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| **2022 Mario Family Foundation Award Grant Application** |

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| 1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)* | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **3. APPLICANT** | | | | | | | | |  | | | | | | | | | | | | | |
| 3a. NAME (Last, first, middle) | | | | | | | | | 3b. DEGREE(S) | | | | | | | |  | | | | | |
|  | | | | | | | | |  | | |  | |  | | |  | | | | | |
| 3c. FELLOW YEAR (PG) | | | | | | | | | 3f. E-MAIL ADDRESS OF APPLICANT: | | | | | | | | | | | | | |
| 3e. DIVISION | | | | | | | | |
| 4. HUMAN SUBJECTS  RESEARCH  No  Yes | | | | | | 4b. Human Subjects IRB No. | | | 4c. Clinical Trial  No  Yes | | | | | | | 4d. NIH-defined Phase III  Clinical Trial  No  Yes | | | | | | |
| 5. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YYYY)* | | | | | | | | 6. COSTS REQUESTED FOR BUDGET PERIOD | | | | | | |  | | | | | | | |
| From | | | | Through | | | | 6a. Direct Costs ($) | 6b. Total Costs ($) | | | | | |  | | | |  | | | |
| 07/01/2022 | | | | 6/30/2023 | | | | 35,000 | 35,000 | | | | | |  | | | |  | | | |
| 7. DIVISION NAME & CHIEF | | | | | | | | |  | | | | | | | | | | | | | |
| Division | |  | | | | | | |  | | | | | | | | | | | | | |
| Chief Name: | |  | | | | | | |  | | | | | | | | | | | | | |
|  | | | |  | | | |  | | | |  | |
| 8. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE | | | | | | | | |  | | | | | | | | | | | | | |
| Name | | |  | | | | | |  | |  | | | | | | | | | | | |
| Title | | |  | | | | | |  | |  | | | | | | | | | | | |
| Address | | |  | | | | | |  | |  | | | | | | | | | | | |
| Tel: |  | | | | FAX: | |  | |  |  | | | | | | | | : | |  | | |
| E-Mail: | | |  | | | | | |  | |  | | | | | | | | | | | |
| 9. MENTOR | | | | | | | | | SIGNATURE OF APPLICANT | | | | | | | | | | | | | DATE |
|  | | | | | | | | | SIGNATURE OF DIVISION CHIEF | | | | | | | | | | | | | DATE |

Face Page **Form Page 1**

**2022 Mario Family Foundation Award**

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| APPLICANT (Last, First, Middle): |  |
|  | |
| PROJECT ABSTRACT: State the application’s broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue these goals. | |
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Page 2 **Form Page 2**

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| Mario Family Foundation Award | |
| APPLICANT (Last, First, Middle): |  |
| REFERENCES: | |

Page 3 **Form Page 3**

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| |  |  | | --- | --- | | APPLICANT (Last, First, Middle): |  | | | |
| **2022 Mario Family Foundation Award** Grant Application | | |
| TABLE OF CONTENTS | | |
|  | *Page Numbers* | |
| Face Page (*Form Page 1*) ……………………………………………………………………………………… |  | 1 |
| Abstract (*Form Page 2*)…………………………………………………………………………..…………….. |  | 2 |
| References *(Form Page 3)*……………………………………………………………………………………… |  | 3 |
| Table of Contents (*Form Page 4*) ……………………………………………………………………………. |  | 4 |
| Detailed Budget for Budget Period (*Form Page 5)* |  | 5 |
| Biographical Sketch—Applicant *(Not to exceed five pages)* |  |  |
| Biographical Sketch— Mentor/Sponsor (*Not to exceed five pages)* |  |  |
| Resources |  |  |
|  |  |  |
| Research Plan (use Continuation page) *Not to exceed three pages – does not include LOS* |  |  |
| A. Specific Aims |  |  |
| B. Background and Significance |  |  |
| C. Research Design and Methods...........................……………………………*……………………………………………………….* |  |  |
| D. Human Subjects |  |  |
| E. Letter of Support from Mentor |  |  |
| F. Letter from Division Chief or Program Director |  |  |
|  |  |  |
| . | | |
| **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.** | | |

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| Mario Family Foundation Award |

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| APPLICANT (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 | |  |  | |  |  | |  | | |  |
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| SUBTOTALS | | | | | | | |  | |  | | |  |
|  | | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | |  | | | | | | | | | |  |
| OUTPATIENT | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | | |  |
| TOTAL DIRECT COSTS FOR BUDGET PERIOD | | | | | | | | | | | | $ | 35,000 |
|  | | | | | | | | | | | |  | |

Page     **Form Page 5**

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| BIOGRAPHICAL SKETCH Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2. Follow this format for each person.  **DO NOT EXCEED FIVE PAGES.** | | | | |
|  | | | | |
| NAME | | POSITION TITLE | | |
| eRA COMMONS USER NAME (credential, e.g., agency login) | |
| EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)* | | | | |
| INSTITUTION AND LOCATION | DEGREE  *(if applicable)* | | MM/YY | FIELD OF STUDY |
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Please refer to the application instructions in order to complete sections A, B, C, and D of the Biographical Sketch.

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**Continuation Page**