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| --- | --- |
| Text  Description automatically generated Pilot Project – 2021 Grant Application | Please check all awards that you are applying for – [ ]  Pediatric/AYA sarcoma |
| 1. TITLE OF PROJECT       |
| 1. GCCRI PARTNER INSTITUTION OF PRINCIPAL INVESTIGATOR

|  |  |  |
| --- | --- | --- |
| [ ]  | UT Health San Antonio |  |
| [ ]  | UT College of Pharmacy-SA Program | [ ]  | Texas Biomedical Research Institute |
| [ ]  | University of Texas San Antonio (UTSA) | [ ]  | University Health System |

  |
| 3. PRINCIPAL INVESTIGATOR  | 3a. Co-PI (if applicable) |
| NAME *(Last, first, middle)* | NAME *(Last, first, middle)*      |
| POSITION TITLE/ACADEMIC RANK      | POSITION TITLE/ACADEMIC RANK      |
| DEPARTMENT      | DEPARTMENT      |
| EMAIL ADDRESS:      | EMAIL ADDRESS:      |
| TELEPHONE *(Area code, number and extension)*       | TELEPHONE *(Area code, number and extension)*      |
| 4. HUMAN SUBJECTS[ ]  No [ ]  Yes (If yes, complete 4a and b) | 4a. Research Exempt [ ]  No [ ]  Yes | 5. VERTEBRATE ANIMALS [ ]  No [ ]  Yes (If yes, complete 5a and b) |
| 4b. IRB Approval Date and Protocol Number      | 5a. IACUC Approval Date      | 5b. IACUC Protocol Number |
|       |
| 6. TOTAL BUDGET REQUESTED | $       |  |
| 7. CONTACT INFORMATION |  |
| DEPARTMENT CHAIR | DEPARTMENT GRANTS ADMINISTRATOR: |
| Name:       | Name:       |
| Email address:       | Email address:       |
| Telephone:       | Telephone:       |
| INSTITUTIONAL GRANTS ADMINISTRATOR: Name:      Email address:      Telephone:       | 8. Did this project develop as a consequence of:  |
| [ ]  Seminars in Translational Research (STRECH) |
| [ ]  Research Ethics Seminar  |
| [ ]  K-PASEO (Monthly Training seminars for writing successful NIH K-series Career Development Grant Application)/Grants and Research Career Development Workshops |
| [ ]  Grant Writing with New Investigators (GWNI) program |
| [ ]  Grant Seekers |
| [ ]  Other – Please specify       |

**PROJECT SUMMARY** (use 11 pt font and fit within text box 7.5” wide X 6” high)

**KEY PERSONNEL**

Name eRA Commons Organization Role on Project

                  Principal Investigator

                  Co-Investigator

|  |
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|  |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | FROM | THROUGH |
|  6/1/2018 |  5/31/2019 |
| PERSONNEL *(Applicant organization only)* | Months Devoted to Project |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | Cal.Mnths | Acad.Mnths | SummerMnths | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PI |  |  |  |  |  |  |  |
|       | Co-I |  |  |  |  |  |  |  |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| **Note: Do not show faculty base salaries** |       |       |       |       |       |       |       |       |
| SUBTOTALS |       |       |       |
| CONSULTANT COSTS      |       |
| EQUIPMENT *(Itemize)*      |       |
| SUPPLIES *(Itemize by category)*      |       |
| TRAVEL      |       |
| PATIENT CARE COSTS | INPATIENT |       |       |
| OUTPATIENT |       |       |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)*Not allowed | 0 |
| OTHER EXPENSES *(Itemize by category)*      |       |
| CONSORTIUM/CONTRACTUAL COSTS | DIRECT COSTS | 0 |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD  | $ |       |
| CONSORTIUM/CONTRACTUAL COSTS | FACILITIES AND ADMINISTRATIVE COSTS | 0 |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD  | $ |       |

**BUDGET JUSTIFICATIONS**

PERSONNEL

CONSULTANT COSTS

EQUIPMENT

SUPPLIES

TRAVEL

PATIENT CARE COSTS

OTHER EXPENSES

**RESEARCH PLAN**

**Hypothesis and Specific Aims**

**Background and Significance**

**Preliminary Data**

**Work Proposed**

**Literature Citations**

**Additional information regarding the project**