**Department of Pediatrics-UMMC**

**Intradepartmental Discovery Support Program (IDSP)**

Return complete application form via e-mail to PedsDiscoveryCouncil@umc.edu

**Date:** Click here to enter a date.

**Applicant Information**

* Applicant Name: Click here to enter text.
* Degree: Click here to enter text.
* School: Click here to enter text.
* Title: Click here to enter text.
* UMMC Employee Number: Click here to enter text.
* Telephone Number: Click here to enter text.
* E-mail Address: Click here to enter text.
* Applicant type

[ ] Instructor [ ] Assistant Professor [ ] Associate Professor [ ]  Professor

**Project Information**

* Project Title: Click here to enter text.
* Application Type

[ ] New Project [ ] Bridge Funding [ ] Seed Funding-No preliminary data needed

[ ] Follow-up to scored external application (attach summary sheets)

[ ] Follow-up to triaged external application (attach summary sheets)

* Project Type

[ ] Basic [ ] Clinical [ ] Population [ ] QI [ ] Qualitative Research

* Proposed project start: Click here to enter a date. end: Click here to enter a date.
* Total funds Requested: Click here to enter text.

**Have you received funding previously?** [ ] Yes [ ] No

If yes, please provide title, funding agency, amount, role, and start and ending dates for each award.

Title:

Funding Agency:

Amount:

Role:

Start: Click here to enter a date. End: Click here to enter a date.

**PERCENT EFFORT ON PROPOSED PROJECT** (if funded): Click here to enter text.

1. **PROJECT ABSTRACT** (State the overall objectives, specific aims, research design, and significance of the proposed research. Please limit abstract to 350 words).

Click here to enter text.

1. **COMPLIANCES**

**RESEARCH INVOLVES:**

A. Biohazards [ ] No [ ] Yes

If yes, protocol submitted: [ ] No [ ]  Yes Date Approved: Click here to enter a date.

B. Radioisotopes [ ] No [ ] Yes

If yes, protocol submitted: [ ] No [ ]  Yes NRC Number: Click here to enter text.

C. Human Subjects [ ] No [ ] Yes

 If yes, protocol submitted: [ ] No [ ]  Yes Date Approved: Click here to enter a date.

D. Animal Subjects – Vertebrate animals used? [ ] No [ ] Yes If yes, protocol submitted: [ ] No [ ] Yes Date Approved: Click here to enter a date.

**\*Protocols for IRB or IACUC, radioisotopes and biohazards approval must be submitted to the respective committee by the application deadline; *applicants who have not submitted protocols to the appropriate committees by this time will not be considered for funding*.**

**Attach a copy of the approval notice or proof of submission. Proposals selected for award will be allowed no more than 30 days after the anticipated award date to obtain assurance approvals. A delay in obtaining assurance(s) approval *will not* extend the end date of the award period. \***

1. **RESEARCH PLAN:**

1. **Introduction to Application (for RESUBMISSION or REVISION only)**

**2. Specific Aims:** Provide a brief statement of the problem and your hypotheses. List the most important objectives of your work. (1/2 page)

Click here to enter text.

**3. Research Strategy – total 6 pages. Include the following topics**

 **Significance:**  Discuss why the questions addressed are important.

 **Innovation:** Discuss why the proposed studies are novel.

**Approach:** Discuss the research strategy, methodology, and statistical analyses to be used in the project. Discuss potential problems, and alternative strategies.

Include any preliminary studies pertinent to this project or to demonstrate the Principal Investigator (s) skills to carry on the project.

Click here to enter text.

**4. Bibliography & References cited** (Page limit: as needed)

Click here to enter text.

1. **EXTRAMURAL FUNDING PLANS**

Describe in detail the expected results of the project *and* *how it will lead to securing research funding from granting agencies once this project is complete*. Applicants are encouraged to include possible specific aims for a future extramural application and describe how the current project will support the development of such an application (2 pages maximum).

Click here to enter text.

1. **PREVIOUS REQUESTS FOR FUNDING**

Describe any previous attempts to obtain funding for this project (1 page). **Provide any reviews and review scores from external funding agencies or intramural at the UMMC for prior submissions**.

 A. Give the review score from the prior submission(s)Click here to enter text.

 B. Detail how this submission addresses prior review(s): Click here to enter text.

C. Applicants who propose to collect data to respond to reviewer comments from an external submission, must include a one page discussion stating how the this project would address reviewer comments

Click here to enter text.

 D. Applicants who currently hold external funding must include a one page discussion describing how this project constitutes a significant departure from their external award.

 Click here to enter text.

1. **OTHER FORMS**
2. **PROPOSED BUDGET. Please use PHS398 Face Page 4. Follow the link** [**http://grants.nih.gov/grants/funding/phs398/fp4.pdf**](http://grants.nih.gov/grants/funding/phs398/fp4.pdf)
3. **BUDGET JUSTIFICATION.** Justify the requested budget in each cost category. (If applying for emergency support, describe the circumstances that necessitate an interim source of funds.):

Click here to enter text.

**Provide details on how you would adjust any budgetary, scientific or effort overlap if this application is funded.**

Click here to enter text.

1. **FACILITIES** **& OTHER RESOURCES: Please use the NIH Format (Append to application)**
2. **NIH Biosketch of the PI. Please use the NIH Format (Append to application)**
3. **List co-PI’s, co-investigators, or consultants and their roles in the project. Provide NIH biosketches for each individual.**

Click here to enter text.

1. **LETTERS OF SUPPORT** (Append to application)**:**

**a) Letter from the Division Chief stating protected time and facilities available for research should be attached.**

**b) Letters from consultants, collaborators, or co-PIs agreeing to their role on the project should accompany the application.**

1. **OTHER RESEARCH SUPPORT. List available sources for research support.**

Click here to enter text.

1. **SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Signature** | **E-mail** |
| **Applicant** |  |  |  |
| **Division Chief** |  |  |  |