**College of Medicine Research Innovation/Pilot Grant Program**

Application Instructions (2020–21)

## DEADLINES

**Applications Due: Wednesday, April 22, 2020**

**Notification and funding of Awards: June 30, 2020**

**To be spent by June 30, 2021**

*For questions regarding these instructions, please contact Brieanne Sheehan at the College of Medicine Office of Research,* [*Brieanne.sheehan@uc.edu*](mailto:Brieanne.sheehan@uc.edu)*, 558-7564.*

**1.    Deadlines:** Applications are due April 22, 2020 by midnight.  This is not negotiable.

**2.    Funding pools:** Funding for this program is derived from the Dean’s Office of Research, College of Medicine. It is anticipated that up to 5 awards not to exceed $30,000 each will be awarded.

**3.** This year there is a UC Venture Lab Startup Multiplier Award that will provide $5,000 towards commercialization of a product, therapeutic, device or other novel entity with a potential for a later $315,000 award (see below).

**4.**  Applications where the department of the submitting faculty supports the project through such means as additional funds, in kind agreements, or other innovative means will be favorably considered in the review.

**5.    Background:** The **Research Innovation/Pilot Grant Program** was established to assist College of Medicine faculty with generating preliminary data necessary to develop highly competitive NIH or other grant applications, or to take their research in a new direction.

Thisprogram seeks to support the development of innovative studies with a high potential for future extramural funding, and is designed to enhance new or current faculty research programs. A research study is responsive to the RFA if it:

a.            Uses new approaches or discoveries to address relevant problems in the field of medicine;

b.            Contributes critical experiments or data gathering to an existing research program that will enhance funding success;

c.             Brings interdisciplinary expertise to initiate a new research direction for the PI.

d.            \*Focuses on commercialization

\*Applications that focus on commercializing a product, therapeutic, device or novel entity are eligible for a new award, the UC Venture Lab Startup Multiplier Award. The funded applicant will receive $5,000 from the 1819 Innovation Hub and are required to complete the 7-week 1819 Pre-Accelerator Program. The Pre-Accelerator Program will prepare the applicant for the larger (up to $315k) ask if it can be turned into a startup.

Other proposed initiatives will be decided on a case-by-case basis.

**6.    Project priorities:** A wide spectrum of projects can be considered relevant. Proposals can include basic, translational, epidemiological, outcomes, data analytics or clinical studies.  Priority will be given to those projects that carry the highest potential for a critical finding and are most likely to lead to successful application for extramural funding. Projects with well-developed concepts where additional data are required for proposal submission and/or where innovative ideas require additional testing are also responsive.

**7.    Eligibility**: Applications will be accepted from UC paid, full-time faculty member whose appointment is at the University of Cincinnati College of Medicine and where said faculty member will submit any resulting application for funding to an outside agency through UC’s Sponsored Research Services. Investigators from affiliated institutions, e.g. VAMC, CCHMC or Colleges may not be the principle investigator.

Applicants who have received CoM Research Innovation/Pilot funds in the past will need to indicate how the funding contributed to their research program, e.g. resulted in an R21, R01

**8.    Collaborations:** Collaborations among investigators spanning disciplines and programs are encouraged, including those between basic scientists and clinicians to foster the development of translational research projects.

**9.    IRB and IACUC-** If applicable, applicants must have already submitted or have received IRB or IACUC approval. Applicants who have not yet submitted for IRB or IACUC approval are not eligible. These awards are intended to provide funding for a year and the lack of such approval can significantly delay the start of the proposed studies.

**10.  Overview of review process**: The review of applications is performed in 2 phases: (1) Application/Scientific Review by a panel of peers and (2) Administrative Review. During the first phase, the 3-page applications will be reviewed by a committee of scientific reviewers at a review session, conducted in a manner similar to an NIH study section, where the proposal is presented then discussed for impact, feasibility, and responsiveness to the RFA. The applicant rankings and scores will be reviewed by COM Office of Research which is the final decision authority.   Some budget cuts may be made during this phase if necessary. Critiques will be provided to the applicants after awards are announced, upon request.

Applications for the UC Venture Lab Startup Multiplier Award will be reviewed separately by 1819 Innovation Hub leadership.

**11.  Signatures:** The signatures of applicants and their respective division director or departmental chairperson(s) are required.

**12.  Supplemental items:** Supplemental items cannot be submitted.

**13.  Submission of applications:** Use NIH ma**r**gins and font requirements. All applications must be submitted as one collective email attachment (.pdf) to Brieanne Sheehan:  [Brieanne.Sheehan@uc.edu](mailto:Brieanne.Sheehan@uc.edu).  An email confirmation of receipt will be returned to the applicant. **The application must be received by April 22, 2020. Applications received after the deadline will not be reviewed.**

**14.  Composition of applications:** Current standard PHS 398 forms for budget, biosketch and other support should be used.  See attachment.

Applications must include:

1. Face page (see attachment and check all appropriate IBC, IACUC, IRB, or Radiation Safety approvals or indicate pending if submitted).
2. Budget (use PHS 398 form provided, see attachment)
3. Budget justification (UC Venture Lab Startup Multiplier Award should have budget of $5,000)
4. Biosketch (s) (include PI and co-investigators; use PHS 398 form attached)
5. Other support (attached PHS 398 form) Include internal UC/UC College of Medicine support
6. Hypothesis, Specific Aims, Background and Significance, Anticipated Impact, Research Design and Methods must be within a 3 page limit.
7. UC Venture Lab Startup Multiplier applications focusing on commercialization should include a description of the product, device, therapeutic or idea; the potential target audience; description of its novelty vs other similar entities; and the next step(s) that is needed towards commercialization which the $5,000 will support. There is a 3 page limit to this section.
8. Statement of departmental support (limit to 1 page)
9. Literature cited (limit to 1 page)

**15.  Funding restrictions: Funds may not be used to support faculty salaries, travel, meetings, or publication costs**

**16.** Recipients of College of Medicine Office of Research support are asked to assist the Office when requested (i.e. providing grant reviews, attending College of Medicine events, etc.). Recipients are expected to report metrics associated with the award, such as a funded grant or publication, when solicited by the Office of Research.

**17.** Acceptance of this award requires that recipients utilize the **College of Medicine Grant Pre-Review Program** (<https://redcap.research.cchmc.org/surveys/?s=T2zLZy2Ubd>) when submitting a grant relevant to this funding. Failure to comply may result in loss of these and affect future funding opportunities.

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| University of Cincinnati College of MedicineResearch Innovation Grant Program *Application* | | | | | | | | | | |
| 1. **TITLE OF PROJECT *(Do not exceed 56 characters, including spaces and punctuation.)*** | | | | | | | | | | |
| **2. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR** | | | | | | **2a. PI’s EMAIL address:** | | | | |
| **2b. NAME *(Last, first, middle)*; Degree (s) Institution, Department, Division, Degrees:** | | | | | | | | | | |
| **3a. CO-INVESTIGATOR (s) Names, Degrees and Affiliations (list below)** | | | | | | | | | | |
| **3b. Which award are you applying for:**  Research Innovation Grant Program  UC Venture Lab Startup Multiplier Award | | | | | | | | | | |
| 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 ($) | | | |  | | | |
| From | Through | |  | | | | |  | | |
| June 30, 2020 | June 30, 2021 | |
| 12. The undersigned reviewed this application and are familiar with the policies, terms, and conditions of UC 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: | Division Chair of Affiliate Applicant: | | | | | Date: | |
| Date Application Received by COM: | | | | 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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| DETAILED BUDGET FOR BUDGET PERIODDIRECT COSTS ONLY | | | | | | | | FROM | | THROUGH | | |
| 3/31/2017 | | 4/1/2017 | | |
| 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 |
|  | | PI | |  |  |  |  | |  | | | 0 |
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| SUBTOTALS | | | | | | |  | |  | | |  |
| CONSULTANT COSTS | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | |  | | | | | | | | |  |
| OUTPATIENT | |  | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | |  |
| TOTAL DIRECT COSTS FOR BUDGET PERIOD *(Item 10, Face Page)* | | | | | | | | | | | $ |  |
|  | | | | | | | | | | | | |
| BUDGET JUSTIFICATION | | | | | | | | | | | | |
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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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**Please refer to the Biographical Sketch instructions in the** [**General Application Guide for NIH and Other PHS Agencies, R&R Senior/Key Person Profile Form**](http://grants.nih.gov/grants/How-to-Apply-Application-Guide/forms-d/general.htm)**, in order to complete sections A, B, C, and D of the Biographical Sketch.**

**Samples are also available** [here](http://grants.nih.gov/grants/forms/biosketch.htm) **for your reference.**

**OTHER SUPPORT: EXTERNAL**

**OTHER SUPPORT: INTERNAL**