

**APPLICATION FOR GRANTSMANSHIP WORKSHOP**

**Spring 2017**

**February 29, 2017 – May 4, 2017**

**A. Investigator/Applicant**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. School/Department/Division:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Institution: ­­­­­­­­­­­­­­­

□ Ponce Health Sciences University

□ University of Puerto Rico Medical Sciences Campus

□ Universidad Central del Caribe

□ Other partner institution (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Are you the Principal Investigator (PI) of the proposed grant?

 □ Yes

 □ No, if no, please provide the name of the PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Investigator/Applicant’s Contact Information:

a. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ c. Preferred phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Do you wish to receive information via SMS (‘text messages’) related to grants/grant funding opportunities?

□ No

□ Yes: SMS number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If yes, applicant will be responsible for any text charges levied by his/her mobile service provider.)

**B. Applicant: Brief Summary of Research/Proposal Concept**

### 1. *Biosketch.*  Using the NIH PHS 398 format, please include a current biosketch using new format ([http://grants.nih.gov/grants/forms/biosketch.htm](https://grants.nih.gov/grants/forms/biosketch.htm)).

2. *Summary of Concept.* In the text box provided on the following page, please describe the research idea/concept on which you intend to write your grant proposal. Include the goal of the study, objectives or research questions, the study population, and the methodology/study design. What is the estimated time for the study, once it is implemented? How many participants to you estimate will be needed? Will Institutional Review Board (IRB) and/or Institutional Animal Care and Use Committee *(*IACUC*)* approval be required? Do you have a draft budget? In what stage of development is this project: initial planning (thinking about the ‘big picture’), early developmental planning (have identified project sites, possible collaborators, etc.), or late developmental planning (have a well-designed outline and methodology with key collaborators, site, etc.). You may ***NOT*** exceed one-page in your description.

3. Have you identified a possible funder for this study: □ No □ Yes. If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: If you are planning to submit to an Institute or Center within the National Institutes of Health, be specific. Do not write: National Institutes of Health.

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Summary of Concept:*

**C. Mentor**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. School/Department/Division:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Institution:

□ Ponce Health Sciences University

□ Universidad Central del Caribe

□ University of Puerto Rico Medical Sciences Campus

□ Other (please provide name and location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Mentor’s Contact Information:

a. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ c. Preferred phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. *Letter of Support for Applicant.* This may be provided to the applicant as a pdf file for inclusion with their application. Or, you may use the text box provided on the following page to write a letter of support for the investigator applying for this program.

The letter should include the following information: How long you have known the applicant and in what capacity. Explain why you think the research concept proposed by the applicant has scientific merit, especially in the area of clinical and translational research. Will you be included in the study as a member of Key Personnel or as a consultant? If yes, what will be your role/activities will you be responsible for? Will you be available to the investigator for assistance and support during his/her preparation of the grant proposal? What examples can you provide of his/her abilities to conceptualize an idea, focus on the details of the project, and see it to completion? How responsive is the applicant to feedback and criticism? Finally, please describe why you believe the applicant is ready, at this time, to begin the task of grant development? Letter of support should not exceed the one-page provided.

Name of Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_