DEPARTMENT OF MEDICINE **Pilot Project Grant Application** **Face Page**	Date Received: Date Sent to Reviewers: Date of Review Board Meeting: Applicant Notified:

Project Title:

Principal Investigator:

Division:

Mentor (optional for Associate Professor):

Mentor's Division:

Date:

Co-Investigators and Departments or Divisions:

Summary (Not to exceed 150 Words):

Pilot Project Grant Application

ELIGIBILITY:

- Full-time DOM faculty (SBU and VA) at the rank of Associate Professor and below. We encourage applications from underrepresented minorities.
- Research must be clinical or translational in nature.
- This year a new focus of research is added involving health care disparities.
- There should be no scientific or budgetary overlap with existing funding.
- Collaborations between basic scientists and clinicians are highly encouraged as well as other health care professionals.

AWARD AMOUNT:

- $15,000 per project for one year. One of the awards will be provided by Northport VA Medical Center, the application of which must be relevant to veterans' health.

INSTRUCTIONS:

I) **Narrative:** Include the following information in <u>no more than 6 pages</u>.

> *Hypothesis and Specific Aims*
> *Significance and Innovation*
> *Scientific Premise, Background, and Preliminary Data* (Preliminary data are optional; but if available, should be included as forms, figures and tables, etc., and embedded in the narrative)
> *Experimental Design* (Include timeline for accomplishments and future directions)
> > It is expected that a preliminary biostatistical section be included in the Experimental Design part of the application. There will need to be evidence that the research question is feasible and the design of the study is appropriate to answer the question posed; in addition, a power analysis should be performed, if applicable.
> *References* (<u>not</u> included in the 6-page limit)

II) **Budget & Justification:** 1 page budget, 1 page justification
(Indirect/administrative costs, travel, conference fees, memberships, subscriptions and PI and Co-PI salary support are <u>not allowed</u>). Costs for bio statistical support should be included.

III) **PI's NIH Biosketch and Other Support**: List support from all sources.
(Blank form below; see http://grants.nih.gov/grants/forms/biosketch.htm for instructions)

IV) **Mentor's NIH Biosketch and Other Support (optional for Associate Professor):** List support from all sources.

V) **Mentor's Letter of Support (optional for Associate Professor)**

Please submit application package as **a single PDF file** by email to: Dr. Vincent W. Yang, via Susan LeGrady (susan.legrady@stonybrookmedicine.edu), Department of Medicine.

CONDITIONS OF AWARD:

- Funding will be made available only after appropriate CORHIS/IRB/IACUC approval has been received; if applicable, documentation of such approval should be submitted to Dr. Yang.
- If funds are not used within 12 months of award date, written clarification of delay is required or funds will be forfeited.
- A progress report is due in Dr. Yang's office in six months.
- A final report will be required after one year.
- Presentation of the work at a DOM Research Seminar is required at the end of the project.

APPLICATION SUBMISSION AND REVIEW TIMELINE

- Announcement and solicitation of applications: September 15, 2021.
- Second announcement and solicitation of applications: October 15, 2021.
- Application submission deadline: November 15, 2021.
- Awardee announcement date: January 1, 2022.

CRITERIA FOR SELECTION:

- Applicant's training background.
- Scientific merit (Significance, innovation, scientific premise and rigor).
- Mentor's commitment to the applicant.
- Likelihood to facilitate junior faculty development and/or potential for additional extramural grant support.

APPLICATION REVIEW PANEL

- Members of the DoM Research Committee.
- *Ad hoc* members as needed for specific applications.

SPEICAL APPRECIATION

We would like offer a special thanks to Dr. Hussein Foda for providing funding from the VA and Dr. Bill Lawson for his generous and continuous support for the program.

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

A.   Personal Statement

B.   Positions and Honors

C.   Contributions to Science

D.   Additional Information: Research Support