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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?**  **[ ]** No **[ ]** Yes 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 DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

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

**C. Contributions to Science**