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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  Yes  5a. Certification Date: |
| 6. Vertebrate Animals  No  Yes  6a. If “Yes,” IACUC Approval Date    6b. Animal Welfare Assurance No. | | | 7. IBC Protocol  No  Yes  7a. If “Yes,” Approval Date:    7b. Approval Number: | | | | | | 8. Radiation  No  Yes  8a. 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: | | | | | | | |

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| Principal Investigator/Program Director (Last, First, Middle): |  |
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| **Scientific Abstract**: Using technical language, briefly describe the proposed project in 200 words or less. | |
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| **Lay Abstract**: Using non-technical language, briefly describe the proposed project in 100 words or less. | |
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| Principal Investigator/Program Director (Last, First, Middle): | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| DETAILED BUDGET FOR BUDGET PERIODDIRECT COSTS ONLY | | | | | | | | | | FROM | | THROUGH | | | |
|  | |  | | | |
| PERSONNEL *(Applicant organization only)* | | | |  | % | | |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | | |
| NAME | | ROLE ON PROJECT | | TYPE APPT. *(months)* | EFFORT ON PROJ. | | | INST. BASE SALARY | SALARY REQUESTED | | FRINGE BENEFITS | | | | TOTAL |
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| SUBTOTALS | | | | | | | | |  | |  | | | |  |
| CONSULTANT COSTS | | | | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | | | | |  |
| TRAVEL | | | | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | |  | | | | | | | | | | | |  |
| OUTPATIENT | |  | | | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | | | | |  |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | | | | | $ | |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | | | DIRECT COSTS | | | | | | |  | |
| FACILITIES AND ADMINISTRATIVE COSTS | | | | | | |  | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 10, Face Page)* | | | | | | | | | | | | | $ | |  |
| Principal Investigator/Program Director (Last, First, Middle): | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | |
| BUDGET JUSTIFICATION | | | | | | | | | | | | | | | |
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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 Date  MM/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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| --- |
| **PHS OTHER SUPPORT**  **For All Application Types – DO NOT SUBMIT UNLESS REQUESTED**  *There is no "form page" for reporting Other Support. Information on Other Support should be provided in the format shown below.* |

\*Name of Individual:

Commons ID:

**Other Support – Project/Proposal**

\*Title:

\*Major Goals:

\*Status of Support:

Project Number:

Name of PD/PI:

\*Source of Support:

\*Primary Place of Performance:

Project/Proposal Start and End Date: (MM/YYYY) (if available):

\* Total Award Amount (including Indirect Costs):

\* Person Months (Calendar/Academic/Summer) per budget period.

| Year (YYYY) | Person Months (##.##) |
| --- | --- |
| 1. [enter year 1] |  |
| 2. [enter year 2] |  |
| 3. [enter year 3] |  |
| 4. [enter year 4] |  |
| 5. [enter year 5] |  |

**IN-KIND**

\*Summary of In-Kind Contribution:

\*Status of Support:

\*Primary Place of Performance:

Project/Proposal Start and End Date (MM/YYYY) (if available):

\*Person Months (Calendar/Academic/Summer) per budget period

|  |  |
| --- | --- |
| Year (YYYY) | Person Months (##.##) |
| 1. [enter year 1] |  |
| 2. [enter year 2] |  |
| 3. [enter year 3] |  |
| 4. [enter year 4] |  |
| 5. [enter year 5] |  |

\*Estimated Dollar Value of In-Kind Information:

**\*Overlap** (summarized for each individual):

I, PD/PI or other senior/key personnel, certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services 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: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**OTHER SUPPORT EXAMPLE**

*There is no "form page" for reporting Other Support. Information on Other Support should be provided in the format shown below.*

\*Name of Individual: Anderson, R.R.

Commons ID: AndersonRR

**Other Support – Project/Proposal**

ACTIVE

\*Title: Chloride and Sodium Transport in Airway Epithelial Cells

Major Goals: The major goals of this project are to define the biochemistry of chloride and sodium transport in airway epithelial cells and clone the gene(s) involved in transport.

\*Status of Support: Active

Project Number: 2 R01 HL 00000 - 13

Name of PD/PI: Anderson, R.R.

\*Source of Support: NHLBI

\*Primary Place of Performance: University of California, Los Angeles

Project/Proposal Start and End Date: (MM/YYYY) (if available): 03/2021 – 02/2026

\* Total Award Amount (including Indirect Costs): $1,492,232

\* Person Months (Calendar/Academic/Summer) per budget period.

| Year (YYYY) | Person Months (##.##) |
| --- | --- |
| 1. 2022 | 3.6 calendar |
| 2. 2023 | 3.6 calendar |
| 3. 2024 | 3.6 calendar |
| 4. 2025 | 3.6 calendar |
| 5. 2026 | 3.6 calendar |

\*Title: Ion Transport in Lungs

Major Goals: The major goal of this project is to study chloride and sodium transport in normal and diseased lungs.

\*Status of Support: Active

Project Number: 5 R01 HL 00000-07

Name of PD/PI: Baker, J.B.

\*Source of Support: NHLBI

\*Primary Place of Performance: University of California, Los Angeles

Project/Proposal Start and End Date: (MM/YYYY) (if available): 04/2017 – 03/2022

\* Total Award Amount (including Indirect Costs): $981,736

\* Person Months (Calendar/Academic/Summer) per budget period.

| Year (YYYY) | Person Months (##.##) |
| --- | --- |
| 4. 2021 | 1.2 calendar |
| 5. 2022 | 1.2 calendar |

PENDING

\*Title: Liposome Membrane Composition and Function

Major Goals: The major goals of this project are to define biochemical properties of liposome membrane components and maximize liposome uptake into cells.

\*Status of Support: Pending

Project Number: DCB 950000

Name of PD/PI: Anderson, R.R.

\*Source of Support: National Science Foundation

\*Primary Place of Performance: University of California, Los Angeles

Project/Proposal Start and End Date: (MM/YYYY) (if available): 10/2021 – 09/2023

\* Total Award Amount (including Indirect Costs): $262,921

\* Person Months (Calendar/Academic/Summer) per budget period.

| Year (YYYY) | Person Months (##.##) |
| --- | --- |
| 1. 2022 | 2.4 calendar |
| 2. 2023 | 2.4 calendar |

**IN-KIND**

\*Summary of In-Kind Contribution: Post-doctoral fellow, Dr. John Smith, who conducts research activities in the Anderson lab. Salary supported by Oxford University.

\*Status of Support: Active

\*Primary Place of Performance: University of California, Los Angeles

Project/Proposal Start and End Date (MM/YYYY) (if available):

\*Person Months (Calendar/Academic/Summer) per budget period: N/A

\*Estimated Dollar Value of In-Kind Information: $80,000

\*Summary of In-Kind Contribution: Cell line XYZ provided by Dr. Jennifer Smith at Cornell University.

\*Status of Support: Active

\*Primary Place of Performance: University of California, Los Angeles

Project/Proposal Start and End Date (MM/YYYY) (if available):

\*Person Months (Calendar/Academic/Summer) per budget period: N/A

\*Estimated Dollar Value of In-Kind Information: estimate $1,000

\*Summary of In-Kind Contribution: C57BL/6-*ABC1*tm1jbp mice provided by Dr. Joseph Jones at the University of Texas at Austin.

\*Status of Support: Active

\*Primary Place of Performance: University of California, Los Angeles

Project/Proposal Start and End Date (MM/YYYY) (if available):

\*Person Months (Calendar/Academic/Summer) per budget period: N/A

\*Estimated Dollar Value of In-Kind Information: estimate $4,000

**\*Overlap** (summarized for each individual):

There is scientific overlap between aim 2 of NSF DCB 950000 and aim 4 of the application under consideration. If both are funded, the budgets will be adjusted appropriately in conjunction with agency staff.

I, PD/PI or other senior/key personnel, certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services 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: ­­­­­­­­­­­­­­­­­­­­­­­­­­ Anderson, R.R.

Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­ March 25, 2021

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

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

**Full Application Checklist for TRG and MTRG ONLY**

|  |  |
| --- | --- |
| **Please check each box to certify that you have included each item in your proposal** |  |
| 1. Face Page |  |
| 2. Lay and scientific abstracts |  |
| 3. Detailed budget |  |
| 4. Budget justification |  |
| 5. PI, Co-PI, and Co-I biosketches |  |
| 6. Other support |  |
| 7. This checklist |  |
| 8. Hypothesis and specific aims |  |
| 9. Background and significance |  |
| 10. Preliminary results, or, if 2nd year renewal, Progress Report |  |
| 11. Research Design and Methods |  |
| 12. Data Management and Analysis Plan |  |
| 13. All Eight (8) Attestations |  |
| 14. Literature cited |  |
| 15. Protection of Human Subjects/Vertebrate Animals Section (if applicable) |  |
| 16. Inclusion of Women, Minorities, and Children (if applicable) |  |
| 17. Consortium/Contractual Agreements |  |
| 18. Letter of Support from the PI’s division director or department chairperson |  |
| 19. Letter of Support from the PI’s mentor (only for MTRG applicants) |  |
| 20. Letters of Support from collaborators or consultants |  |

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

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

**Full Application Checklist for ICG Proposals ONLY**

|  |  |
| --- | --- |
| **Please check each box to certify that you have included each item in your proposal** |  |
| 1. Face Page |  |
| 2. Lay and scientific abstracts |  |
| 3. Detailed budget |  |
| 4. Budget justification |  |
| 5. PI, Co-PI, and Co-I biosketches |  |
| 6. Other support for Core |  |
| 7. Resources of PI |  |
| 8. This checklist |  |
| 9. Methods and services provided by Core |  |
| 10. Background and significance |  |
| 11. Anticipated users |  |
| 12. Benefits of Core to users |  |
| 13. Plans for allocations of Core resources |  |
| 14. Methods for protecting human subject |  |
| 15. Plans for oversight |  |
| 16. Facilities and resources for Core |  |
| 17. Plans for future Core support |  |
| 18. Statement of how Core supports the CCTST mission |  |
| 19. Statement acknowledging you cannot transfer award |  |
| 20. Letter of Support from division director/chairperson |  |
| 21. Consortium/contractual arrangements, if applicable |  |