**HEALTH PROFESSIONS DIVISION**

RESEARCH GRANT APPLICATION

HPD College:

Department:

Research Proposal/Plan:

Research Safety Assurance Letter of Approval and/or Exemption Checklist:

 Institutional Review Board (IRB)

 Institutional Biosafety Committee (IBC)

 Institutional Animal Care & Use Committee (IACUC)

 Radiation Safety Commission (RSC)

 Embryonic Stem Cell Research Oversight Committee (ESCRO)

Researcher(s)/Investigator(s):

Date:

Contact Information:

Email(s):

Office Phone(s)

Mobile Phone(s):

Mailing Address:

Please choose one:

\_\_\_\_\_ HPD Research Grant (up to $7,500)

\_\_\_\_\_ PCHCS Research Grant (up to $5,000)

**Background / TOC**

The HPD Research Committee requires a complete research proposal accompanied with the requisite Research Assurance Compliance checklist and corresponding supporting documentation. Complete the application and submit to the Secretary for HPD Research – Ms. Samantha Blythe (room 1524, x21714). The Chair of the HPD Research Committee will notify you by letter about the Committee’s decision.

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**Principal Investigator Cover Page**

Project Title (TYPE OR PRINT):

Project Start Date: Project End Date:

Name of Principal Investigator (TYPE OR PRINT. Please include terminal degree information.)

Title of Principal Investigator (TYPE OR PRINT)

E-Mail Address (TYPE OR PRINT)

College and Department of Principal Investigator (TYPE OR PRINT)

Requested Funding Amount

# Signature Page

NAME DATE POSITION

Print name

Signature Date

Faculty Advisor (if applicable)

Print name

Signature Date

Department Chair

Print name

Signature Date

Dean’s Designee for Research

Print name

Signature Date

Dean

Print name

Signature Date

Chairperson Research Committee

**PRINCIPAL INVESTIGATOR ASSURANCE**

I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I certify that individuals or NSU entities named herein are aware of their planned or potential involvement. I agree to accept responsibility for the scientific conduct of the project.

Print name

Signature Date

# Abstract

## Brief Background and Goal/Research Question

## Specific Aims

## Significance

## Innovation

## Research Plan

## Expected Results

# Specific Aims

**Specific Aims are limited to one page.**

# Significance

# Innovation

# Approach

# Bibliography and References Cited

**Health Professions Divisions**

**HPD Research Budget Worksheet**

**INSTRUCTIONS:** For any item you need for your research, please use this budget template.

|  |
| --- |
| **Project Title**:  |
|  | **Name** | **College** | **Email** |
| **PI** |  |  |  |
| **Co-PI** |  |  |  |
| **Faculty Advisor**  |  |  |  |
| **Faculty Advisor**  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Items** | **Description** | **Price Per Unit** | **Number of Units** | **Budget Code** | **Total Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Amount Requested:**  |  |  |  |  |  |

(please add rows to table as needed)

**College Financial Analyst Approval**

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

**Print Name** **Print Title**

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

**Signature Date**

**For Office Use Only.**

|  |  |
| --- | --- |
| Type of Research Project  |  |
| Basic  |  |
| Applied  |  |
| Clinical Trial  | Phase ⅠPhase ⅡPhase ⅢPhase Ⅳ |
| Start Date:  |  |
| End Date: |  |
| Length: |  |

# Publication Plan

# Biographical Sketch

|  |
| --- |
| Provide the following information for the Senior/key personnel and other significant contributors in the order listed on the leadership plan. Follow this format for each person. **DO NOT EXCEED FOUR PAGES.** |
|  |  |  |  |
| NAME | POSITION TITLE |  |  |
| eRA COMMONS USER NAME |  |  |  |
| EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing. Include postdoctoral training and residency training if applicable.)* |
| INSTITUTION AND LOCATION | DEGREE*(if applicable)* | MMYY | FIELD OF STUDY |
|  |  |  |

1. **Personal Statement**
2. **Positions and Honors**
3. **Selected Peer-reviewed Publications**
4. **Research Support**

# Resources and Environment

1. **Consortium / Contractual Arrangements**

 Insert description here or NA if not applicable.

1. **Consultants / Collaborators (Describe the relationship and attach letters of agreement with key consultants and collaborators. Please attach letters of commitment from named consultants and co-investigators.)**

 Insert description here or NA if not applicable.

1. **Major Equipment (List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.)**

 Insert description here or NA if not applicable.

1. **Laboratory Space**

 Insert description here or NA if not applicable.

1. **Clinical Space**

 Insert description here or NA if not applicable.

1. **Fixed Clinical Equipment**

 Insert description here or NA if not applicable.

1. **Other Relevant Equipment**

 Insert description here or NA if not applicable.

# Project Timeline

# Leadership Plan