UF Center for Advancing Minority Pain & Aging Science RFA 2020

Pilot Project Awards for Research on Pain, Aging, and Disability

APPLICATION INSTRUCTIONS

**The application packet must be:**

* Typed using Arial 11 font with half inch margins all around, single spaced, and with adherence to the page limitations specified. Do not delete section headings.
* Submitted in a single .pdf and named using your last name, e.g., “JohnsonUFCAMPAS\_2020”

**Application Checklist.** All materials must be submitted electronically **by** **5:00 pm on Monday, March 2, 2020** in order for your application to be considered. Please send to Maria A. Aguirre, [ufcampas@ufl.edu](mailto:ufcampas@ufl.edu). We will acknowledge receipt of all electronic documents by email to you.

Complete application for the UF CAMPAS required materials:

* Cover page (1 page)
* Research Proposal (5 page)
* Planned Enrollment Report (1 page)
* NIH Biosketch for PI, Co-I(s) and mentor(s) (5 pages for each)
* Current PI CV (no limit)
* Budget worksheet (1 pages)
* Budget Justification (no limit)
* Bibliography (no limit)

**Please delete all instructions highlighted in yellow before submitting**

**If you need assistance with the application, please contact Maria A. Aguirre**

**at** [**ufcampas@ufl.edu**](mailto:ufcampas@ufl.edu) **or at 352-273-7620**

**Cover Page for UF CAMPAS Pilot**

**Pilot Project Title:**



Proposal Title

**Candidate information**

|  |  |
| --- | --- |
| Principal Investigator Name |  |
| Position/Title |  |
| UFID |  |
| Email |  |
| Fiscal / Admin Contact (Name & Email) |  |

**Citizenship status**

US CitizenUS Permanent Resident

**What is your racial background?** *Mark all that apply*

American Indian or Alaska Native  Black or African American

Native Hawaiian or other Pacific Islander  White

Asian  I prefer not to respond

**Are you Hispanic or Latino?**

Yes  No  I prefer not to respond

**Do you qualify as an underrepresented candidate based on either disability (physical or emotional) criteria or disadvantaged background criteria per** [**NHI definition**](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-031.htmlhttps:/grants.nih.gov/grants/guide/notice-files/NOT-OD-20-031.html)**?**

Yes  No  I prefer not to respond

**Proposed Co-Investigator(s) and Mentor(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Project Role** | **College** | **Department** |
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By signing this cover page I certify that I have read and understand the Program

Requirements and agree to abide by them if I am selected as a UF CAMPAS Scientist included:

* Awardees are expected to participate in **all** UF CAMPAS seminars and career development activities.
* Awardees must comply with all IRB policies. Applicants whose proposals will require IRB approval should demonstrate they have taken preliminary steps to prepare submissions, so minimal time will be lost in securing approval. **Funding cannot be released until IRB approvals are in place**.
* Awardees must submit progress reports for the project **every 6 months** after the notice of award is received.
* Awardees are also expected to present the results of their research at scientific meetings and publish findings in scholarly journals.
* In accordance with NIH requirements: All presentations and publications resulting from work funded by a UF CAMPAS Pilot Project Award must include a funding citation. The following language should be used: “Research reported in this publication was supported by the NIH/NIA Grant P30AG059297.”
* Awardees are expected to provide updates to UF CAMPAS or the RCMAR Coordinating Center in a timely manner, typically once a year, and for several years after completing the program.

Candidate Signature Date

By signing this cover page I certify the department/training program is aware and supports the candidate application

Chair or Training Director Signature Date

**RESEARCH PROPOSAL**

**(5 page limit)**

A five-page research proposal (0.5” margins, Arial 11 point font) that includes:

* Specific Aims (1 page)
* Background/Significance (including any preliminary data)(~1 page)
* Description of Methods (2-2.5 pages) (i.e. preliminary data, study sample, study design, data collection methods, analysis plan)
* Plans for future external funding (0.5 pages)

**REFERENCES**

There is no require citation format, but please stay consistent

**Planned Enrollment Report (clinical research only)**

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| **Racial Categories** | **Ethnic Categories** | | | | |
| **Not Hispanic or Latino** | | **Hispanic or Latino** | | **Total** |
| **Female** | **Male** | **Female** | **Male** |
| American Indian/ Alaska Native |  |  |  |  | **0** |
| Asian |  |  |  |  | **0** |
| Native Hawaiian or Other Pacific Islander |  |  |  |  | **0** |
| Black or African American |  |  |  |  | **0** |
| White |  |  |  |  | **0** |
| More Than One Race |  |  |  |  | **0** |
| **Total** | **0** | **0** | **0** | **0** | **0** |

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| --- | --- | --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): |  | | |
|  | | | |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | | 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

|  |  |  |  |  |  |  |  |  |  |  |
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| NAME | ROLE ON PROJECT | Cal.  Mnths | Acad.  Mnths | Summer  Mnths | | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | | TOTAL |
|  | PD/PI |  |  |  | |  |  |  | |  |
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| SUBTOTALS | | | | | | |  |  | |  |
| CONSULTANT COSTS | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | |  |
| TRAVEL | | | | | | | | | |  |
| INPATIENT CARE COSTS | | | | | | | | | |  |
| OUTPATIENT CARE COSTS | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | DIRECT COSTS | | | |  | |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)* | | | | | | | | | $ |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | FACILITIES AND ADMINISTRATIVE COSTS | | | |  | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | $ |  |

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**BUDGET JUSTIFICATION**

PERSONNEL

CONSULTANT COST

EQUIPMENT

SUPPLIES

TRAVEL

INPATIENT CARE COST

OUTPATIENT CARE COST

ALTERATIONS AND RENOVATIONS

OTHER EXPENSES