## Faculty Resident Research Grant Application 2017 Department of Medicine Duke University School of Medicine

TITLE OF PROJECT	(Do not exceed 81 charact	ters, including spaces and p	unctuation.)					
3. PRINCIPAL INVESTIG	GATOR (PI)							
3a. NAME of INTERN / RESIDENT (Last, first, middle)  3c. Training level of the house officer PGY-  3e. Residency Program faculty advisor's name: (not your research mentor/sponsor)			3b. DEGREE(S)  3d. MAILING ADDRESS OF PI (Intern/ resident)					
			3f. TELEPHONE AND FAX (Area code, number and extension) TEL: FAX:			E-MAIL ADDRESS OF PI:		
4. HUMAN SUBJECTS RESEARCH	4b. Human Subjects Assurand IRB protocol #		5. VERTEBRATE ANIMALS		⊠ No □ Yes			
□ No ⊠ Yes			5a. If "Yes," IACUC appr Date	If you are planning ar please contact Dr. Ar				
All projects involve human subjects			Not applicable					
<ol><li>DATES OF PROPOS SUPPORT (month, d</li></ol>	ED PERIOD OF lay, year—MM/DD/YY)	7. COSTS REQUESTED PERIOD	FOR BUDGET	1				
From - 07/01/2017	Through 6/30/201	7a. Direct Costs (\$)  Maximum 2,000	7b. Total Costs (\$)  Max. 2,000					
9. NAME OF MENTOR/ Name Address	SPONSOR for the RESEA	ARCH PROJECT						
					÷			
			SIGNATURE OF PIN	IAMED IN 3	а	DATE		
			If original signature pa please type name her		be scanned in			
			SIGNATURE OF RES If original signature pa in mentor's name here for the application (se original signature plea	age can not e. The ment e Table of c	be scanned in, typ or's letter of suppo	pe ort		

## **Faculty Resident Research Grants 2017**

Principal Investigator (Last, First, Middle):

TRACT: State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project. cribe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue ts.	these

KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Principal Investigator (the resident's name). List all other key personnel in alphabetical order, last name first, and role on project.

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## **Faculty Resident Research Grants 2017 Grant Application - Department of Medicine**

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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) total amount can not exceed \$2,000	4
Biographical Sketch—Principal Investigator (Not to exceed four pages) must be in NIH format	5-
Biographical Sketch— Faculty Mentor (Not to exceed four pages) must be in NIH format	
Research Plan (use Continuation page)  A. Specific Aims	
Passarch Plan (use Continuation page)	
B. Background and Significance	
C. Preliminary Studies(Items A-D: not to exceed 3 pages)	
D. Research Design and Methods	
E. Human Subjects. This section must be completed for any research involving patients or human subjects	
F. Vertebrate Animals (if applicable) This section must be completed for any research involving animals	
G. Literature Cited	
H. Letter of Support from Mentor/Sponsor (This can be forwarded as a separate odf file by email to Dr. Arcasov)	

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  $\underline{3}$  Form Page 3

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY					FROM 07/1/2017		THROUGH 6/30/2018		
PERSONNEL (Applicant organization only)		TYPE	% EFFORT	INST.		DOLLAR AMOUNT REQUEST			(omit cents)
NAME	ROLE ON PROJECT	APPT. (months)	ON PROJ.	BASE SALARY	SALARY REQUESTED \$0		FRING BENEF		TOTAL
	Principal Investigator								\$0
	SUBTOTALS	. ——				\$0			
					_				
EQUIPMENT (Itemize)									
SUPPLIES (Itemize by category)									
TRAVEL <b>To present result</b> Maximum amount budge	s of research projected = \$1,000 (to						ntation		
PATIENT CARE COSTS INPAT	INPATIENT								
ОПТР	PATIENT								
OTHER EXPENSES (Itemize by a Maximum amount budge eg. poster preparation to eg. publication cost of resother	ted for: present at mee	etings = \$1	100						
TOTAL DIRECT COSTS F	OR BUDGET PE	RIOD (car	n not exce	ed \$2,000)				\$	

The following sections A-D should not exceed a total of 3 pages please

- A. Specific Aim(s)
- B. Background and Significance (concise)
- C. Preliminary Studies (if any). Applications may be submitted without preliminary data
- D. Research Design and Methods (detailed)

- E. Human Subjects (all applications require this section)
- F. Vertebrate Animals (if applicable)
- G. Literature Cited
- H. Letter of support from research mentor

Research mentors are requested to please address letter to:

Award Review Committee, Faculty Resident Research Grant

The letter with an original signature can be scanned and emailed as pdf file together or separately from the application to Dr. Arcasoy)

Please submit your application as a SINGLE word or pdf file!

Wishing you success with your project!