## **UT Health Science Center, UT College of Medicine, and UT Chattanooga**

# **Biomedical Research Initiation Collaborative Grants**

# **Application Cover Page**

Project Information				
DESCRIPTIVE TITLE OF PROJECT:				
LEAD CO-PIS  The Lead Co-PI from each organization is the designated project and fiscal lead for activities and budget expenditures for their respective organization's budgeted items. The Lead Co-PIs will be the point of contact for the project. The lead Co-PIs' department will administer the project funds allocated to their institution as outlined in the proposal budget.				
Erlanger/UTCOM Lead Co-Principal Investigator:  Please list name, title, organization, and department	UT-Chattanooga Lead Co-Principal Investigator:  Please list name, title, organization, and department			
Name:	Name:			
Title:	Title:			
Department: Email:	Department: Email:			
Linan.	Linaii.			
Additional Collabor	ATING INVESTIGATOR(S)			
Name:	Name:			
Title:	Title:			
Organization:	Organization:			
Department:	Department:			
Funds R	EQUESTED			
Erlanger/UTCOM: \$ UT-Chattanooga	a: \$ Total: \$			
Compliance / Pre-Approval Requirements (if appli	cable):			
☐ Human Subjects (IRB review needed) ☐ Animal Subjects (IACUC review needed)				
☐ Export Control				
☐ Biohazards / Hazardous Materials	□Conflict of Interest*			
☐ Radioactive Materials				
*Conflict of Interest and Space issues must be resolved prior to submitting the proposal.				
Approval Signatures – Lead Co-Pls' Departments				
By signing here, the Lead Co-PIs' Department / Unit Head agrees to provide general oversight and				
administrative support for project implementation if the project is selected for funding.				
Erlanger/UTCOM Co-PI Department Head:				
Date	Signature			
UT-Chattanooga Co-PI Department Head:				
	Charles and			
Date	Signature			

## **UT Health Science Center, UT College of Medicine, and UT Chattanooga**

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OMB No. 0925-0001 and 0925-0002 (Rev. 09/17 Approved Through 03/31/2020)

#### **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.** 

Follow this format for each person. <b>DO NOT EXCEED FIVE PAGES.</b>			
NAME:			
eRA COMMONS USER NAME (credential, e.g	g., agency log	gin):	
POSITION TITLE:			
EDUCATION/TRAINING (Begin with baccalau as nursing, include postdoctoral training and renecessary.)		•	
INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY

- A. Personal Statement
- B. Positions and Honors
- C. Contributions to Science
- D. Additional Information: Research Support and/or Scholastic Performance

# UTHSC / UTCOM / Erlanger and UT-Chattanooga Biomedical Research Initiation Collaborative Grants

UTCOM/Erlanger UT-Chattanooga

Total

#### **PERSONNEL**

Funds for Co-PIs and Collaborating Investigators are not allowable. However, you may budget for research support personnel including student research assistants, medical residents, etc. In the description indicate the type of support personnel, their role on the project, the percentage of effort or cost per unit of effort, and the amount of effort budgeted.

#### **CONSULTANT COSTS**

The purpose of the competition is to build collaborative capacity among UTCOM/Erlanger and UT-Chattanooga, so funds for any non UT/Erlanger personnel are expected to be modest and should be carefully considered & extensively justified. Include costs for core lab facilities here also.

#### **EQUIPMENT COSTS**

Equipment costs include items that meet the federal definition of equipment purchases - tangible personal property (including information technology systems) having a useful life of more than one year and per-unit acquisition cost of \$5,000 or more.

#### **SUPPLIES**

Include the costs of research supplies necessary to perform the proposed research. Itemize supplies to be purchase and include, to the extent reasonable, a per-unit cost and the number of units needed.

#### **TRAVEL**

Include travel costs directly related to performing the proposed research. Include a separate line item for each trip or type of travel (e.g., mileage) providing the purpose and destination, specifying the relation to the project, and itemizing the costs of each trip, to the extent reasonable (e.g., airfare, lodging, per diem, anticipated mileage, etc.)

#### RESEARCH PARTICIPANT COSTS

Include the costs of patient or participant services or support costs directly associated with the project. This may include gift cards or other types of participant incentives. UT's System-wide policy on gift cards must be followed.

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## **Current & Pending Support Form**

<b>Investigator Name:</b>	
•	

List all current (active) or pending internal and external awards. Submit a form for each investigator involved in the project. Duplicate the chart as many times as needed to list all current and pending support for each investigator.

Proposal/Project Title	
Support	Identify if it is Current or Pending
Funding Agency/Source	e.g., NSF CAREER, NIH R15, UTC CEACSE Award, UT CORNET Award, etc.
Total Award Amount	\$
Project Start & End Dates	For current projects enter the actual start & end dates. For pending projects enter the proposed start & end dates.
Your Effort on Project	Describe your effort on the proposal/project. E.g., 2 summer months, 25% academic year release time, etc.
Relation to Proposed Collaborative Grant Project	If there is any relationship between a current or pending project/proposal and your Collaborative Grant proposal, please provide a brief description here. If not, put N/A in this field