COLLABORATIVE MATCHING GRANT APPLICATION
UNIVERSITY OF LOUISVILLE
SCHOOL OF MEDICINE

A. Cover page:

1. Title of Project:

2. Principal Investigator (list the name of the one person responsible for the scientific and ethical conduct of the project):

2(a) Academic Rank and Position Title:

2(b). Department of Primary Appointment:

2(c) Telephone number:

2(d) Email address:

3. Collaborator(s):

4. Dates of Project (indicate beginning and ending dates for the project):

5. Performance Sites (list site(s), building and rooms, where the work will be performed):

6. Budget (indicate the total amount requested):

7. Compliance and Training: Will project use:

	Yes	No	Internal Review/ Registration No.	Status (approved, submitted, pending)
a. Human subjects?			IRB	
b. Experimental animals?			IACUC	
c. Ionizing radition devices/isotopes?				
d. Recombinant DNA?				
e. Pathogenic organisms?				
f. CDC/USDA Select Agents?				
g. Human blood, tissue, cell lines. OPIM?				
h. Highly toxic, carcinogenic, mutagenic agents?				

Note: The P.I. is responsible for complying with University safety rules, policies and procedures.

8. Grant Program: Collaborative Matching ☐

9. Career Status (see Career Status Categories on website):

I ☐ II ☐ III ☐

10. Proposal Type: New proposal ☐ 1st Resubmission ☐ 2nd Resubmit and Final ☐

11. Previous RC Support within the last five years? Yes ☐ No ☐
If Yes, give the dates of the grant support periods, list the date(s) of submission of the Final Report(s) for this (these) prior support, and provide evidence of publications and/or extramural grant applications and/or funding resulting from this support. .

12. Research area: Indicate the area of research by checking the appropriate choice.

☐ Cancer

☐ Cardiovascular disease

☐ Tuberculosis

☐ Multiple Sclerosis

☐ Other – List Area: _____

SIGNATURES:

Principal Investigator: _____ Date: _____

The Principal Investigator certifies that this is a new project which is not being considered for other intramural funding. The undersigned agrees to accept responsibility for the scientific and ethical conduct of the project. The undersigned further accepts responsibility for submission of an appropriate final report within 60 days of the end of the grant period if an award is made as a result of this application.

Department Chair: _____ Date _____

For Collaborative Matching Grant Program:

Speed type for matching funds commitment: _____

Authorization of matching funding should this application be funded by the SOMRC:

_____

Signature Printed Name

B. Abstract:

Provide an abstract of the proposal using no more than 200 words. Include a statement of hypothesis, Specific Aims, brief general description of methodology to be employed and a specific statement of how the data generated will be used to compete for extramural research funding.

C. Biographical Sketch:

Insert NIH form

D. Research Plan: (limit to a total of 8 pages).

1. Goals: Provide concise statements of:

    a) the long-term research goals of the investigator;

    b) how the proposed project will enhance competitiveness for extramural funding. This should take the form of a specific statement of intent, including the name of the intended agency and target date for submission of an application for a grant or contract offering.

2. Specific Aims and Hypotheses: Provide a concise statement of hypotheses to be tested; list specific aims of the project.

3. Background and Significance: Do not write an exhaustive review. Provide a summary of the current knowledge in this field. Highlight gaps in understanding and unresolved controversies.

4. Preliminary studies: If appropriate, provide pertinent data from the P.I.'s laboratory that support the proposal. Provide sufficient detail for the reviewer to understand the nature of these data and their relationship to the proposal.

5. Procedural detail: **INCLUDES NEW CRITERIA**

    a. Experimental design: Describe the design of studies that are to be performed to address the Specific Aims. Discuss the choice and use of model systems, surgical techniques, interview techniques, physiological models, tissue culture systems, control groups, time courses, dose regimens, etc. For human studies, describe criteria used for subject selection. Describe how data obtained will be analyzed.

    b. Methodology: Describe the methods of laboratory analysis and data collection and analysis. If any work is to be performed by other laboratories or service facilities, (on a collaborative or fee-for-service basis), so state. If fee-for-service work is a part of the proposal, specify and justify the number of "units" of such a service required.

c. Summary: Clearly state "Scientific Premise" as per NIH guidelines. Address "Rigor and Reproducibility". Describe the exact experiments to be performed using SOMRC funds. Justify how these experiments will improve the competitiveness of the subsequent NIH proposal.

E. Facilities available: State where these studies will be performed. List major items of equipment available in the P.I.'s laboratory or through cooperative agreement. Document any such cooperative arrangement with a letter of agreement from the director of that laboratory which states that the equipment is available for the proposed use.

F. Collaborative arrangements: If the project requires the services of others, describe the role of these collaborators (or fee-for-service laboratories). Provide written assurance of the willingness and ability of these people to participate. In the case of fee-for-service work, also include a statement of charges for the services to be performed. Normally this will take the form of a letter from the individual collaborator or service.

G. Budget:

1. Budget itemization: Using the following categories, provide a detailed budget, and itemize any category totaling over $500.

a. Supplies

b. Animal care and use: Where appropriate, itemize expenses for animal purchase shipping and care. Include costs per animal, as well as numbers of animals and days of maintenance.

c. Laboratory and other services: If fee-for-service work is required (e.g. flow cytometry, patient interviews, chart reviews and statistical analysis, protein sequencing, blood chemistry, pathology, radiology, etc.) so indicate. List the number of tests or other units of service required from the Methodology section, as well as the cost for each unit. Enter the total amount requested. If at all possible, such services should come from within the University community.

d. Other expenses: Itemize by category.

2. Budget justification: For any small equipment purchase, fee-for-service work and for each category of expense, provide a brief description of the intended use with sufficient detail to enable the reviewer to understand the relevance and necessity of the expense.

3. Budget exclusions: The Research Committee has no *a priori* restrictions on funding. However, all budget items must be fully justified, and the committee will critically evaluate each item with regard to necessity, potential duplication and alternative means of support. In general, funding for consultants' fees, clerical support, patient care and hospital costs will be difficult to justify. Faculty salaries, equipment, and travel are not funded.

H. Checklist

- ☐ Cover Page as part of electronic application and signed copy sent to the HSC Research Office
- ☐ Abstract
- ☐ NIH Biographical Sketch
- ☐ Research Plan (limit to a total of 8 pages)
- ☐ Facilities Available
- ☐ Collaborative Arrangements
- ☐ Itemized Budget