PILOT PROJECT RESEARCH TRAINING PROGRAM

FUNDING APPLICATION for Fiscal year 2021-22

Submit to Salvatore Cali at scali@uic.edu; ***Submission deadline is 5:00 PM CST Thursday, April 15, 2021***

( ) Application is in agreement with application instructions.

( ) Electronic copy of full proposal and appendices are attached.

**Table 1: Proposal & Investigator Information**

|  |
| --- |
| **NIOSH NORA Sector and/or Priority Area(s) addressed in this application** (See instructions) |
| **Key words describing proposal:** |
| **Project Title**: |
| **Principal Investigator:** (Note: See NIH terms & definitions: <https://grants.nih.gov/grants/glossary.htm>, <https://grants.nih.gov/grants/peer/critiques/rpg.htm>) |
| Name (Print) | Title/ Rank | Appointed to this Title/ Rank (Mo./Yr.) | UIN or Organization ID # |
| Organization name | Department name | Mailing address |
| Email address | Phone |
| **Business Manager:** |
| Name (Print) |
| Email address | Phone |
| **Collaborator or Mentor:** (Note: Collaborator is generally defined as an individual involved with the PI in the scientific development or execution of a project. The co-investigator (collaborator) may be employed by, or be affiliated with, the applicant/grantee organization or another organization participating in the project under a consortium agreement. A co-investigator typically devotes a specified percentage of time to the project and is considered senior/key personnel. The designation of a co-investigator, if applicable, does not affect the PI’s roles and responsibilities, nor is it a role implying multiple PI’s. The mentor serves to advise the candidate on both scientific and career issues and is his/her advocate at the institutional level. The mentor, in conjunction with the department/institution, is expected to ensure that the mentee has the protected time and the resources to complete the research project and career development plans as outlined in the funded application. The project for the mentee should be one that will allow the candidate to distinguish his/her career from the mentor. **Each candidate must identify and complete arrangements with at least one mentor**, preferably at the same institution, who is recognized as an accomplished investigator in the proposed research area and who will provide guidance for the candidate's development and research plan. Arrangements with mentors at institutions at a distance from the applicant institution will be considered, but approaches for ensuring close and active involvement of a distant mentor must be clearly outlined in the application. Plans for intensive training of the mentee should be developed with the mentor(s). The establishment of a viable mentoring plan is essential to the success of the candidate.)  |
| Name (Print) | Title/ Rank | Appointed to this Title/ Rank (Mo./Yr.) | UIN or Organization ID # |
| Organization name | Department name | Mailing address |
| Email address | Phone |
| **Collaborator or Mentor:**  |
| Name (Print) | Title/ Rank | Appointed to this Title/ Rank (Mo./Yr.) | UIN or Organization ID # |
| Organization name | Department name | Mailing address |
| Email address | Phone |
| **Collaborator or Mentor:** |
| Name (Print) | Title/ Rank | Appointed to this Title/ Rank (Mo./Yr.) | UIN or Organization ID # |
| Organization name | Department name | Mailing address |
| Email address | Phone |

**Table 2: Check List of Special Clearances**

|  |
| --- |
| Does this research involve Human Subjects? **(Yes or No)**? |
| **If "Yes", respond to questions 1-5 that apply to your proposal. If “No”, skip to line 6.** |
| 1. Has a Human Subjects compliance/ protocol application been submitted **(Yes or No)**? (Note: Compliance / protocol application is not required for this application until/ unless project is recommended for this Pilot Project funding).

If yes, date of first protocol submission: |
| 1. Is the compliance/ protocol review in progress **(Yes or No)**?
 |
| 1. Do you expect the review to be a full review, an expedited review, an exemption, or another outcome?
 |
| 1. Do you have other Human Subjects review information, such as a proposed survey or questionnaire for the Pilot Project reviewers to consider (If yes, please note here & attach with the full Proposal Narrative)?
 |
| 1. If assurance of compliance has been received from IRB, provide compliance/ protocol #:
 |
| 1. Does this research involve Vertebrate Animals **(Yes or No)**

If "Yes" IACUC approval date or indicate if pending:Animal welfare assurance #: |

**Table 3: Checklist of special locations, equipment, therapies or oversight for research to be conducted**

|  |  |
| --- | --- |
| ( ) Hospitals or clinics will be used | Hospital/Clinic Approval (Yes or No) |
| ( ) Radiation or radioisotopes will be used | Permit Number: |
| ( ) Recombination DNA is involved | Protocol #: |
| ( ) FDA/IND involved | Number: |
| ( ) Radiation or radioisotopes will be used | Permit Number: |
| ( ) UIC Research Resources Center equipment to be used | RRC approval: |
| ( ) UIC Clinical Research Center to be used | CRC approval: |

**Table 4: Equipment Requests** (Equipment costs funded in whole or part by this award must be reasonable and directly related to this research)

|  |  |
| --- | --- |
| **Equipment Description and Source** | **Amount Requested** |
|  |  |
|  |  |
|  |  |

**Signatures required:**

**STATEMENT FROM PRINCIPAL INVESTIGATOR:**

**I confirm that I have read the PPRT Grants Policy Statement and will comply with any applicable Special Requirements and my written research plan in the conduct of this research.**

# Signature and Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**STATEMENT FROM DEPARTMENT/UNIT HEAD**

**I confirm that the Principal Investigator is affiliated with my department as (Title/ Rank):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Department/Unit Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Print Department/Unit Head Name**

**Statement of Mentorship Support:** Applicants must identify and complete arrangements for a research mentor who will provide guidance for scientific aspects of the research. A signed agreement to mentor from a senior investigator is required. The commitment of the mentor(s) must be documented in this application. A mentoring plan that describes the candidates interaction with the mentor(s) and his/her staff, how it will enhance the candidates research capabilities and teaching skills, and steps to assist the candidate and student(s) advance their career goals must be delineated in the application.

**STATEMENT FROM RESEARCH MENTOR: (signature may be scanned if mentor is at a different institution from applicant)**

**I confirm that I will advise the principal investigator in the scientific aspects of the conduct of this research.**

# Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Print Mentor Name an Institution:**

**Include a brief paragraph describing the role of the research mentor in this research project:**

**Other Support:** Please include a statement regarding any actual or potential budgetary, commitment, or scientific overlap of support. See the POLICY REGARDING OTHER SUPPORT section of the Application Instructions for explanation:

**Research Plan:**

**Abstract of Research Plan:** State the project goal and objectives. Describe concisely the research design and methods for achieving these objectives as well as the potential for improving safety and health in the work environment (maximum 200 words).

**Research Proposal:** Attach the full proposal narrative (maximum 10 pages for the narrative, items 1-6 listed in application instructions). See the application instructions for organization of proposal and more detail about page limits and appendices.

**Table 5: Currently resources available to applicant for the proposed research:**

|  |
| --- |
| Office: |
| Office equipment: |
| Computer: |
| Laboratory: |
| Clinic: |
| Animal: |
| Environmental or personal sampling equipment: |
| Other equipment relevant to the proposed research: |