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| **2024 Chair’s Research Award Early Career Grant Application** |

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| 1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. PRINCIPAL INVESTIGATOR** | | | | | | | | | | |  | | | | | | | | | | | | | |
| 3a. NAME (Last, first, middle) | | | | | | | | | | | 3b. DEGREE(S) | | | | | | | |  | | | | | |
|  | | | | | | | | | | |  | | |  | |  | | |  | | | | | |
| 3c. POSITION TITLE | | | | | | | | | | | 3d. MAILING ADDRESS OF PI | | | | | | | | | | | | | |
| 3e. DIVISION | | | | | | | | | | |
|  | | | | | | | | | | |
| 3g. TELEPHONE AND FAX *(Area code, number and extension)* | | | | | | | | | | | E-MAIL ADDRESS OF PI: | | | | | | | | | | | | | |
| TEL: |  | | | | FAX: | |  | | | |  | | | | | | | | | | | | | |
| 4. HUMAN SUBJECTS  RESEARCH  No  Yes | | | | 4b. Human Subjects Assurance No. | | | | | | | 5. VERTEBRATE ANIMALS  No  Yes | | | | | | | | | | | | | |
| 4c. Clinical Trial  No  Yes | | | 4d. NIH-defined Phase III  Clinical Trial  No  Yes | | | | 5a. If “Yes,” IACUC approval  Date | | | | | | |  | | | | | | |
|  | | | |  | | | | |  | |  | | | | | | |  | | | | | | |
| 6. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | | | | | | | | | | 7. COSTS REQUESTED FOR BUDGET PERIOD | | | | | | |  | | | | | | | |
| From | | | Through | | | | | | | 7a. Direct Costs ($) | 7b. Total Costs ($) | | | | | |  | | | |  | | | |
| 07/01/2024 | | | 6/30/2025 | | | | | | | 95,000 | 95,000 | | | | | |  | | | |  | | | |
| 9. DIVISION CHIEF | | | | | | | | | | |  | | | | | | | | | | | | | |
| Name | |  | | | | | | | | |  | | | | | | | | | | | | | |
| Address | |  | | | | | | | | |  | | | | | | | | | | | | | |
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| 12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE | | | | | | | | | | |  | | | | | | | | | | | | | |
| Name | |  | | | | | | | | |  | |  | | | | | | | | | | | |
| Title | |  | | | | | | | | |  | |  | | | | | | | | | | | |
| Address | |  | | | | | | | | |  | |  | | | | | | | | | | | |
| Tel: |  | | | | | FAX: | |  | | |  |  | | | | | | | | : | |  | | |
| E-Mail: | |  | | | | | | | | |  | |  | | | | | | | | | | | |
|  | | | | | | | | | | | SIGNATURE OF PI NAMED IN 3a. | | | | | | | | | | | | | DATE |
|  | | | | | | | | | | | SIGNATURE OF DIVISION CHIEF | | | | | | | | | | | | | DATE |

Face Page **Form Page 1**

**2024 Chair’s Research Award**

|  |  |
| --- | --- |
| Principal Investigator (Last, First, Middle): |  |
|  | |
| 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. | |
|  | |
|  | |
| 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 in alphabetical order, last name first, and role on project. | |

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|  | Principal Investigator (Last, first, middle): |  | | |
|  | | | | |
| **2024 Chair’s Research Award** Early Career Grant Application | | | | |
| TABLE OF CONTENTS | | | | |
|  | | | *Page Numbers* | |
| Face Page (*Form Page 1*) ……………………………………………………………………………………… | | |  | 1 |
| Abstract, Mentor and other Key Personnel (*Form Page 2*)……………………………………………….. | | |  | 2 |
| Table of Contents (*Form Page 3*) ……………………………………………………………………………. | | |  | 3 |
| Detailed Budget for Budget Period (*Form Page 4)* | | |  | 4 |
| NIH Biographical Sketch—Principal Investigator *(Not to exceed five pages)* | | |  |  |
| NIH Biographical Sketch— Mentor/Sponsor (*Not to exceed five pages)* | | |  |  |
| Other support (research funding) | | |  |  |
|  | | |  |  |
| Research Plan (1 page limit for Specific Aims and up to 6 pages for the rest of the research (B-D) use Continuation page | | |  |  |
| A. Specific Aims | | |  |  |
| B. Background and Significance | | |  |  |
| C. Preliminary Studies……………………………………………………………………………………………………………………... | | |  |  |
| D. Research Design and Methods...........................……………………………*……………………………………………………….* | | |  |  |
| E. Human Subjects | | |  |  |
| F. Vertebrate Animals | | |  |  |
| G. Literature Cited | | |  |  |
| H. Letter of Support from Mentor | | |  |  |
| I. Letter from Division Chief supporting academic appointment  J. Career Development Plan (1 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.** | | | | |

Page     **Form Page 3**

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| 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 | |  |  | |  |  | |  | | |  |
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| SUBTOTALS | | | | | | | |  | |  | | |  |
|  | | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | | |  |
| TRAVEL | | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | |  | | | | | | | | | |  |
| OUTPATIENT | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | | |  |
| TOTAL DIRECT COSTS FOR BUDGET PERIOD | | | | | | | | | | | | $ | 95,000 |
|  | | | | | | | | | | | |  | |

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OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 09/30/2024)

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.)

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | Completion Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

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

**C. Contributions to Science**

**Continuation Page**