

Pathology & Microbiology Grant Application Checklist

Please complete the following form and submit it to the Path/Micro Grants Office via email:

kara.shellmankuhns@unmc.edu.

The Path/Micro Grants Office will notify you of the grant coordinator assigned to your proposal, as well as notify SPA of your upcoming grant submission.

For general questions, please contact Kara or one of our grant coordinators:

[Liz VanRoekel](#) | [Jillian Washington](#) | [Lyssa White](#)

For specific information (including departmental deadlines), visit the Pathology & Microbiology [Grant Administration page](#).

Faculty's name: Click here to enter text.
Faculty's contact email and phone number: Click here to enter text.
Status of Grant Submission: <input type="checkbox"/> New <input type="checkbox"/> *Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Pre-App <i>*For NIH Resubmissions, you must provide original Grant ID found on eRA commons:</i> Click here to enter text.
Funding Agency (NIH, DoD, Internal, Foundation, etc.): Click here to enter text. If NIH: Provide the awarding component (NIAID, NCI, NINDS, etc.): Click here to enter text. Provide the Study Section (optional): Click here to enter text. Provide the list of individuals that should not review application (optional): Click here to enter text.
Please provide Request for Application (RFA) or Program Announcement (PA) #: Click here to enter text. If other, please specify: Click here to enter text.
Provide the link to the (grant/announcement) or attach the instructions with your email: Click here to enter text.
Grant Title: Click here to enter text.
Role of Faculty Member: <input type="checkbox"/> PI <input type="checkbox"/> Multi-PI <input type="checkbox"/> Co-I <input type="checkbox"/> Collaborator <input type="checkbox"/> Contractor <input type="checkbox"/> Check here if salary support is being requested. % of Effort: Click or tap here to enter text.
Funding Agency Submission Deadline: Click here to enter text.
Department Submission Deadline (three working days less than above date): Click here to enter text.
Number of Years: Click here to enter text.
Start Date of Award: Click here to enter text.
Budget Type: <input type="checkbox"/> Modular <input type="checkbox"/> Detailed
Subcontract: <input type="checkbox"/> Yes <input type="checkbox"/> No

International Collaboration: International Project Questionnaire required 1 month in advance as per Office of Vice Chancellor for Research:

Yes No

Please provide contact information and any additional pertinent details you deem important at this time:

[Click or tap here to enter text.](#)

Human Subjects:

Yes No

If yes, has your protocol been submitted to IRB?

Yes No If yes, include IRB #: [Click or tap here to enter text.](#)

Clinical Trials:

Yes No

Vertebrate Animals:

Yes No

If yes, has your protocol been submitted to the IACUC?

Yes No If yes, include IACUC #: [Click or tap here to enter text.](#)

Biosafety approval?

Yes No

If yes, has your protocol been submitted to IBC?

Yes No If yes, include IBC #: [Click or tap here to enter text.](#)

Personnel or send personnel justification document:

Name: [Click here to enter text.](#)

Position/Role: [Click here to enter text.](#)

Dept: [Click here to enter text.](#)

% of Effort: [Click here to enter text.](#)

Paid Unpaid

Name: [Click here to enter text.](#)

Position/Role: [Click here to enter text.](#)

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Position/Role: [Click here to enter text.](#)

Dept: [Click here to enter text.](#)

% of Effort: [Click here to enter text.](#)

Paid Unpaid

If known at this time, please provide:

Operating Expenses: \$ [Click here to enter text.](#) (i.e. animal per diems, core facility usage, etc.)

Supplies: \$ [Click here to enter text.](#)

Travel: \$ [Click here to enter text.](#)

Major Equipment: Yes No \$ [Click here to enter text.](#)

Consultant(s):Name: [Click here to enter text.](#)Institution Name and Address: [Click here to enter text.](#)Phone No.: [Click here to enter text.](#) email: [Click here to enter text.](#)Amount: \$ [Click here to enter text.](#)**Subcontracts: Required information due 2 weeks prior to sponsor's due date:**Name Investigator: [Click here to enter text.](#)Institution Name and Address: [Click here to enter text.](#)Administrative contact info: [Click here to enter text.](#)Amount: \$ [Click here to enter text.](#)**Does this application require the use of any of the following major instrumentation or specialized technology, as required by the Vice Chancellor of Research Office:**

- | | | |
|---|---|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Histology | <input type="checkbox"/> Positron Emission Tomography |
| <input type="checkbox"/> Amino Acid Sequencing | <input type="checkbox"/> Immunohistochemistry | <input type="checkbox"/> human |
| <input type="checkbox"/> Atomic Force Microscopy | <input type="checkbox"/> Irradiation | <input type="checkbox"/> large animal |
| <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> Laser Capture Dissection | <input type="checkbox"/> rodent |
| <input type="checkbox"/> Biologic Irradiator Core Facility | <input type="checkbox"/> Magnetic Resonance Imaging | <input type="checkbox"/> small animal |
| <input type="checkbox"/> Clinical Research Support | <input type="checkbox"/> human | <input type="checkbox"/> Scanning Electron Microscopy |
| <input type="checkbox"/> Computed Tomography | <input type="checkbox"/> large animal | <input type="checkbox"/> Single Photon Emission Computed Tomography |
| <input type="checkbox"/> human | <input type="checkbox"/> rodent | <input type="checkbox"/> human |
| <input type="checkbox"/> large animal | <input type="checkbox"/> small animal | <input type="checkbox"/> large animal |
| <input type="checkbox"/> rodent | <input type="checkbox"/> Magnetoencephalography | <input type="checkbox"/> rodent |
| <input type="checkbox"/> small animal | <input type="checkbox"/> Mass Spectrometry | <input type="checkbox"/> small animal |
| <input type="checkbox"/> Confocal Microscopy | <input type="checkbox"/> Metabolic Rate Calorimetry | <input type="checkbox"/> Surface Plasmon Resonance |
| <input type="checkbox"/> Cytogenics | <input type="checkbox"/> Monoclonal Antibody Production | <input type="checkbox"/> Transgenic Animal Production |
| <input type="checkbox"/> DNA Microarray | <input type="checkbox"/> Mouse Behavior | <input type="checkbox"/> Cryopreservation |
| <input type="checkbox"/> DNA Sequencing Sanger Method | <input type="checkbox"/> Nanomaterials Characterization | <input type="checkbox"/> knock-in |
| <input type="checkbox"/> Edman Degradation | <input type="checkbox"/> Next Generation DNA Sequencing | <input type="checkbox"/> knockout |
| <input type="checkbox"/> Epigenomics / Methylation Analysis | <input type="checkbox"/> Nuclear Magnetic Resonance | <input type="checkbox"/> vector construction |
| <input type="checkbox"/> Flow Cytometry | <input type="checkbox"/> Optical Imaging | <input type="checkbox"/> Transmission electron Microscopy |
| <input type="checkbox"/> Fluorescence in Situ Hybridization | <input type="checkbox"/> Peptide Synthesis | <input type="checkbox"/> X-Ray Crystallography |
| | | <input type="checkbox"/> siRNA Screening |