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**APPLICATION PACKAGE DOES NOT NEED TO BE REVIEWED/APPROVED BY APPLICANT'S
INSTITUTION UNLESS THE PROJECT IS SELECTED FOR FUNDING**

PROJECT SUMMARY

[Empty box for project summary]

RELEVANCE TO THE OVERALL MISSION OF THE UCDC

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

Project/Performance Site Primary Location			
Organizational			
DUNS			
Street		Street	
City	Count		Stat
Provinc	Countr		Zip/Postal
Project/Performance Site			

Additional Project/Performance Site Location			
Organizational			
DUNS			
Street		Street	
City	Count		Stat
Provinc	Countr		Zip/Postal
Project/Performance Site			

APPLICATION PACKAGE DOES NOT NEED TO BE REVIEWED/APPROVED BY APPLICANT'S INSTITUTION UNLESS THE PROJECT IS SELECTED FOR FUNDING

SENIOR/KEY PERSONNEL. See instructions. Use continuation pages as needed to provide the required information in the format shown below.

Name	eRA Commons User Name	Organization	Role on Project
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OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project
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**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:

<http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp>. Use continuation pages as needed.

Cell Line

BUDGET DOES NOT NEED TO BE REVIEWED/APPROVED BY APPLICANT'S INSTITUTION UNLESS

DETAILED BUDGET	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. Mnth	Acad. Mnths	Sum mer	INST.BA SE	SALARY REQUES	FRINGE BENEFIT	TOTAL
	PD/PI							
SUBTOTALS →								

CONSULTANT COSTS	
EQUIPMENT (<i>Itemize</i>)	
SUPPLIES (<i>Itemize by category</i>)	
TRAVEL	
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
OTHER EXPENSES (<i>Itemize by category</i>)	

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
DIRECT COSTS FOR INITIAL BUDGET PERIOD (<i>Item 7a, Face Page</i>)		\$

CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND	
TOTAL COSTS FOR INITIAL BUDGET PERIOD		\$

BUDGET JUSTIFICATION

Personnel:

Materials and Supplies:

Patient Travel:

Clinical Care Costs:

Other costs:

Applicant's NIH Biosketch

Applicant's Other Support

Letter of Recommendation (if applicable)

Insert Research Strategy with the applicable supporting documents here that contain the following sections

Specific aims
One page limit

Research Strategy

Limit of 5 pages and should include the following

- Background
- Significance
- Innovation
- Approach
- Preliminary studies
- Research design and methods

Protection of Human subjects (if applicable)

Follow standard NIH guidelines for completion

Data Safety monitoring plan (if applicable)
Follow standard NIH guidelines for completion

Inclusion of women and minorities (if applicable)

Follow standard NIH guidelines for completion

Inclusion of children (if applicable)

Follow standard NIH guidelines for completion

Vertebrate animals (if applicable)

Follow standard NIH guidelines for completion

References cited

Appendix

Publications and manuscripts relevant to the application published by the applicant
(Not to exceed 10)