



**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:			

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

## Funding Opportunity Announcement (FOA): Research Development Grant (RDG)

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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 apply 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. Jerry Ware (jware@uams.edu), Director of the Developmental Research Project Program (DRPP) of the Arkansas INBRE.

The funding of an RDG is designed to help faculty at the PUIs in Arkansas conduct biomedical research in their own PUI laboratory. A recipient of an RDG or Project Leader (PL) must commit 50% effort to research over the calendar-year as guaranteed by a letter from his or her institution. Undergraduate student participation in the research is a mandatory component of the RD grants. We anticipate awarding 8-10 RD grants. Each PL is required to identify a research Mentor, from one of the two INBRE 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.

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. Investigators from the University of Arkansas, Fayetteville, and the University of Arkansas for Medical Sciences are not eligible to apply.

Funding Period: January 1, 2023 – April 30, 2025

Minimum Effort: 50% Calendar Year release time from teaching

Minimum: Two (2) undergraduate students annually

Maximum Request: Year 1 (Jan. 1, 2023 – April 30, 2023) \$ 35,000 Direct Costs  
Year 2 (May 1, 2023 – April 30, 2024) \$100,000 Direct Costs  
Year 3 (May 1, 2024 – April 30, 2025) \$100,000 Direct Costs  
Total allowable direct costs All Years: \$235,000  
Indirect costs (F&A) are in addition to the \$235,000 allowable direct costs.

Letters of intent Due: January 30, 2022

A letter is not required and is not binding. The letter from the PL should include a descriptive title and a brief outline of the proposed study. The LOI provides the Arkansas INBRE administration an estimate of the review workload and facilitates plans for the review.

Applications Due: April 4, 2022 by 5:00 PM

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).

### Zoom Q&A Session:

Time: Jan 14, 2022 03:30 PM Central Time (US and Canada)

Join Zoom Meeting: <https://uams.zoom.us/j/98177035711?pwd=UUVrRW5WeDBTZFFHanZRbVp6bEdUQT09>

Meeting ID: 981 7703 5711

Passcode: 389008

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

The following instructions are supplemental to the NIH 398 Instructions

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**Part 1** – NIH Face Page

**Part 2** – PL & Mentor Contact Information (INBRE Form, see above)

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

**Part 4** – NIH Project/Performance Site Format Page

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

Please include a detailed Budget sheet for each year of the proposal

1. Allowable Costs include:

- i. Personnel (faculty & students)
- ii. Equipment
- iii. Supplies
- iv. Travel
- v. 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.

**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 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) of your project.
- 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. **8-page limit- not including the Specific Aims page**

- A. Specific Aims **Limit 1 page**
- B. Significance
- C. Innovation - It is highly recommended to limit the Significance and Innovation to 1 single page for both sections.
- D. Progress Report for Renewal Applications or previously supported Arkansas INBRE research (do not exceed 2 pages) – The following information should be included.
  1. Project period beginning and ending dates
  2. Summary of the importance of your findings in relation to your Specific Aims
  3. Account of outcomes, such as published and/or unpublished results, meeting presentations
- E. 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 – This may be a separate section before the Rationale; or figures may be within the Rationale or the Experimental Design subsection. Preliminary studies should focus on establishing feasibility of the proposed work.
3. Involvement of Undergraduate Student(s) – Include a paragraph describing how you will involve at least two undergraduate students in this research project. If you have already identified the student, you may briefly describe his/her qualifications.
4. 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.

- F. Literature Cited / References
- G. Animal and Human Research Protection – for details on these sections see instructions, <http://grants1.nih.gov/grants/funding/phs398/phs398.html>
- H. Select Agent Research (Biohazards) - for details on this section see instructions, <http://grants1.nih.gov/grants/funding/phs398/phs398.html> and <https://www.selectagents.gov/index.html>
- I. Resource Sharing – Describe your plan to share findings with the scientific community and, if applicable, the development of model organisms or genome data,
- J. Authentication of Key Biological and/or Chemical Resources – In support of NIH's Rigor and Reproducibility, methods to ensure the identity or validity of key biological and/or chemical resources should be described. Reagents that vary from laboratory to laboratory, or change over time would be candidates. Examples would include cell lines, specialty chemicals, antibodies, etc. Standard laboratory reagents do not need to be included in the plan, such as buffers and other common chemicals.

**Part 10** - Investigators **1-page limit** (This section does not count toward the page limit.)

- A. 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
- B. Mentor/Collaborator - Mentor's Background, Scientific Biography
  1. Describe Mentor's role in helping PL to attain career goals

**Part 11** – Supporting Materials

1. Letter of Support from the 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.

**Part 12** – NIH Other Support Format Page - Please list all of your current and pending research support using the NIH NEW format.

## 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 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