Overview of Application Requirements:

[Cover/Face Page](#FacePage) – use form provided

[NIH formatted Biosketches](#Biosketches) for all Key Personnel

[Other Support](#OtherSupport) for all Key Personnel

[Research Plan](#ResearchPlan)

[Extramural Funding Plan/Leveraging of resources](#FundingPlan)

[Human Subjects Projection](#HumanSub) – if applicable

[Target Enrollment Table](#HumanSub) – if applicable

[Vertebrate Animals](#HumanSub) – if applicable

[Required Letter 1](#Letter1) – signed scanned and inserted into master file

[Required Letter 2](#Letter2) – signed, scanned and inserted into master file

Budget – submit separately using provided excel template

[Budget Justification](#BudgetJust)

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| --- |
| 2012 Pediatric Research Center Pilot ProgramPilot Grant Application Face Page |
| 1. TITLE OF PROJECT       |
| 2. TOTAL BUDGET REQUESTED      |
| 3. CENTER PILOT GRANT (check one)[ ] Children’s Center for Cardiovascular Biology[ ] Children’s Center for Clinical Outcomes Research & Public Health (CORPH)[ ] Children’s Center for Cystic Fibrosis Research[ ] Children’s Center for Developmental Lung Biology[ ] Children’s Center for Immunology and Vaccines[ ] Children’s Center for Pediatric Healthcare Technology Innovation[ ] Children’s Center for Pediatric Nanomedicine[ ] Children’s Center for Neuroscience[ ] Children’s Center for Transplant Immunology and Immune Therapeutics |
| 4a. NAME OF PRINCIPLE INVESTIGATOR (last, first, middle)      | 4b. DEGREE(S)      |
| 4c. POSITION TITLE       | 4d. EMAIL ADDRESS      PHONE NUMBER      |
| 4e. DEPARTMENT, SERVICE OR EQUIVALENT      |
| 4f. ORGANIZATION      |
| 5a. NAME OF REQUIRED FACULTY PARTICIPANT (Name of required Emory DoP faculty/CHOA Medical Staff or GA Tech faculty member, depending on center requirements; list only if requirement not satisfied in cell 4a)      | 5b. DEGREE(S)      |
| 5c. POSITION TITLE       | 5d. EMAIL ADDRESS      PHONE NUMBER      |
| 5e. DEPARTMENT, SERVICE OR EQUIVALENT      |
| 5f. ORGANIZATION       |
| 6. ORGANIZATIONS PARTICIPATING (check all that apply)[ ] Emory University[ ] Children’s Healthcare of Atlanta[ ] Georgia Tech [ ] Morehouse School of Medicine[ ] Other. Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 7a. HUMAN SUBJECT RESEARCH[ ] YES [ ]  NO7b. IF YES: [ ]  IRB PENDINGPROJECT #:       EXPIRATION DATE:      |
| 9a. VERTEBRATE ANIMALS [ ] YES [ ]  NO9b. IF YES: [ ]  IACUC PENDING PROJECT #:       EXPIRATION DATE:       | 8. CLINICAL TRIAL[ ] YES [ ]  NO8b. IF YES: [ ]  IRB PENDINGPROJECT #:       EXPIRATION DATE:      |
| 10. PRIMARY APPLICANT’S DEPARTMENT INFORMATION (same person who signs Required Letter 1) NAME:     TITLE:      EMAIL ADDRESS:       |
| 11. CHAIR, DIVISION CHIEF OR MEDICAL DIRECTOR (same person who signs Required letter 2)NAME:      TITLE:      EMAIL ADDRESS:       |

Insert biosketches of key personnel here including research support and followed by separate Other Support document

Research Plan

A 5-page\*, single-spaced, Arial 11 font, 0.5” margin scientific plan document that provides the following:

* + Specific Aims
	+ Background and Significance: Be sure to include in this section the significance of the problem under study to child health.
	+ Experimental Design and Methods

\* References should be listed but are not included in these page limitations. Appendices are not allowed.

1 page for Extramural Funding Plan and Leveraging of Resources description

A 1-page summary addressing the following two additional review criteria:

1. **Extramural Funding Plan:** Provide specific plans for extramural funding applications related to this project. Note special comments/criteria below:

These Pilot Grants are specifically intended to facilitate the acquisition of extramural support for new and expanded research efforts within the Center awarding the pilot grant, and as such each funded applicant must submit an extramural grant application *within one year* following the pilot award period. These plans should be clearly specified in each pilot application including the granting agency and the proposed date of the grant application. The proposed grant application could be any NIH award (e.g. K08, K23, or R01) or could be to other national, regional, or state organizations (e.g. American Lung Association, Muscular Dystrophy, March of Dimes, American Heart Association) with peer review of grant applications.

1. **Leveraging of resources:** Explain how the seed grant will stimulate additional opportunities and will utilize resources from the parent institutions, including the Emory+Children’s Pediatric Cores (<http://www.pedsresearch.org/cores>), that will promote sustainable interactions and ongoing collaborations.

Human Subject Protection, Target Enrollment Table, Vertebrate Animals sections, as appropriate.

***Insert signed copy of this letter here***

**REQUIRED LETTER 1 FOR CENTER-RELATED PILOT PROJECT PROPOSALS**

Faculty member’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty member’s dept and institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Title of proposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one:

Children’s Center for Cardiovascular Biology

Children’s Center for Clinical Outcomes Research & Public Health (CORPH)

Children’s Center for Cystic Fibrosis Research

Children’s Center for Developmental Lung Biology

Children’s Center for Immunology and Vaccines

Children’s Center for Pediatric Healthcare Technology Innovation

Children’s Center for Pediatric Nanomedicine

Children’s Center for Neuroscience

Children’s Center for Transplant Immunology and Immune Therapeutics

The signature below confirms that the budget in the provided template has been reviewed and that current salary base information and non-federal fringe rates have been used.  We are aware that this is sponsored project and therefore, upon award, any primary investigator cost-share designations on the budget request will be honored [and recorded through the Emory effort certification process. - *For applications coming from Emory PI’s, please include this statement as well.]*

Sincerely,

***PLEASE TYPE NAME AND CONTACT INFO***

Departmental (or Institutional) Administrator or Business Manager Signature and Contact Information

***Insert signed copy of this letter here***

**REQUIRED LETTER 2 FOR CENTER-RELATED PILOT PROJECT PROPOSALS**

Faculty member’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty member’s dept and institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Title of proposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one:

Children’s Center for Cardiovascular Biology

Children’s Center for Clinical Outcomes Research & Public Health (CORPH)

Children’s Center for Cystic Fibrosis Research

Children’s Center for Developmental Lung Biology

Children’s Center for Immunology and Vaccines

Children’s Center for Pediatric Healthcare Technology Innovation

Children’s Center for Pediatric Nanomedicine

Children’s Center for Neuroscience

Children’s Center for Transplant Immunology and Immune Therapeutics

Dear Dr.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print investigator’s last name)

I agree with the goals of your project, and the terms of the award as outlined in the RFA for the Center-related pilot projects, including the absence of institutional overhead costs (i.e., indirect costs) and agree that your effort as Primary Investigator as stated in the budget will be available to dedicate to this research project, should this proposal be funded.

I wish you luck on the proposal.

Sincerely,

***PLEASE TYPE NAME AND CONTACT INFO BEFORE SIGNING***

Chair, Division Chief or Medical Director Signature and Contact Information

***(for applications that the PI is from GA Tech, Steve Cross is the appropriate signature)***

Budget Justification

Insert detailed budget justification here for prime and all consortium sites. Each consortium site must contain a Statement of Work within this justification.

Also must send a separate excel file with the application kit using the ***provided Budget Template*** showing the full budget including separate consortium costs