

Mississippi Institute for Improvement of Geographic Minority Health

FOR OFFICE USE ONLY

RECEIVED: _____

REVIEWED: _____

SCORE: _____
(overall)

Competitive Research Grant Application

Total Project Period (1-year period)

From: _____ Through: _____

1. TITLE OF PROJECT

2a. PRINCIPAL INVESTIGATOR (Name and complete address)

3. APPLICANT ORGANIZATION (Name and complete address)

4a. TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL

2b. TELEPHONE

2c. FAX

4b. TELEPHONE

4c. FAX

2d. E-MAIL

4d. E-MAIL

5a. DEPARTMENT CHAIRPERSON

6. COSTS REQUESTED FOR BUDGET PERIOD

5b. TELEPHONE

5c. FAX

6. TOTAL

5d. E-MAIL

7. HUMAN SUBJECTS

No Yes
7a. Research Exempt
 No Yes

7b. Human Subjects Assurance #

8. VERTEBRATE ANIMALS

No
 Yes

8a. If "Yes," IACUC approval date

If Exempt ("Yes" in 7a):
Exemption No.

8b. Animal Welfare Assurance No.

If Not Exempt ("No" in 8a):
IRB approval date review

Full IRB or
 Expedited

9. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION

9a. NAME

9b. TITLE

9c. TELEPHONE

9d. FAX

9e. E-MAIL

10. PRINCIPAL INVESTIGATOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

SIGNATURE OF PI NAMED IN 2a.
(In ink. "Per" signature not acceptable.)

DATE

11. DEPARTMENT CHAIRPERSON ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the Center for Psychiatric Neuroscience terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF DEPT CHAIR NAMED
IN 5a. (In ink. "Per" signature not acceptable.)

DATE

12. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the Center for Psychiatric Neuroscience "Terms and Conditions of Award" if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN
9a. (In ink. "Per" signature not acceptable.)

DATE

Applicant:			Project Title:		

**LETTER FROM APPROPRIATE OFFICIAL
GUARANTEEING MATCHING FUNDS FROM INSTITUTION**

NOT REQUIRED FROM UMC APPLICANTS

Applicant:

Project Title:

ABSTRACT OF PROPOSED RESEARCH

Use this space to summarize concisely your proposed research, outlining objectives and methods.

Keep abstract in the box.

KEY PERSONNEL. Start with the Principal Investigator. List all other key personnel (even if salary is not requested).

NAME	ORGANIZATION	ROLE ON PROJECT

Applicant:	Project Title:
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BUDGET

(Year 1 and Year 2 totals should include CPN + matching funds. See page 2 of Application Policies for allowable expenses.)

PERSONNEL		TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	DOLLAR AMOUNT REQUESTED (omit cents)			
NAME	ROLE ON PROJECT			SALARY REQUESTED	FRINGE BENEFITS	YEAR 1 TOTAL	YEAR 2 TOTAL
TOTALS (CPN + MATCHING FUNDS) →							
EQUIPMENT <i>(itemize. See instructions for details and justification)</i>							
						YEAR 1 TOTAL	YEAR 2 TOTAL
SUPPLIES <i>(itemize by category)</i>							
						YEAR 1 TOTAL	YEAR 2 TOTAL
DOMESTIC TRAVEL							
						YEAR 1 TOTAL	YEAR 2 TOTAL
OTHER EXPENSES <i>(itemize by category)</i>							
						YEAR 1 TOTAL	YEAR 2 TOTAL
						YEAR 1 TOTAL	YEAR 2 TOTAL
TOTAL DIRECT COSTS FOR PROJECT PERIOD (Year 1/Year 2) NOT TO EXCEED \$35,000/YEAR							

Applicant:	Project Title:
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BUDGET JUSTIFICATION

Applicant:

Project Title:

PROJECT DESCRIPTION

(5 typed pages)

- a. Specific Aim(s)
- b. Background and Significance
- c. Preliminary Studies
- d. Research Design and Methods
- e. Human Subjects Research (if required)
- f. Vertebrate Animals (if required)

Applicant:	Project Title:
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Applicant:	Project Title:
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Applicant:	Project Title:
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Applicant:	Project Title:
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BIBLIOGRAPHIC REFERENCES

(1 typed page)

Applicant:	Project Title:
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BIOGRAPHICAL SKETCH OF INVESTIGATOR(S) AND OTHER SUPPORT

Provide the following information for key personnel.
Follow this format for each person. **DO NOT EXCEED TWO PAGES.**

NAME	POSITION TITLE
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EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

A. Positions and Honors. List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

B. Selected peer-reviewed publications (in chronological order). Do not include publications submitted or in preparation.

Applicant:	Project Title:
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C. Research Support. List selected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project. Do not list award amounts or percent effort in projects.

Applicant:	Project Title:
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LETTER(S) OF ASSURANCES OR LETTER(S) INDICATING SUBMISSION

Please provide letter(s) from the appropriate institutional committee(s) indicating approval of proposed protocols to be used in this research proposal or indicating that these protocols have been submitted to the appropriate institutional committee(s) for review.