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| **COVER PAGE** | | |
| **Project Title** |  | |
| **Diseases Targeted** |  | |
| **Principal Investigator (including degree)** | |  |
| eRA Commons ID | |  |
| Type of Investigator (check all that apply) | | Clinical  Translational N/A (must specify liaisons below) |
| Institution | |  |
| Department/Division | |  |
| Address | |  |
| Telephone/Email Address | |  |
| **Co-Investigator (if applicable)** | |  |
| eRA Commons ID | |  |
| Type of Investigator (check all that apply) | | Clinical  Translational N/A (must specify liaisons below) |
| Institution | |  |
| Telephone/Email Address | |  |
| **Co-Investigator (if applicable)** | |  |
| eRA Commons ID | |  |
| Type of Investigator (check all that apply) | | Clinical  Translational  N/A (must specify liaisons below) |
| Institution | |  |
| Telephone/Email Address | |  |
| **Translational Research Liaison (requires letter of support)** | |  |
| Name (including degree) | |  |
| Institution | |  |
| Email Address | |  |
| **Clinical Research Liaison (requires letter of support)** | |  |
| Name (including degree) | |  |
| Institution | |  |
| Email Address | |  |
| **Administrative Contact** | |  |
| Telephone | |  |
| Email Address | |  |

Principal Investigator Signature Date:

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| --- | --- |
| **Human subjects research:  N/A**:approved IRB #:  JIT  **Animal research:  N/A**: approved IACUC #:  JIT  **Stem cell research:  N/A**: approved ESCRO #:  JIT  **Did you receive an optional consultation for the Community Engagement section?**  NoYes If yes, name of consultant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Abstract/Project Summary (approximately 500 words)** | |
|  | |
| **Relevance to Clinical and Translational Science (CTS) (approximately 200 words)** | |
|  | |
| **Community Engagement (approximately 200 words)** | |
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| **Project/Research Proposal** (Discuss concisely: Specific Aims, Background/Significance, any Preliminary Data, the Design and Methods. Not to exceed 3 pages (including figures) |

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| **Budget and Budget Justification** (do not exceed this page or change fonts) |

**(It is highly encouraged that your application contains both translational and clinical budget support)**

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| --- | --- | --- | --- | --- | --- | --- |
|  | Enter Dollar Amounts Requested *(omit cents, round up)* | | | | | |
| A: PERSONNEL: NAME | ROLE and JUSTIFICATION | Cal.  Mnths | SALARY | FRINGE | | TOTAL |
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| SUBTOTALS | | |  |  | |  | |
| B: CONSULTANT COSTS *(Name and role on project)* | | | | | |  | |
| C: SUPPLIES *(Itemize by category)* | | | | | |  | |
| D: OTHER EXPENSES *(Itemize by category)* | | | | | |  | |
| E: CONSORTIUM/CONTRACTUAL COSTS: *(Duplicate this budget page and include as the next page in the application packet, bring in the direct cost total from the sub-recipient budget, show IDC in G.)* | | | | | |  |
| F. SUBTOTAL DIRECT COSTS (sum of A+B+C+D+E - $50,000 max.) | | | | | $ |  | |
| **G: INDIRECT COSTS**:  Scripps Research Base $\_\_\_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_Rate = \_\_\_\_\_\_\_\_\_\_\_\_\_ Total IDC  Consortium (if applicable) Base $\_\_\_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_Rate = \_\_\_\_\_\_\_\_\_\_\_\_\_ Total IDC | | | | | |  | | |
| H. TOTAL COSTS (sum of F+G) | | | | | $ |  | |
| Justification for non-PERSONNEL Categories: | | | | | | | |

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| **References/Literature Citations** *(10 max, do not exceed one page)* |

**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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**A. Personal Statement**

**B. Positions, Scientific Appointments and Honors**

**C. Contributions to Science**