# CTSI Rapid-Response Translational Research Projects to Address COVID-19 Pandemic

# Application Instructions and Forms

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*Please carefully follow the Application Instructions below and use the forms provided.*

All pages of all items in your proposal must be consecutively numbered, use Arial 11 point font, single-spaced, on 8.5 x 11 pages, left justified, with ¾” margins on all sides.

# Cover Page

Complete all elements of the cover page:

* Early-stage investigators must provide the name, title and UFID of their mentor.
* Costs: Applicants must complete the NIH’s standard “Detailed Budget for Initial Budget Period” form, include a separate budget justification and include written cost estimates from any requested CTSI Services ([www.ctsi.ufl.edu/research](http://www.ctsi.ufl.edu/research)). No-cost consultation(s) with service provider(s) is recommended. Be sure to list and include funds available for this project from non-CTSI sources, which will strengthen the application.
* The completed cover page must be signed and dated by the principal investigator and the principal investigator’s department chair.

# Page 2

* Abstract (200 words or less): Provide the rationale for the work, usually in the form of a research question to be answered, and a description of the approach to be taken to answer the question.
* Impact and Next Steps (200 words or less): Summarize the potential translational impact of the project and next steps, including specific extramural funding targets.

# Research Strategy

Describe your proposed research strategy in **no more than three pages,** to include:

* Significance
* Innovation
* Approach, including statistical design and methodology
* Safety Plan: If research involves use of virus, handling of infectious materials, and/or direct contact with human subjects, please describe safety precautions that will be implemented to ensure the safety of research teams and/or participants. If not applicable, please specify NOT APPLICABLE.
* Project Timeline and Continuity Plan: Include a realistic project timeline with milestones that can be achieved in six months, including IRB/IACUC/Biosafety submissions. Identify personnel, supplies and on-campus facilities/access that would be essential for project completion, and specify any contingency plans that would be needed to ensure project completion amid evolving response to COVID-19 pandemic.

**Required Attachments**

# Cover Sheet

* **Page 2** – Abstract, Impact and Next Steps
* **Research Strategy**
* **Key Personnel**: Provide a list of key personnel. For each member of the research team, include name, title, UFID and role on the project.
* **NIH Biographical Sketches:** Include NIH-formatted biosketches for senior/key personnel. If PI is an early-stage investigator, please also include mentor biosketch(es). The NIH biosketch form is available at <http://grants.nih.gov/grants/funding/phs398/phs398.html>.
* **Budget:** Submit a detailed budget using the NIH’s standard “Detailed Budget for Initial Budget Period” form. The NIH “Detailed Budget for Initial Budget Period” form can be downloaded at <http://grants.nih.gov/grants/funding/phs398/phs398.html>.
  + **Budget Justification Worksheet:** Applicants must include a separate budget justification for all line items. Include all costs associated with the project. Indicate the funding source for each line item (i.e. department, Gatorade, CTSI, etc.).
  + **Cost Estimates:** CTSI services require cost estimates in writing from CTSI Service providers. No-cost consultations prior to submission of the proposal are encouraged. For a complete list of available resources, please visit the CTSI website at: [www.ctsi.ufl.edu/research](http://www.ctsi.ufl.edu/research)

# Submitting your proposal

Email your complete proposal (including cover sheet and all attachments) as a single PDF to [CTSI-covidpilot@ahc.ufl.edu](mailto:CTSI-covidpilot@ahc.ufl.edu). Please email the listserv with any questions.

**Cover Sheet for CTSI COVID-19 Rapid-Response Research Project Proposal**



Proposal Title

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

No  Yes

|  |  |
| --- | --- |
| Principal Investigator Name |  |
| Position/Title |  |
| UFID |  |
| Email |  |
| Fiscal / Admin Contact (Name & Email) |  |

|  |  |
| --- | --- |
| Co-investigator Name (if applicable) |  |
| Position/Title |  |
| UFID |  |

|  |  |
| --- | --- |
| Mentor Name (if applicable) |  |
| Position/Title |  |
| UFID |  |

|  |  |
| --- | --- |
| Number of participants to be enrolled |  |
| Total cost of proposed work\* |  |
| Funding amount available from non-CTSI sources |  |
| **Total funds requested from CTSI\*** |  |

**\*Please use attached CTSI Budget Justification Worksheet to document costs.**

**Human/Vertebrate Animal Subjects and Proprietary/Privileged Information**

1. Are human subjects involved?  Yes  No
   1. If YES, does this project require IRB approval? Yes No

If YES,

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

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

IRB project # (if known):

Note: for assistance with determining the need for IRB approval for projects, you may contact Tiffany Pineda, Research Navigator, at tiffany.danielle@ufl.edu

1. Are vertebrate animals used?  Yes  No
   1. If YES,

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

IACUC approval date (mm/dd/yyyy): \_\_/\_\_\_\_/

IACUC project # (if known):

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

**Signatures**

Principal Investigator Department Chair or Representative

Name Date Name Date

**Page 2 of CTSI COVID-19 Rapid-Response Research Project Proposal**

**Abstract** *(200 words or less)*

**Impact and Next Steps** *(200 words or less)*

**Research Strategy** *(no more than 3 pages)*

# Significance

# Innovation

# Approach

# Safety Plan

# Project Timeline and Continuity Plan

**Key Personnel**

|  |  |
| --- | --- |
| Name of Project Member |  |
| Position/Title |  |
| UFID |  |
| Role on Project |  |

|  |  |
| --- | --- |
| Name of Project Member |  |
| Position/Title |  |
| UFID |  |
| Role on Project |  |

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| --- | --- |
| Name of Project Member |  |
| Position/Title |  |
| UFID |  |
| Role on Project |  |

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| Name of Project Member |  |
| Position/Title |  |
| UFID |  |
| Role on Project |  |

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| Name of Project Member |  |
| Position/Title |  |
| UFID |  |
| Role on Project |  |

|  |  |
| --- | --- |
| Name of Project Member |  |
| Position/Title |  |
| UFID |  |
| Role on Project |  |

CTSI Pilot Budget Justification Worksheet

|  |  |
| --- | --- |
| P.I. (Last, First): |  |
| Proposal Title: |  |

Refer to the CTSI COVID-19 Rapid-Response RFA for allowable costs. Some line items from the NIH Detailed Budget for Initial Budget Period form might not qualify for CTSI Pilot funding. Be sure to list non-CTSI resources - Funding from sources outside of the CTSI will strengthen the application. In addition to this worksheet, written cost estimates are required attachments.

|  |
| --- |
| **Personnel. List all Key Personnel i.e. PI, Co-I, Mentor, etc., Describe study role and amount of effort for each. Include source of funding for effort and pilot funding request if applicable (i.e. CTSI, Dept., Grant, etc.)** |
|  |
| **Consultants. (Line item from NIH Detailed Budget for Initial Budget Period form). List all non-CTSI consultants, if applicable. Describe study role. Include source of funding and pilot funding request if applicable (i.e. CTSI, Dept., Grant, etc.)** |
|  |
| **Supplies. (Line item from the NIH Detailed Budget for Initial Budget Period form). In order to evaluate the request for funding, provide description, purpose, total cost, and funding source (i.e. CTSI, Dept., Grant, etc.). Note: Equipment, computer and software purchases are not allowable costs for this RFA.** |
|  |
| **Inpatient Care Costs. (Line item from the NIH Detailed Budget for Initial Budget Period form.)** |
|  |
| **Outpatient Care Costs. (Line item from the NIH Detailed Budget for Initial Budget Period form).** |
|  |
| **Other Expenses (Line item from NIH Detailed Budget for Initial Budget Period form). Use this category and list all requested CTSI Services and attach written cost estimates.** |

|  |  |
| --- | --- |
| **CTSI Services:** | **How will this be funded: (CTSI, Dept., Grant, etc.)** |
| **Biorepository** |  |
| **Biostatistics** |  |
| **CRC Coordinator Support** |  |
| **Clinical Research Center** |  |
| **CTS-IT** |  |
| **HealthStreet** |  |
| **Integrated Data Repository (IDR)** |  |
| **Investigational Drug Services (IDS)** |  |
| **Recruitment Center** |  |
| **REDCap** |  |
| **Regulatory Support - IDE/IND** |  |
| **Regulatory Support – IRB** |  |
|  |  |
|  |  |
| **Other Non-CTSI Expenses:** |  |