

**Child Health Research Institute Collaborative Grant Program**

**Application - 2021**

# INVESTIGATORS

PI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESEARCH**

Type of research:  Basic  Clinical/Translational

Theme: \_\_\_\_ ER/Pulmonary/Intensive Care/Cardiology (EPIC) \_\_\_\_ Health Equity

\_\_\_\_ Neurosciences \_\_\_\_\_\_ Personalized and Translational Medicine

Is this a revised application?  Yes  No

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested: $\_\_\_\_\_\_\_\_\_\_

Has support for this or a similar project been requested from other internal sources?

(e.g., Cancer Center) or from external agencies (e.g., NIH, NSF)?

No \_\_\_\_\_ Yes \_\_\_\_\_\_

If yes, please state the funding source to which you applied, amount requested, and period of support.

**Co- Investigator SIGNATURES**

I have read and approved this application. I acknowledge that I have received a copy of the policy of this grant program and agree to adhere to this policy, as well as Virginia Commonwealth University policies. Where in conflict, University policy will rule.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Key Personnel

In addition to the Co-PIs, list all key personnel to be involved in the project. Outline their roles and responsibilities in the research (i.e., co-Investigator, house staff, laboratory technician, statistician, etc.) For key professional personnel, provide Biosketches using the NIH format (<https://grants.nih.gov/grants/forms/biosketch.htm>) and include them in the final application pdf after this page.

**Budget**

Please provide the following budgetary information.

EQUIPMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSUMABLE SUPPLIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONNEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL EXPENSES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Budget Justification**

Within each category, provide information about all items listed >$500

**Specific Aims**

(Maximum 1 page)

**Research Strategy and Future Directions**

(Maximum 6 pages)

**References**