

|  |
| --- |
| **2022 COVID-19 Research Application** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. TITLE OF PROJECT | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **2. PRINCIPAL INVESTIGATOR** (must have a primary faculty appointment in the Department of Medicine) | | | | | | | |  | | | | | | |
| 2a. NAME (Last, first, middle) | | | | | | | | 2b. DEGREE(S) | | | | |  | |
|  | | | | | | | |  |  |  | | |  | |
| 2c. POSITION TITLE | | | | | | | |  | | | | | | |
| 2d. DIVISION | | | | | | | |
| E-MAIL ADDRESS OF PI: | | | | | | | |  | | | | | | |
|  |  | | |  |  | | |  | | | | | | |
| 3. HUMAN SUBJECTS  RESEARCH\*  No  Yes | | | 3a.IRB number | | | | | 4. VERTEBRATE ANIMALS  No  Yes | | | | | | |
|  | |  | | | 4a. If “Yes,” IACUC approval  Date and protocol | | | |  | | |
|  | | |  | | |  | |  | | | |  | | |
| 5. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | | | | | | | 6. COSTS REQUESTED FOR BUDGET PERIOD | | | | 7. Use of SOM COVID Biorepository  No  Yes | | | |
| From | | Through | | | | | 6a. Direct Costs ($) |  | | |  | | |  |
| 07/01/2022 | | 06/30/2023 | | | | |  |  | | |  | | |  |

|  |
| --- |
| \* Note: For human and animal studies IRB or IUCAC approval is required prior to the start of the research (but not necessarily at time of the submission).  PROJECT ABSTRACT: |
|  |
|  |

Face Page **Form Page 1**

**2022 COVID-19 Research Application**

|  |  |
| --- | --- |
| Principal Investigator (Last, First, Middle): |  |
|  | |
| KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below.  Start with Principal Investigator. List all other key personnel, last name first and role on project. | |

Page 2 **Form Page 2**

|  |  |  |
| --- | --- | --- |
|  | | |
| 2022 COVID-19 Research Application | | |
| TABLE OF CONTENTS | | |
|  | *Page Numbers* | |
| Face Page and Project Abstract (*Form Page 1)……………………………………………………….*....... dg…………..;;;……………………………………………………………………………………… |  | 1 |
| Key Personnel (*Form Page 2*)………………………...……………………………………………………….. |  | 2 |
| Table of Contents (*Form Page 3*) .……………………………………………………………………………. |  | 3 |
| Detailed Budget for Budget Period (*Form Page 4)* |  | 4 |
| [Biographical Sketch](https://grants.nih.gov/grants/forms/biosketch-blank-format-rev-10-2021.docx)—Principal Investigator *(Not to exceed five pages)* |  |  |
| [Biographical Sketch](https://grants.nih.gov/grants/forms/biosketch-blank-format-rev-10-2021.docx)— Other Key Persons included in application (*Not to exceed five pages)* |  |  |
| Facilities/Resources *(Must follow NIH style)* ………………………………………………………………. |  |  |
|  |  |  |
| Research Plan - limited to 3 pages (use Continuation page) |  |  |
| A. Background Information – ½ page |  |  |
| B. Significance/Impact – ½ page |  |  |
| C. Scientific Approach, including details of proposed statistical analysis and power – 2 pages…………………………………... |  |  |
| D. Letter of Support – required if using Duke SOM COVID-19 Biorepository (not included in 3 page limit)…………………….. |  |  |
| D. References – up to 1 page (not included in 3 page limit)*…………………………………………………………………………....* |  |  |
|  |  |  |
| . | | |
| **Font Requirement: Requires the use of Arial or Helvetica and a font size of 11 points or larger. (A Symbol font may be used to insert Greek letters or special characters). Font size of 10 points may be used for figure legends.** | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator (Last, First, Middle): | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | | | | | | | | | FROM | | THROUGH | | |
|  | |  | | |
| PERSONNEL *(Applicant organization only)* | | | |  | % | |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | |
| NAME | | ROLE ON PROJECT | | TYPE APPT. *(months)* | EFFORT ON PROJ. | | INST. BASE SALARY | SALARY REQUESTED | | FRINGE BENEFITS | | | TOTAL |
|  | | Principal Investigator | |  |  | |  |  | |  | | |  |
|  | |  | |  |  | |  |  | |  | | |  |
|  | |  | |  |  | |  |  | |  | | |  |
|  | |  | |  |  | |  |  | |  | | |  |
|  | |  | |  |  | |  |  | |  | | |  |
|  | |  | |  |  | |  |  | |  | | |  |
|  | |  | |  |  | |  |  | |  | | |  |
| SUBTOTALS | | | | | | | |  | |  | | |  |
|  | | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | | |  |
| TRAVEL | | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | |  | | | | | | | | | |  |
| OUTPATIENT | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | | |  |
| TOTAL DIRECT COSTS FOR BUDGET PERIOD | | | | | | | | | | | | $ |  |
|  | | | | | | | | | | | |  | |

Page     **Form Page 4**

**Continuation Page**