

Funding Opportunity Announcement (FOA): Collaborative Research Grant

Due Date: April 19, 2021, 5:00 PM

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

This FOA is directed to PUI faculty with an intent to foster synergistic and collaborative approaches between PUI faculty from different institutions, or between PUI faculty and faculty at either of the two Arkansas INBRE lead institutions, the University of Arkansas, Fayetteville or the University of Arkansas for Medical Sciences. The intent is to strengthen the Arkansas network of biomedical research to the benefit of both faculty and students in the state. Similar in format to Multiple Principal Investigator (MPI) proposals solicited by the NIH, the Collaborative Research Grant (CRG) offers PUI faculty an opportunity to establish collaborative arrangements to strengthen their research by leveraging facilities and/or expertise not readily available within the faculty member's own laboratory. In addition, an opportunity to expose undergraduate students to other laboratories offers an added enrichment to the student's research experience.

CRG Grants can vary in length and must include undergraduate student involvement at the PUI site(s). Up to \$40,000 in direct costs can be requested but a minimum of 60% of the funds should be for research at a PUI. If the CRG involves Project Leaders from 2 different PUIs, the funds can be split as deemed appropriate for each PL. If the CRG involves a Project Leader from a PUI and a Project Leader from a lead institution, funds cannot be used for salary support of the Project Leader at the lead institution. Funds to the lead institution (up to 40% of the total budget) can be used for technician time, animal costs, reagent costs, or any research-associated cost that is not faculty salary support. A single PUI Project Leader must be designated the "contact" Project Leader (PL1) and the submission of the entire proposal will be from PL1's institution.

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. Departmental and/or Institutional support letters for each applicant are encouraged. PUI Applicants are required to have attended or virtually viewed one of the INBRE-sponsored Grant Writing Workshops (contact Dr. Jerry Ware, jware@uams.edu, for more information on the workshops). Mentor(s) for the CRG must be identified and would be mutually agreed upon by both Project Leaders. The mentor(s) would primarily have an advisory role, be encouraged to participate in joint meetings between the 2 groups, and should be included as a participant in the required conflict resolution plan.

The research theme of the AR INBRE is **Cellular Signaling, Growth, and Differentiation**. If you have any questions on whether your project fits within the scope of this research theme, you are encouraged to contact Dr. Ware, Director of the Developmental Research Project Program (DRPP) of the Arkansas INBRE.

Funding Period: July 1, 2021 – April 30, 2022 (Please specify your requested time period (minimum 4 months) in your Research Plan). A consortium agreement will be awarded to each collaborator of the project, except for UAMS collaborators. UAMS collaborators will be provided an account for their part of the project.

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

Maximum Request: \$40,000 (direct costs)

Due Date: April 19, 2021 COB

Earliest Possible Start date: July 1, 2021

Project End Date: April 30, 2022

All proposals must be submitted by the signing official of PL1's 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. **Proposals submitted directly by faculty will not be accepted.**

Part 1 – Form Page 1 - NIH Face Page

Part 2 – 2 Pages of Contact Information: Project Leaders and Mentor

Note: A contact information page is required for each PL and will include the designated administrative official from each institution along with a signature from the official. Only PL1's administrative official submits the final proposal to the Arkansas INBRE.

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 at the PUI (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.
3. **Each PL will submit separate budget and budget justification pages but the total combined direct costs cannot exceed \$40,000.**

Part 6 – NIH Biographical Sketches – for the Project Leaders, 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.

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

E. Investigators - **1 page limit**

The Project Leaders and Mentor:

1. Project Leaders' 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
3. Mentor qualifications to be in an advisory role for the project

F. Multiple Project Leadership Plan - **1 page limit**

- a. Describe the rationale for the collaborative arrangement
- b. Describe the role of each Project Leader
- c. Describe data sharing, communication, and publication
- d. Describe strategies for conflict resolution

G. Literature Cited / References

H. 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 – Please complete the Human Subjects Plan PDF files found on the NIH 398 form pages, <http://grants1.nih.gov/grants/funding/phs398/phs398.html>. A copy of the complete packet should be included with your application.

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

I. 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. Letters of Support from each Project Leader's Institution
2. Letter(s) of Collaboration
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.



**COLLABORATIVE RESEARCH GRANT
CONTACT INFORMATION PROJECT LEADER 1
Due April 19, 2021 by 5 pm CDT**

Project Leader 1 (PL1) Contact Information:

1. Title of Project: (Limit to 80 characters, includes spaces)			
2a. Contact Project Leader #1 (PL1) Name:		2b. Project Leader #2 (PL2) Name:	
2c. Degrees	2d. eRA Commons Name	2e. Degrees	2f. eRA Commons Name
3a. PL1's Position Title:		3b. PL2's Position Title:	
4a. PL1's Department:		4b. PL2's Department:	
5a. PL1's Organization & Mailing Address:		5b. PL2's Organization & Mailing Address:	
6a. PL1's Telephone / Email:		6b. PL2's Telephone / Email:	
7. Mentor Name / Organization / Position Title / Email			

8. PL1: Submitting Administrative Official to be notified if award is made:	
Name:	
Title:	
Mailing Address:	
Tel:	
Email:	

Signatures: PL1: _____ Date: _____

PL1: Institutional Signing Official: _____ Date: _____



**COLLABORATIVE RESEARCH GRANT
CONTACT INFORMATION PROJECT LEADER 2**

Project Leader 2 (PL2) Information:

1. Title of Project: (Limit to 80 characters, includes spaces)			
2a. Project Leader #1 (PL1) Name:		2b. Project Leader #2 (PL2) Name:	
2c. Degrees	2d. eRA Commons Name	2e. Degrees	2f. eRA Commons Name
3a. PL1's Position Title:		3b. PL2's Position Title:	
4a. PL1's Department:		4b. PL2's Department:	
5a. PL1's Organization & Mailing Address:		5b. PL2's Organization & Mailing Address:	
6a. PL1's Telephone / Email:		6b. PL2's Telephone / Email:	
7. Mentor Name / Organization / Position Title / Email			
8. PL2: Administrative Official to be notified if award is made:			
Name:			
Title:			
Mailing Address:			
Tel:			
Email:			

Signatures: PL2: _____ Date: _____

PL2: Institutional Signing Official: _____ Date: _____

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:
Please Note: this section is OPTIONAL 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 Please check a category, which describes your ethnic/racial status <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White, not of Hispanic Origin	6b. Ethnic/Racial Status Please check a category, which describes your ethnic/racial status <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White, not of Hispanic Origin