide financial, technical, and intellectual support to foster research and academic excellence in the Department.

Funds will be provided to medical students, residents, fellows and junior faculty within the Department of Medicine. To be eligible, the applicant must be a member of or a trainee in the Department of Medicine, but unpaid collaborators or consultants outside the Department are permitted. To the extent possible, those chosen for funding will be supported by mentor or mentors with expertise in the area of interest.

We will assess the efficacy of the program in promoting publications and funding for supported projects. This will involve identifying challenges that impede progress as well as distinguishing qualities that contribute to the success of the program.

Proposal Solicitation

A request for CREATE applications will be advertised twice a year (March 15 and September 15). Applications should be received by May 1st and November 1st. The start dates will be June 15th and January 15th. Means of communication by which applications will be solicited include:

1. Posts through Departmental website
2. Department of Medicine email list server
3. Websites of affiliated Centers and Institutes
4. Personal emails to Division Chiefs

Application must include the following components:

1. Descriptive title of the project.
2. Abstract of the project: No longer than 30 lines of text.
3. Specific Aims (1/2 page). The application must state a hypothesis.
4. Research Strategy (3 pages maximum, excluding references, appendixes are **not** allowed).
 - a. Significance and Innovation – 1/2 pages – to describe the importance of the scientific question addressed and the novelty of the hypothesis or approach.

- b. Approach – 2 pages. Describe the rationale for the work, experimental methods, study design, anticipated results, analytical approach and alternative strategies.
5. A biographical sketch of the PI in NIH format (using NIH format form included in announcement);
6. Budget (using NIH format form included in announcement);
7. Budget justification: Brief description of expenses on the budget form;
8. Subject welfare issues. Applicant must provide proof that appropriate UofL Health, IBC, and/or IRB approval has been granted.
9. All applications will be submitted to Mr. Duane Bolanowski at ddbola01@louisville.edu.

Budgetary details: Applicants may request funds for technical support (e.g., research coordinator/technician salary), research supplies/consumables, and other costs of the study. CREATE funds may not be used to fund PI salaries, administrative support or subscriptions and memberships to societies or journals. No more than \$2000/year may be budgeted for professional travel and no more than \$3000 for publication costs.

General review procedures: Applications will undergo an initial screening by Mr. Bolanowski for adherence to guidelines, responsiveness, completeness, and scientific overlap with funded research before sending on to full scientific review. Applications that fail to follow the application described above may be rejected. Once applications pass initial screening, they will be subjected to full review by the CREATE committee. A 10-minute virtual presentation may be required as part of the review process. Up to three reviewers will be assigned to each application. External reviewers will be recruited as needed. The reviewers will provide an overall impact score to reflect their assessment based on significance, investigators, innovation, and approach. All reviewers will provide a written critique that will be provided to the applicant upon request. Scoring range will be identical to the NIH style review (range of 1-9), with 1 being the highest rated application. All members of the committee will vote and the scores will be averaged.

Progress Report: At the end of the project, the applicant will submit a one-page progress report to Mr. Bolanowski, detailing the progress made on the project and a list of publications and presentations.

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT 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

NAME	ROLE ON PROJECT	Cal. Mnth	Acad. Mnth	Summer Mnth	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							
SUBTOTALS								
CONSULTANT COSTS								
EQUIPMENT (<i>Itemize</i>)								
SUPPLIES (<i>Itemize by category</i>)								
TRAVEL								
INPATIENT CARE COSTS								
OUTPATIENT CARE COSTS								
ALTERATIONS AND RENOVATIONS (<i>Itemize by category</i>)								

OTHER EXPENSES *(Itemize by category)*

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CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD <i>(Item 7a, Face Page)</i>		\$
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD		\$

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 01/31/2026)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)* <https://grants.nih.gov/grants/forms/biosketch.htm> Example

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY

- A. **Personal Statement**

- B. **Positions, Scientific Appointments, and Honors**

- C. **Contributions to Science**