

# Mississippi Institute for Improvement of Geographic Minority Health

The University of Mississippi Medical Center

## APPLICATION INSTRUCTIONS

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The following **MIGMH Competitive Research Grant** application instructions are summarized from the Public Health Service Grant 398 (PHS 398) application instructions. Applicants should refer to and follow the detailed instructions for the PHS 398 found at <http://grants.nih.gov/grants/funding/phs398/phs398.html#forms>.

Format pages for the MIGMH Competitive Research Grant are enclosed. Additional application forms are available through **Janina Daniels, Project Manager** at: (601) 815-9000.

To ensure that all applicants receive equal treatment, applications must be submitted on the forms provided and in the format specified. While additional material may be submitted, the MIGMH Competitive Research Grant Review Committee cannot ensure that our reviewers will examine any additional submitted materials, or any material that exceeds the lengths specified.

Seven copies of the completed application must be forwarded to **Bridgette Booker, Project Director, Mississippi Institute for the Improvement of Geographic Minority Health**, University of Mississippi Medical Center, 2500 North State Street, Jackson, MS 39216-4505. Copies may be delivered to the MIGMH offices in the Jackson Medical Mall (next to Piccadilly's). **Deadline for receipt of applications is Friday, March 14, 2008.**

### YOUR APPLICATION PACKAGE MUST INCLUDE:

1. **Face Page** (1 page).
2. **Abstract and Key Personnel** (1 page).
3. **Budget** (1 page).
  - (a) Budget should reflect total costs of research, including MIGMH support and any matching funds from researcher's institution for Year 1 and Year 2 if a second year funding request is contemplated. (Year 1 total of funds requested from MIGMH should not exceed \$35,000 and Year 2 total should not exceed \$35,000.)
  - (b) State the names, positions, and percentage of time that personnel will dedicate to the project. Designate total amounts budgeted (MIGMH support and matching funds) for salary and fringe costs. For consultants, a letter of intent to collaborate is necessary.
  - (c) Itemize any equipment costing more than \$500. Equipment costing more than 15% of the total 2-year maximum award is not allowable unless clearly justified (see policies). Further, specific justification is required for purchases of permanent equipment and items costing more than \$2,000. (See Item #4, **Budget Justification**, on next page.)
  - (d) Designate the amounts budgeted for supplies, travel, and other costs.

**4. Budget Justification (1 page).**

Provide a brief justification for purchases of permanent equipment and items costing more than \$2,000. If budgeting for equipment that costs greater than 15% of the total requested budget, provide a detailed justification that includes an inventory of similar instruments existing at the applicant institution and a description of why these instruments are unavailable or inappropriate for the proposed research. This latter detailed justification is also required if multiple pieces of requested equipment result in total equipment costs that exceed 15% of the total award.

**5. Description of the project.** This description should not exceed five (5) single-spaced typed pages using no smaller than 12 point font.

Organize this section into the following sub-sections:

- a. **Specific Aim(s)** (*What do you intend to do?*)
- b. **Background and Significance** (*Why is the work important? What has already been done?*)
- c. **Preliminary Studies** (*optional*)
- d. **Research Design and Methods** (*How are you going to do it?*)
- e. **Human Subjects Research** (*Include this section if you marked “yes” for Item 7 on the Face Page of the application.*)

Applicants are encouraged to refer to

<http://ohrp.osophs.dhhs.gov/humansubjects/guidance/decisioncharts.htm> and

[http://www.niaid.nih.gov/ncn/clinical/humansubjects/hs\\_04i.htm](http://www.niaid.nih.gov/ncn/clinical/humansubjects/hs_04i.htm) for guidance on how to write a human subjects application. Applicants may find additional information (Ctrl + click to follow link) in determining whether the research falls under [human subjects](#) regulations (see Appendix I, page 5, of this document). See [decision trees](#) used by [peer reviewers](#) and a [glossary of human subjects terms](#). Applications involving human research subjects are also required to submit the “Targeted/Planned Enrollment Table” found at <http://grants.nih.gov/grants/funding/phs398/enrollment.doc>.

- f. **Vertebrate Animals** (*Include this section if you marked “yes” for Item 8 on the Face Page of the application.*)

Address the following 5 points:

- i. Provide a detailed description of the proposed use of the animals in the work outlined in the Research Design and Methods section. Identify the species, strains, ages, sex, and numbers of animals to be used in the proposed work.
- ii. Justify the use of animals, the choice of species, and the numbers to be used. If animals are in short supply, costly, or to be used in large numbers, provide an additional rationale for their selection and numbers.
- iii. Provide information on the veterinary care of the animals involved.
- iv. Describe the procedures for ensuring that discomfort, distress, pain, and injury will be limited to

## Attachment 2

that which is unavoidable in the conduct of scientifically sound research. Describe the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices, where appropriate, to minimize discomfort, distress, pain, and injury.

- v. Describe any method of euthanasia to be used and the reasons for its selection. State whether this method is consistent with the recommendations of the Panel on Euthanasia of the American Veterinary Medical Association. If not, present a justification for not following the recommendations

6. **Bibliographic references.** Not to exceed one typed page.

7. **Biographical Sketch/Research Support of Investigators.** Not to exceed two typed pages per investigator.

Include their research training and the work accomplished by them. This description must not exceed two typed pages for each participating investigator. **CVs will not be accepted.** PHS 398 format is preferred (including professional experience, honors, publications, and research support). Guidelines for PHS 398 format can be found at the following website:

<http://grants.nih.gov/grants/funding/phs398/phs398.html>.

8. **Assurances of Compliance.** If IACUC, IRB, Biohazards, and/or Radiation Safety protocols have been reviewed and approved for compliance, these will be confirmed by the Office of Research. However, a copy the memo indicating compliance assurance from the respective institutional committee is required on file in the CPN office and should be included with your application.

If institutional assurances of compliance are pending, letter(s) are required at the time of submission from the appropriate IACUC, IRB, Biohazards, and/or Radiation Safety official indicating that the proposed protocol has been submitted to the respective committee for review.

## APPLICATION CHECKLIST

Please read carefully the application instructions included in the Small Grant Application Packet before continuing.

Please use the format pages provided in this package for your submission.

- \_\_\_\_\_ Application Face Page (1 page)
- \_\_\_\_\_ Abstract of Proposed Research and List of Key Personnel (1 page)
- \_\_\_\_\_ Budget (1 page)
- \_\_\_\_\_ Budget Justification (1 page)
- \_\_\_\_\_ Project Description (5 pages)
- \_\_\_\_\_ Bibliographic References (1 page)
- \_\_\_\_\_ Standard NIH Biographical Sketch - **PHS 398** (2 typed pages per investigator)  
<http://grants.nih.gov/grants/funding/phs398/phs398.html>

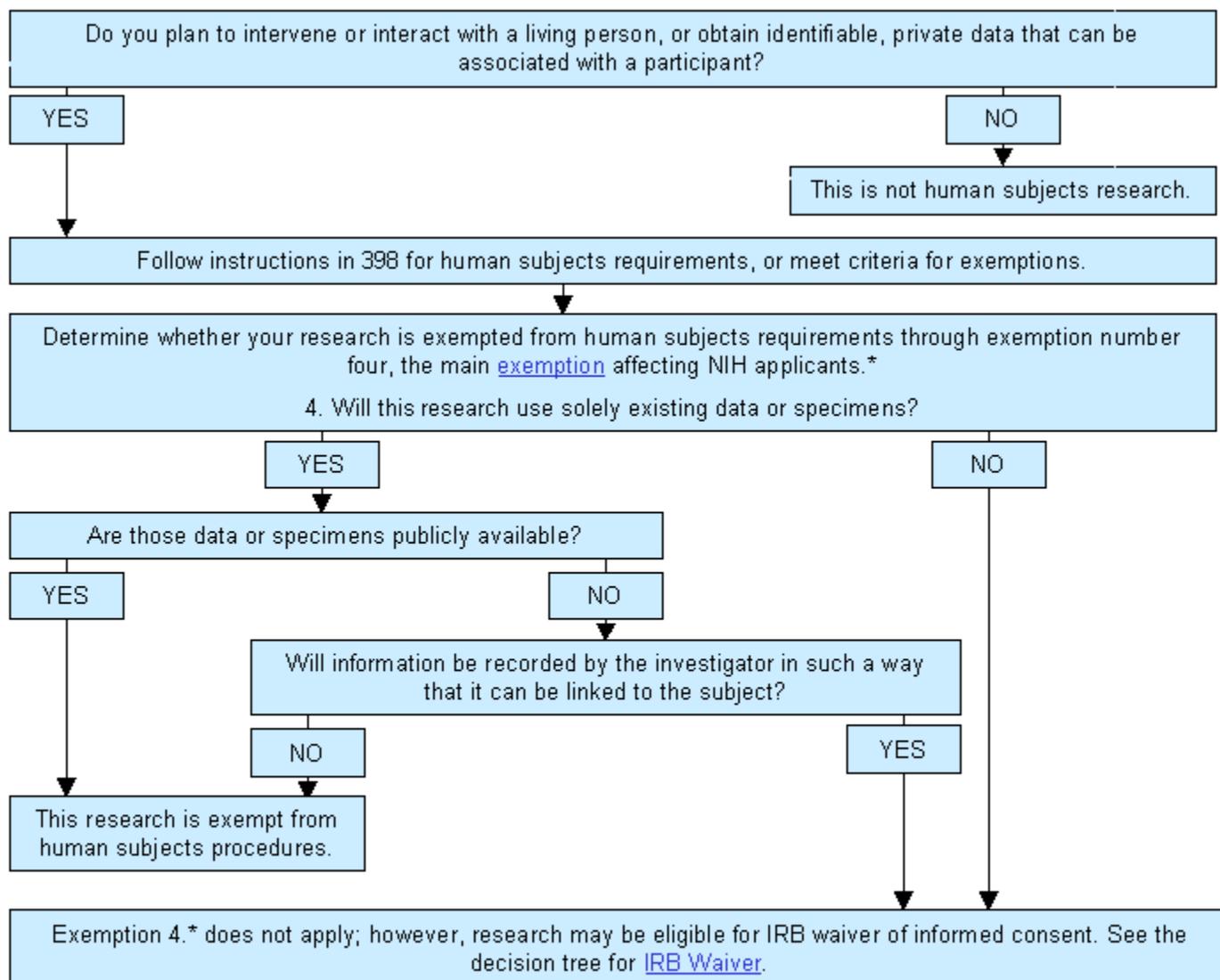
Compliance assurance letter(s) from the IACUC, IRB, Biohazards, and/or Radiation Safety official indicating approval for proposed protocols involving animal and/or human subjects and the use of biohazards and/or radioisotopes OR indicating that these protocols have been submitted to the appropriate committee(s) for review.

Submit your original signed and completed application and seven (7) exact copies to:

**Ms. Bridgette Booker, Project Director**  
Mississippi Institute for the Improvement of Geographic Minority Health  
University of Mississippi Medical Center  
2500 North State Street  
Jackson, MS 39216-4505

# APPENDIX I

Follow this diagram to determine whether the research qualifies as [human subjects](#), and to check [exemption](#).



\* For other [exemptions](#), see the glossary.