CENTER FOR THE STUDY OF INFLAMMATORY BOWEL DISEASE
PILOT/FEASIBILITY STUDY GRANTS
APPLICATION INSTRUCTIONS

The completed application must include the following:

1. **Research Proposal Coversheet** ("Application Part 2") signed by either the Chief of Service/Department or Unit Chief and applicant as Principal Investigator.

2. **Abstract of proposed project** - limited to 200 words.

3. **Budget (NIH Format) <u>not to exceed $35,000</u> (direct costs)** with full justification for each category requested. No funds will be provided for equipment or Facilities and Administrative Costs. Provide background/experience of key personnel and explain their role in the proposed project. The award period will be from January 1, 2020 through December 31, 2020.

4. **The applicant's biosketch** (NIH Format, limited to five pages – see guidelines at http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-032.html).

5. **The applicant's Other Support** (NIH Format). Be sure to include the relationship to the PFS application and scientific overlap, if any.

6. **Description of the proposed project (maximum of five single-spaced pages, including references)**. Be specific about experimental procedures. Detail previous work and/or data pertinent to the proposed project. The description should include a statement of plans for the project beyond the pilot phase. The relevance to IBD research should also be clearly stated. Please indicate the location(s) in which this work will be conducted. Appendices and publications should not be included.

7. **Letter of support from professional supervisor** (Department Chair, Chief of Service or Unit Chief).

8. **A copy of the institutional human research and/or vertebrate animal research approval notice**, as appropriate.

9. **If proposal includes a clinical trial** https://grants.nih.gov/policy/clinical-trials/definition.htm, also include with your application;

   • Outcomes/endpoints, and eligible population with sample size and power calculation (1-2 pages)

   • A description of Human Subjects Risks and Protections

   • Data and Safety Monitoring Plan (DSMP) – see https://www.niddk.nih.gov/research-funding/human-subjects-research/policies-clinical-researchers/data-safety-monitoring-plans

   • Project Enrollment Tables

   • Clinicaltrials.gov registration number

10. **If proposal includes human subjects research that is not a clinical trial but involves greater than minimal risk to human subjects**, also include with your application;

   • A description of Human Subjects Risks and Protections

   • Data and Safety Monitoring Plan (DSMP)

Funding Policies: Recipients of PFS grants will be expected to participate in the activities of the CSIBD, including presentation of the progress of their PFS-supported studies during the course of the grant period. Recipients must also prepare a final, written report at the end of the support period. Support from the CSIBD (P30DK043351) must be acknowledged on all resulting manuscripts.

Completed applications should be submitted as a single pdf document to Lindsay Ware at lware@mgh.harvard.edu. Deadline is July 29, 2019. For further information, contact Lindsay Ware at lware@mgh.harvard.edu

Program Director/Principal Investigator (Last, First, Middle):

PROJECT SUMMARY (See instructions):

RELEVANCE (See instructions):

PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page)

Project/Performance Site Primary Location		
Organizational Name:		
DUNS:		
Street 1:	Street 2:	
City:	County:	State:
Province:	Country:	Zip/Postal Code:
Project/Performance Site Congressional Districts:		

Additional Project/Performance Site Location		
Organizational Name:		
DUNS:		
Street 1:	Street 2:	
City:	County:	State:
Province:	Country:	Zip/Postal Code:
Project/Performance Site Congressional Districts:		

Program Director/Principal Investigator (Last, First, Middle):

SENIOR/KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below.
Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first.

Name	eRA Commons User Name	Organization	Role on Project

OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project

Human Embryonic Stem Cells   ☐ **No**   ☐ **Yes**

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list:
https://grants.nih.gov/stem_cells/registry/current.htm. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY	FROM	THROUGH

List PERSONNEL *(Applicant organization only)*
Use Cal, Acad, or Summer to Enter Months Devoted to Project
Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							
SUBTOTALS ⟶								

CONSULTANT COSTS	
EQUIPMENT *(Itemize)*	
SUPPLIES *(Itemize by category)*	
TRAVEL	
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
ALTERATIONS AND RENOVATIONS *(Itemize by category)*	
OTHER EXPENSES *(Itemize by category)*	

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)*		$
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD		$