

**Contact Information**

|                                                                |                      |                                              |                      |
|----------------------------------------------------------------|----------------------|----------------------------------------------|----------------------|
| 1. Title of Project: (Limit to 80 characters, includes spaces) |                      |                                              |                      |
| 2a. Project Leader's (PL) Name:                                |                      | 2b. Mentor's Name:                           |                      |
| 2c. Degrees                                                    | 2d. eRA Commons Name | 2e. Degrees                                  | 2f. eRA Commons Name |
| 3a. PL's Position Title:                                       |                      | 3b. Mentor's Position Title:                 |                      |
| 4a. PL's Department:                                           |                      | 4b. Mentor's Department:                     |                      |
| 5a. PL's Organization & Mailing Address:                       |                      | 5b. Mentor's Organization & Mailing Address: |                      |
| 6a. PL's Telephone:                                            |                      | 6b. Mentor's Telephone:                      |                      |
| 7a. PL's Email Address:                                        |                      | 7b. Mentor's Email Address:                  |                      |

|                                                             |  |
|-------------------------------------------------------------|--|
| 8. Administrative Official to be notified if award is made: |  |
| Name:                                                       |  |
| Title:                                                      |  |
| Mailing Address:                                            |  |
| Tel:                                                        |  |
| Email:                                                      |  |

|                       |  |
|-----------------------|--|
| Proposed Time Period: |  |
|-----------------------|--|

Signatures:      PL: \_\_\_\_\_ Date: \_\_\_\_\_  
                           Mentor: \_\_\_\_\_ Date: \_\_\_\_\_  
                           PL Institutional Signing Official: \_\_\_\_\_ Date: \_\_\_\_\_

## Funding Opportunity Announcement (FOA): Pilot Study Grant

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The Arkansas IDeA Network of Biomedical Research Excellence (INBRE) invites faculty with research interests in the biomedical sciences at Predominately Undergraduate Institutions (PUIs) to submit an application to the Faculty Mentored Research Program of the Arkansas INBRE Developmental Research Project Program (DRPP).

This FOA is intended to strengthen the science departments at the PUIs by providing funding for biomedical research performed by faculty and students.

The research theme of the AR INBRE is **Cellular Signaling, Growth, and Differentiation**. Make sure that your research topic falls under this theme. If you have any questions, please contact Dr. Helen Beneš, Director of the Developmental Research Project Program (DRPP) of the Arkansas INBRE.

The funding of Pilot Study Grants is designed to help faculty at the PUIs in Arkansas to either launch a new research project or make progress on an on-going research project during the academic-year. A Project Leader (PL) commits 25% effort to research during the academic-year, as guaranteed by a letter from his or her institution. Pilot Study Grants can vary in length, ranging from 4 to 9 months, depending on the research proposed, and the availability of students to work with the Project Leader. Up to \$40,000 can be requested for a maximum of 9 months or \$20,000 for a minimum of 4 months (e.g., an academic semester). Undergraduate student participation in the research is a mandatory component of the Pilot grants.

Each PL is required to identify a research Mentor from one of the three Lead Institutions with expertise in the scientific area of the proposed research. If you have any questions or need help identifying a suitable Mentor, please contact Dr. Jerry Ware, Director of the DRPP of the Arkansas INBRE (jware@uams.edu).

Eligible Applicants include full-time permanent faculty members with an unmodified title at the rank of Assistant Professor or higher at the PUIs in Arkansas. Applicants are required to have attended one of the INBRE-sponsored Grant Writing Workshops. Investigators from the University of Arkansas at Little Rock, the University of Arkansas at Fayetteville, and the University of Arkansas for Medical Sciences are not eligible to apply.

We anticipate awarding 2 Pilot Study Grants.

Funding Period: August 1, 2019 – April 30, 2020 (Please specify your requested time period (minimum 4 months) in your Research Plan)

Minimum Effort: 25% Academic Months release time from teaching

Student Involvement: minimum 1 undergraduate student for the term of the award

Maximum Request: \$40,000 (\$20,000/semester)

Due Date: April 1, 2019

All proposals must be submitted by the signing official of your institution. Completed applications (forms, narrative, references, support letters, IRB/IACUC approvals, etc.) should be sent via e-mail as a **single** PDF file to [INBREApplication@uams.edu](mailto:INBREApplication@uams.edu). **Proposals submitted directly by faculty will not be accepted.**

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**NIH Instructions and Fillable Form Pages:** <http://grants1.nih.gov/grants/funding/phs398/phs398.html>

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**Part 1** – Form Page 1 - NIH Face Page

**Part 2** – Project Leader & Mentor Contact Information ([INBRE Form](#))

**Part 3** – NIH Form Page 2 – Summary, Relevance, Project Performance Sites, Key Personnel, Other Significant Contributors & Use of Human Embryonic Stem Cells

**Part 4** –Form Page 3 - Research Grant Table of Contents

**Part 5** – NIH Form Page 4 – Detailed Budget for Initial Period

1. Allowable Costs include:
  - i. Salary Support (faculty & students)
  - ii. Research Supplies
  - iii. Travel

iv. Other Costs as justified (e.g., animal per diems)

2. Budget Justification – Please **justify in detail** all proposed expenses. See NIH Forms 398 Instructions <http://grants1.nih.gov/grants/funding/phs398/phs398.html> page 36 for detailed budget justification requirements. All items requested in the budget are to be used during the award period. Please use the *Continuation Format Page* for the budget justification.

**Part 6** – NIH Biographical Sketches – for the Project Leader, Mentor, and other Significant Contributors. Make sure that each personal statement, including the Mentor’s, addresses the research in the proposal. Acceptable biosketches may also be generated at [SciENCv](https://www.ncbi.nlm.nih.gov/sciencv/) (<https://www.ncbi.nlm.nih.gov/sciencv/>).

**Part 7** – Resources & Major Equipment (1 page limit) See 398 Instructions for detail on how to complete this section.

- A. Identify the facilities to be used (laboratory, clinical, animal, computer, office, other as needed for the project).
- B. Describe how the scientific environment of your institution and how it will contribute to the probability of success (e.g., institutional support, physical resources, and intellectual rapport).
- C. For Early Stage Investigators, describe institutional investment in the success of the investigator.
- D. Describe any special facilities used for working with biohazards or other potentially dangerous substances.

**Part 8** – NIH Checklist Form Page

**Part 9 – Research Plan** – Use NIH Continuation Format Page. 5 page limit, not including the Specific Aims page

- A. Specific Aims – 1 page limit
- B. Significance
- C. Innovation – It is highly recommended to limit the Significance and Innovation to 1 single page for both sections.
- D. Approach
  1. Subsections are highly recommended for each Specific Aim.
    - Rationale and Overall Strategy
    - Experimental Design and Methods
    - Expected Results/Outcomes
    - Potential Problems/Alternative Strategies
  2. Preliminary Studies for New Applications – This may be a separate section before the Rationale; or figures may be within the Rationale or the Experimental Design subsection.
  3. Progress Report for Renewal Applications – Place this section before the new Specific Aims. Be sure to indicate past outcomes and how this Renewal extends your previous studies.
  - 4., Involvement of Undergraduate Student(s) – Include a paragraph describing how you will involve at least one undergraduate student in this research project. If you have already identified the student, you may briefly describe his/her qualifications.
  5. Future Plans/Goals – Be sure to include a description of how you plan to use the results from this research: e.g., as preliminary data for a grant proposal to NIH or other agencies.

- E. Investigators 1 page limit (This section does not count toward the page limit.)

The Project Leader:

1. Project Leader’s Background, Career Goals and Objectives, Scientific Biography
  - a. Describe short-term and long-term career goals (2 years vs. 5-10 years)
  - b. Describe role of grant award in attaining career goals
2. Career Development/Training Activities during Award Period

Mentor/Collaborator

1. Mentor’s Background, Scientific Biography
2. Describe Mentor’s role in helping PL to attain career goals

The following sections **do not** count towards the Research Plan page limit.

- F. Literature Cited / References
- G. Animal and Human Research Protection Section – for details on these sections see instructions, <http://grants1.nih.gov/grants/funding/phs398/phs398.html>

#### Protection of Human Subjects

1. Inclusion of Woman and Minorities
2. Inclusion of Children
3. For all studies involving human subjects, please include the following:
  - i. Planned Enrollment Report
  - ii. Cumulative Inclusion Enrollment Report

#### Vertebrate Animal Care and Welfare

- i. Use of Animals
  - i. Justification – for use of particular species and for numbers of animals proposed.
  - ii. Veterinary Care
  - iii. Procedures
  - iv. Euthanasia
- H. Select Agent Research (Biohazards) - for details on this section see instructions, <http://grants1.nih.gov/grants/funding/phs398/phs398.html>

#### **Part 10** - Supporting Materials

1. Letter of Support from Project Leader's Institution
2. Letter of Collaboration/Support from your Mentor
3. Copy of IRB or IACUC Letter of Approval, if applicable
4. Personal Data Sheet (see Attachment 1). Place this form at the end the application.

## Attachment 1 – Personal Data

Place this form at the end of the application.

| Principal Investigator                                                                                                                                                                                                                                                                                                                                                                               | Mentor                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Title of Project:                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2a. PL's Name:                                                                                                                                                                                                                                                                                                                                                                                       | 2b. Mentor Name:                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Please Note:</b> this section is <b>OPTIONAL</b> your response will be used for statistical purposes only.                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                      |
| 4a. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male                                                                                                                                                                                                                                                                                                                            | 4b. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male                                                                                                                                                                                                                                                                                                                            |
| 5a. U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                           | 5b. U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                           |
| 6a. Ethnic/Racial Status<br>Please check a category, which describes your ethnic/racial status<br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black, not of Hispanic Origin<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Pacific Islander<br><input type="checkbox"/> White, not of Hispanic Origin | 6b. Ethnic/Racial Status<br>Please check a category, which describes your ethnic/racial status<br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black, not of Hispanic Origin<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Pacific Islander<br><input type="checkbox"/> White, not of Hispanic Origin |