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**Cover Sheet for Spring 2019 CTSI Precision Health Initiative Pilot Project Award Application**

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| --- | --- |
| Project Title |  |

**Please select the area in which you are applying:**

Precision medicine  Precision public health

**Please indicate whether you have been PI on a previous CTSI Pilot Award:**

No  Yes

|  |  |
| --- | --- |
| Full Name of PI |  |
| Position/Title |  |
| UFID/FSUID |  |
| College/Department |  |
| Department ID |  |
| Fiscal/Admin Contact |  |
| Campus Mailing Address/PO Box |  |
| Phone/Fax # |  |
| E-mail |  |

|  |  |
| --- | --- |
| Total Amount of Funding Requested |  |
| Start/End Date |  |

|  |  |
| --- | --- |
| Co-Investigator/ Mentor *(as applicable)* |  |
| UFID/FSUID |  |
| College/Department |  |
| Campus Mailing Address/PO Box |  |
| Phone/Fax |  |
| E-mail |  |

**\***If more than one Co-I and/or mentor, please continue on an additional page.

**Human Subjects and Proprietary/Privileged Information**

***Note:*** For projects requiring IRB approval, applicants should demonstrate they have taken preliminary steps to prepare submissions so minimal time will be lost in securing approvals.

1. Are human subjects involved?  Yes  No
   1. If YES, does this project require IRB approval? Yes  No
   2. If YES, which IRB will your project be associated with (choose one)?   
        UF  FSU  OneFlorida

If YES,

Is the IRB’s review of your protocol in progress?  Yes  No

IRB approval date (mm/dd/yyyy): / /

IRB project # (if known):

For assistance with determining the need for UF IRB approval for projects, please contact Tiffany Pineda, CTSI Research Navigator, at [tiffany.danielle@ufl.edu](mailto:tiffany.danielle@ufl.edu).

For FSU IRB-related questions, please contact the FSU Human Subjects Office at 850-644-7900 or at [humansubjects@fsu.edu](mailto:humansubjects@fsu.edu).

For assistance with OneFlorida IRB-related questions, please contact the OneFlorida Front Door team at [OneFloridaOperations@health.ufl.edu](mailto:OneFloridaOperations@health.ufl.edu).

1. Is proprietary/privileged information included in the application?  Yes  No

**Signatures**

***Principal Investigator:***

Date:

Printed Name Signature

***Department Chair (or designee):***

Date:

Printed Name Signature

**Application Checklist and Submission**

Submit your application by 5 p.m. on Monday, May 13, 2019, to [elizabetheddy@ufl.edu](mailto:elizabetheddy@ufl.edu) (UF) or [terra.bradley@med.fsu.edu](mailto:terra.bradley@med.fsu.edu) (FSU). Applications that do not follow the instructions or are submitted after the deadline will not be reviewed. Contact Elizabeth Eddy, MPH at [elizabetheddy@ufl.edu](mailto:elizabetheddy@ufl.edu) or Terra Bradley, PhD at [terra.bradley@med.fsu.edu](mailto:terra.bradley@med.fsu.edu) with questions. Please confirm the following documents are included:

***Uploaded as a single PDF in the following order (max file size of 2MB):***

1. Signed Cover Sheet

2. Abstract, Translational Impact, External Funding Plan, Mentoring Plan

3. Project Proposal/Research Plan

4. Key Personnel and NIH Biosketches

5. Budget, Budget Justification, and Cost Estimates

6. Letters of Support (as applicable)

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**Spring 2019 CTSI Precision Health Initiative Pilot Project Award Application**

**Application Instructions**

**Formatting Your Application**

*Applications must be formatted as follows:*

* *Number all pages*
* *Use Arial font, size 11*
* *Single spaced, left justified*
* *Use ¾” margins and standard 8.5’’x11’’ paper*
* *No appendices are allowed*

**Applications Must Include the Following:**

**Cover Sheet**

Listing the project’s title, all key personnel, and signed by the PI and the PI’s department chair.

**Abstract (200 words or less)**

Provide the rationale for the work, usually in the form of a research question to be answered or specific methodology problem to be addressed, and a description of the approach to be taken.

**Translational Impact (200 words or less)**

Describe how the proposed project will contribute to improved human health.

**External Funding (one page or less)**

List the sources of external support that will be pursued following the CTSI Pilot Award, including the RFA/RFP/solicitation number, agency, tentative date of submission and why/how pilot project is aligned with solicitation requirements.

**Mentoring Plan (200 words or less)**

Summarize the mentoring plan and environment(s) for the project team’s trainee(s) and/or junior faculty.

**Project Proposal/Research Plan (6 pages or less)**

Describe the proposed project and research plan and include the following sections:

* Hypotheses and Specific Aims/ Objectives
* Background/Significance
* Innovation
* Approach (including Preliminary Studies, Design and Methodology)
  + For NIH-defined clinical research projects:
    - Clearly justify the number of participants to be enrolled in the pilot and the number of participants needed for an externally funded study.
    - Include a recruitment strategy that addresses feasibility, recruitment methods, and retention planning for success.
    - Include a planned enrollment table.
* Project Timeline (including IRB submission if necessary)
* References (NIH formatted; not included in the 6-page limit)

**Additional Information Required**

**NIH Biographical Sketches**

NIH-formatted biosketches for PI, Co-I(s), and mentor(s). The NIH biosketch form can be downloaded a <https://grants.nih.gov/grants/forms/biosketch.htm>. Additional instructions for biosketches:

* + Biosketches must be submitted using the new format (Rev. 09/17 Approved Through 03/31/2020) and are limited to 5 pages.
  + All biosketches should include eRA Commons user names: <https://commons.era.nih.gov/commons/index.jsp>.
  + **PIs:** Use the statement section to explain why you are well suited for the role of PI and how the project will contribute to your career development plan.
  + **Mentors:** Personal statement should include mentor’s qualifications and role in the career development of the PI.

**Budget, Budget Justification, and Cost Estimates**

Submit a detailed budget and justification of expenses using the NIH’s standard “Detailed Budget for Initial Budget Period” form. The budget can include all normally allowable costs of research (including meetings with off-campus collaborators) ***with the exception of faculty salaries and indirect costs***. A cost estimate for requested services should be included in the application. For example, if you are requesting funds for UF Health Integrated Data Repository or Southeast Center for Integrated Metabolomics services, we will expect an estimate detailing the cost of service from the provider of the service. The estimate should accompany the application. For questions about allowable costs and constructing a budget, contact Angela Hunter-Edwards ([afhunter@ufl.edu](mailto:afhunter@ufl.edu)). The NIH “Detailed Budget for Initial Budget Period” form (PHS 398 (Rev. 01/18 Approved Through 03/31/2020) can be downloaded at <http://grants.nih.gov/grants/funding/phs398/phs398.html>.

**Letters of Support**

Junior faculty who are applying as a PI must include a letter(s) of support from their mentor(s).