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| University of Cincinnati CCTST Pilot and Innovative Core Grant Program*Grant Application* |
| 1. TITLE OF PROJECT *(Do not exceed 56 characters, including spaces and punctuation.)*      |
| 1a. Type of application: [ ]  Pilot Translational Research proposal [ ]  Mentored Pilot Translational Research proposal [ ]  Innovative Core  |
| **2. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR**  | **New CCTST Investigator [ ]  No [ ]  Yes** |
| 2a. NAME *(Last, first, middle)*      | 2b. DEGREE(S) |  |
|       |       |       |  |
| 2c.ORCID NUMBER       |  |
| 2e. POSITION TITLE      | 2d. MAILING ADDRESS *(Street, city, state, zip code)* |
| 2f. DIVISION      |
| 2g. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT       |
| 2h. TELEPHONE AND FAX *(Area code, number and extension)* | E-MAIL ADDRESS: |
| TEL:       | FAX:       |       |
| **3. OTHER INVESTIGATOR [ ]  CO-I [ ]  CO-PI** If you have more than one other investigator, email Venois Peebles at peeblevj@ucmail.uc.edu. | **New CCTST Investigator [ ]  No [ ]  Yes** |
| 3a. NAME *(Last, first, middle)*      | 3b. DEGREE(S) |  |
|       |       |       |  |
| 3c. POSITION TITLE      | 3d. MAILING ADDRESS *(Street, city, state, zip code)*      |
| 3e. DIVISION      |
| 3f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT       |
| 3g. TELEPHONE AND FAX *(Area code, number and extension)* | E-MAIL ADDRESS: |
| TEL:       | FAX:       |       |
| 4. Human Subjects Research [ ]  No [ ]  Yes | 4a. Research Exempt  [ ]  No [ ]  Yes If “Yes,” Exemption No.       | 4b. Human Subjects Assurance No. 4c. NIH-Defined Phase I Clinical Trial  [ ]  No [ ]  Yes | 5.Human Subjects Protection Certification:  [ ]  No [ ]  Yes5a. Certification Date:       |
| 6. Vertebrate Animals [ ]  No [ ]  Yes6a. If “Yes,” IACUC Approval Date      6b. Animal Welfare Assurance No.       | 7. IBC Protocol [ ]  No [ ]  Yes7a. If “Yes,” Approval Date:      7b. Approval Number:       | 8. Radiation [ ]  No [ ]  Yes8a. If “Yes,” Approval Date       |  |
| 9. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | 1. COSTS REQUESTED

Direct Costs ($)      | 11a. Name of Business Manager:      |
| From | Through |  | 11b. Business Manager’s email address:       |
|  |  |
| 12. The undersigned reviewed this application for a CCTST research award and are familiar with the policies, terms, and conditions of UC and/or CCHMC concerning research support and accept the obligation to comply with all such policies, terms, and conditions. |
| Primary Applicant:       | Division Chair of Primary Applicant:       |
| Signature of Primary Applicant | Date: | Signature of Division Chair of Primary Applicant | Date: |
| Affiliate applicant:       | Division Chair of Affiliate Applicant       |
| Signature of Affiliate Applicant | Date: | Signature of Division Chair of Affiliate Applicant:  | Date: |
| Date Application Received by CCTST: | Received By: |

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 01/31/2026)

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

| INSTITUTION AND LOCATION | DEGREE*(if applicable)* | Completion DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

**B. Positions, Scientific Appointments, and Honors**

**C. Contributions to Science**

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|  | **Center for Clinical & Translational Science & Training**240 Albert Sabin WayLocation S, 2nd Floor, Suite 200, ML 11028Cincinnati, OH 45229Email: cctst@uc.edu | Web: cctst.org  |

**Center for Clinical and Translational Science and Training**

**LOI Application Checklist for TRG and MTRG Proposals ONLY**

|  |  |
| --- | --- |
| **Please check each box to certify that you have included each item in your proposal** |  |
| 1. Face Page |  [ ]  |
| 2. PI and Co-PI/Co-I biosketches | [ ]  |
| 3. This checklist | [ ]  |
| 4. Background | [ ]  |
| 5. Hypothesis | [ ]  |
| 6. Specific aims of the project | [ ]  |
| 7. Statement of how the project is translational | [ ]  |
| 8. Statement of extramural funding plan | [ ]  |
| 9. Statement of community engagement | [ ]  |
| 10. Letter of Support from division director or department chairperson | [ ]  |
| 11. Letter of Support from the PI’s mentor (only for MTRG applicants) | [ ]  |

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**Center for Clinical and Translational Science and Training**

**LOI Application Checklist for ICG Proposals ONLY**

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| --- | --- |
| **Please check each box to certify that you have included each item in your proposal** |  |
| 1. Face Page |  [ ]  |
| 2. PI and Co-PI/Co-I biosketches | [ ]  |
| 3. This checklist | [ ]  |
| **For new or unfunded applications only** |  |
| 4. Background | [ ]  |
| 5. Description of the Core | [ ]  |
| 6. Project goals | [ ]  |
| 7. Specific aims of the Core | [ ]  |
| 8. Letter of Support from division director or department chairperson | [ ]  |
| **For 2nd year renewal applications only** |  |
| 1. A one-page progress report justifying the need for continued support
 | [ ]  |
| 5. Letter of Support from division director or department chairperson | [ ]  |