**The Crisafi-Monte Primary Care Cardiopulmonary Grant Program**

 **Application Packet**

**Spring 2020 Application Cycle**

**Application Deadline: 5PM EST, Friday, April 17, 2020**

**Application Checklist**

[ ]  **Completed online application form**

[ ]  Section 1: Research Project Information

[ ]  Section 2: Research Project Personnel

[ ]  Section 3: Authorizing Officials

[ ]  Section 4: Budget

 [ ]  Section 5: Research Strategy

 [ ]  Section 6: Biosketches

 [ ]  Section 7: Appendices (Optional)

[ ]  **Application Assurance and Signature Sheet (Issued via DocuSign post online application submission)**

**Application Guidelines**

Applications for grant support from the Crisafi-Monte Endowment shall adhere to the following guidelines:

1. Applications must be used to support research, scholarship and teaching in diseases of the heart, lung and related disorders with particular attention given to individuals in the disciplines of primary care and family medicine.
2. It is the intent that the endowment be used to help advance the career of the investigator(s) and is generally expected to support the gathering of pilot data.
3. Proposals are expected not to exceed $50,000 in total costs.
4. Crisafi-Monte Endowment funds may not be used for travel, construction or entertainment.
5. Crisafi-Monte Endowment funds may be expended on such items as faculty salaries, statistical support, staff support and other research-related resources.
6. Application submissions must include a detailed budget and budget justification, both of which explain how these resources link to the proposed project.

**Note:** We highly encourage that applicants obtain approval of their proposed project budget from their Department Administrator or Fiscal Officer prior to application submission.

1. Application submissions will only be considered complete when the issued Application Assurance and Signature Sheet via DocuSign is executed by proposed PI and corresponding Department Administrator and Chair.

**Application Pre-Submission Worksheet**

**Directions:**

Please use this worksheet to help you and your team prepare for your online application submission. All questions and prompts in this worksheet will align with the electronic form provided.

**Section 1: Research Project Information**

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| Research Project Title |
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| Proposed Research Project Duration |
| Anticipated Start Date: |  |
| Anticipated End Date: |  |

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| --- | --- |
| Is this application a resubmission?  | [ ]  Yes [ ]  No |

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| --- | --- |
| Is IRB approval complete? | [ ]  Yes [ ]  No [ ]  In Progress [ ]  NA |

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| Abstract: |
| Summarize the proposed research project in no more than 200 words |
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| Specific AIMS |
| Provide project aim(s), including project objectives or research hypothesis(es), as appropriate |
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**Section 2: Research Project Personnel**

**Note:** New and Early Stage Investigators (ESIs) are investigators who have completed their terminal research degree or their medical residency within the prior 10 years at the time of application.

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| Principal Investigator |
| Name: |  |
| Credentials: |  |
| Title: |  |
| Department/Division: |  |
| Email:  |  |
| New/Early Stage Investigator? | [ ]  Yes [ ]  No |

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| Co-Investigator 1 |
| Name: |  |
| Credentials: |  |
| Title: |  |
| Department/Division: |  |
| Email:  |  |
| New/Early Stage Investigator? | [ ]  Yes [ ]  No |

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| Co-Investigator 2 |
| Name: |  |
| Credentials: |  |
| Title: |  |
| Department/Division: |  |
| Email:  |  |
| New/Early Stage Investigator? | [ ]  Yes [ ]  No |

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| Co-Investigator 3 |
| Name: |  |
| Credentials: |  |
| Title: |  |
| Department/Division: |  |
| Email:  |  |
| New/Early Stage Investigator? | [ ]  Yes [ ]  No |

**Section 3: Authorizing Officials**

Please identify the department/division officials who are authorized to commit to the conduct of the proposed research project and ensure that the requirements established by the Crisafi-Monte Fund are met, including assuring release of investigator(s) from selected preceding duties to allow projected time to conduct the project. Your application’s signature sheet will be routed to these identified individuals via DocuSign.

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| Department Administrator/Fiscal Officer |
| Name: |  |
| Credentials: |  |
| Department/Division: |  |
| Email:  |  |

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| Department Chair |
| Name: |  |
| Credentials: |  |
| Department/Division: |  |
| Email:  |  |

**Section 4: Budget**

Please submit the completed the application budget template and upload this file into your research project’s online application.

**Section 5: Research Strategy**

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| Background, Significance and Rationale: |
| Please provide the following: * A statement of purpose and specific goals and objectives of the proposed project and an explanation of the needs or problems the proposed project is intended to address.
* A description of related work by others and previous work by the applicant to study related issues and an explanation of how the proposed project will expand upon or complement those efforts.
* An explanation of who will benefit from this project
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| Design and Methods: |
| Please provide the following: * An explicit and complete description of the proposed project design and procedures covering both what is to be done and how it is to be accomplished. Use conventional language of project methodology found within the professional literature when referring to the design; for example, cross-over, cross-sectional, longitudinal, randomized clinical trial, double-blind placebo controlled, descriptive, etc.
* A description of the project population, the number in the project group(s), and if appropriate an explanation of how sample sizes were determined, including power calculations.
* A schedule for implementing the project within the overall specified timeframe.
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| Analysis of Data: |
| Please provide the following: * An explanation of how the objectives and/or hypothesis(es) will be addressed.
* An explanation of the criteria or indicators that will be used in the data analysis. (e.g., How will they be measured? What are the appropriate statistical tests? What specific results are expected?)
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| Future Funding Plans: |
| The Crisafi-Monte Endowment is intended to support pilot studies. Please describe how the results will be communicated to the broader community as well as future plans regarding seeking external funding for the anticipated expanded research project(s). |
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| Informed and IRB Consent: |
| Discuss the ethical implications of this project and how human subjects, if any, will be protected. |
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| Reference Section: |
| Provide a bibliography of the references cited. |
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| Disclosure of Investigator’s Ongoing Funded Work: |
| Please provide a list of current work and ongoing and pending funded projects including other sources of support for this project. |
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**Section 6: Biographical Sketch(es)**

Please complete NIH formatted biosketches for all listed investigators for your proposed research project. Upload these files into your research project’s online application.

Here is a link to the NIH biosketch template: <https://grants.nih.gov/grants/forms/biosketch-blankformat.docx>

**Section 7: Appendices (Optional)**

Please provide any additional supporting materials that you would like the designated review committee to consider regarding your application. Upload these files into your research project’s online application.

Examples of supporting materials include the following: informed consent forms, survey instruments, or supporting letters.