# **CON RE Grant Form**

Deadline: March 30, 2020



Title of Proposal:						
Name of Principal Investigator:						
Date of Mock Review (optional):						
Type of Application/Award: CON Research Award (up to \$10,000)						
<b>.</b>						
Co-Investigators and Key Personnel:						
Name	Department/College	Role/Expertise				
Total Dollars Requested:						
(Use whole dollars only; do not exceed \$10,000)						
Signature of Principal Investigator	• •	Date:				

The name of the principal investigator must be provided at the top of each printed page and each continuation page.

## **Research Grant**

1.	CON Grant Form	<u>1</u>
2.	Abstract	<u>2</u>
3.	Budget	<u>3</u>
4.	Budget Justification	<u>4</u>
5.	NIH Biographical Sketch & Other Support – Principal Investigator	<u>5</u>
6.	NIH Biographical Sketch – Other Key Personnel	
7.	Research Plan (sections 2 – 4 not to exceed 5 pages total)	

- 1. Introduction (1 page for resubmissions only)
- 2. Specific Aims
- 3. Significance and Innovation
- 4. Approach/Methods
- 5. Reference List
- 6. Outside Facilities Available
- 7. Prospects for Future Funding
- 8. Animals and Animal Care
- 9. Protection of Human Subjects
- 10. Appendix (1) statement from PI to clarify relationship between all presently funded research and the research proposed in this application, 2) electronic copies of his/her grant abstracts from all funded/pending applications, and 3) Original research plan for the extramural grant application and review sheets (if a resubmission).

List items below that are in appendix:

Budget for Project
(Round up to nearest dollar. Do not exceed maximum fundable allowances. <u>Must</u> provide budget justification.)

Personnel (list all personnel rega	ordless of funds reques	ted, along with FTE &	k role on project)
Name	Role on Project	FTE on Project	Amount Requested
	PI		(Not allowed)
			\$
			\$
			\$ \$ \$
		Personnel Total	\$
<b>Equipment</b> (justify in Budget Jus department or at UNMC)	tification section, includ	ling evidence that ite	m is not available in
Description			Amount Requested
·			\$
			\$
			\$
			\$ \$ \$ \$
		Equipment Total	\$
<u>Supplies</u> (include description, nu Description		теле арриориало)	Amount Requested
Description			Amount Requested
			\$
			\$
			\$
			\$
			<b>C</b>
			Ψ
		Supplies Total	\$ \$ \$ \$
		Supplies Total	\$
Other (travel, other than for data	collection, and publica		supported):
Other (travel, other than for data Description	collection, and publica		supported): Amount Requested
	collection, and publica		supported): Amount Requested
	collection, and publica		supported): Amount Requested
	collection, and publica		supported): Amount Requested
	collection, and publica		supported): Amount Requested
	collection, and publica	ion costs will not be s	supported): Amount Requested
	collection, and publica		supported): Amount Requested \$ \$ \$ \$ \$

# **Budget Justification Page**

All costs must be justified relative to the specific needs of the proposed research. The CON Dean's Research Grant program is designed to provide supplies and other operating support required to conduct critical preliminary experiments that are essential to establish the feasibility of future studies to be proposed to external funding agencies.) **Personnel** (except for the salary of the principal investigator or other faculty members) are allowable, provided the need for additional personnel is justified and there are sufficient funds available in the grant to provide for all other expenses required to complete the proposed project. **Requests for gift cards must be approved in advance – stipends are the preferred method of subject remuneration**. Unless well justified, the equipment request should not constitute the major portion of the grant budget. <u>Use continuation pages as needed.</u>

### **BIOGRAPHICAL SKETCH**

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.

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

- A. Personal Statement
- B. Positions and Honors Positions and Employment
- C. Contributions to Science
- D. Research Support
  Ongoing Research Support

**Completed Research Support** 

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

Provide active support for all key personnel. Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards. Training awards, prizes, or gifts do not need to be included.

There is no "form page" for other support. Information on other support should be provided in the *format* shown below, using continuation pages as necessary. *Include the principal investigator's name at the top and number consecutively with the rest of the application.* 

#### **Format**

NAME OF INDIVIDUAL		
ACTIVE/PENDING		
Project Number (Principal Investigator)	Dates of Approved/Proposed Project	Percent Effort
Source	Annual Direct Costs	
Title of Project (or Subproject)		
The major goals of this project are		
OVERLAP (summarized for each individual)		