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| |  |  |  | | --- | --- | --- | |  |  |  |   *Please submit your completed grant application to Dr. Clea Sarnquist* [*cleas@stanford.edu*](mailto:cleas@stanford.edu) *and Michelle Brooks* [*MBrooks@stanfordchildrens.org*](mailto:MBrooks@stanfordchildrens.org) *by* ***December 1st****.*  C:\Users\User\Documents\talks_slides\Stanford Medicine Logos\SM-logo-H-web-600.pngC:\Users\User\Documents\talks_slides\Stanford Child Health-LPCH logos\High resolution\DUAL_EnterpriseHospital_Print_300.jpg | |
| **Stanford Pediatrics Resident Research Grant** | |
| The *Stanford Pediatrics Resident Research Grant* provides up to $3000 for residents to conduct their research or scholarly projects. All grant applications undergo an external review process, with a maximum of 10 grants awarded each year. ***Residents may submit an application for each funding cycle but are eligible to receive the award one time only during their residency training.*** Please read all instructions below and submit your completed application to Clea Sarnquist and Michelle Brooks by **December 1st**. | |
| **1. TITLE OF PROJECT** | |
| **2. SCHOLARLY CONCENTRATION**  Basic Science  Clinical Research  Advocacy  Medical Education  QI/PI  Global Health | |
| **3. RESIDENT NAME**: *(Last, first)*       Email: | |
| 4. **PRIMARY RESEARCH MENTOR:**  Primary Mentor Name:       Department/Division: | |
| 5. **SCHOLARLY CONCENTRATION LEADER *(Primary, if applicable)*:**  Name: | **CO-INVESTIGATORS** |
| **6. DOES YOUR STUDY QUALIFY AS HUMAN SUBJECTS RESEARCH**?  No  Yes | Name: |
| **6a. IS YOUR STUDY IRB APPROVED?**  No  No (waiting approval)  Yes  Exempt from IRB | Name:  Name: |
| **7. CURRENT FUNDING**  *(Check all that apply if applicable)* | |
| Not funded  Partially funded  Funding pending  Industry  Foundation  Award for mentor  Departmental  Other | |
| **8. Brief Project Summary** *(Do not exceed 350 words) – Please write a brief summary of your project.* | |
| **9. Career Goals** *(Do not exceed 200 words) – Please describe how completion of this project aligns with your career goals.* | |
| **10. SIGNATURE REQUIRED: I agree to use these funds appropriately and understand that I will *ONLY* be reimbursed for the total amount awarded to me. I also understand that I will only be reimbursed if I submit receipts within 15 days of purchase.**  **Resident Signature: Date:** | |

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| **PLEASE READ: Additional Funding Requirements**   * **Grant recipients must submit a 6-month research progress report to their primary project mentor, Clea Sarnquist, and Rasika Behl. Progress reports should be a maximum of 1 single-spaced page, and include a summary of progress to date, an updated timeline, dissemination plan and an organized list of all purchases**   **to date.**   * ***It is the resident’s responsibility to keep track of all purchases.* Please work with Carrie Johnson to make all purchases using the residency purchase card. Payment to any personnel (i.e., biostatistician, research assistant, etc) or for other equipment must be charged directly to the grant and you must work with Carrie to coordinate this.** * **Any purchases made out of pocket are only eligible for reimbursement if submitted to Carrie Johnson with receipts within 15 days of purchase. Charges without receipts or with receipts submitted after 15 days of purchase are not eligible for reimbursement.** |

**INSTRUCTIONS:** Please include the following in your grant application. Applications must be submitted to Dr. Clea Sarnquist by **December 1st**.

1. Research Plan (maximum 3 single-spaced pages, 12-point font)
   1. Specific Aims
   2. Background Literature and Significance of Proposed Study
   3. Research Design and Methods
      1. Study design
      2. Participants (recruitment plan, inclusion and exclusion criteria)
      3. Outcome measures
   4. Data Analysis Plan
   5. Study Limitations
   6. Back-up Plan
   7. Timeline for Project Implementation and Completion
   8. Presentation/dissemination plan: **Please note that you are required to submit a research abstract to the Annual Department of Pediatrics Research Day by Spring of your graduating year.**
2. Appendix (References and Figures if applicable) (maximum 3 pages)
3. Budget Justification (see below)
4. Supporting Documents
   1. Research Mentor and SC Leader Support Form (see below)
   2. Resident CV
   3. IRB Approval Letter (if applicable)

**Budget Justification**

**The following items are not allowable through this funding source:**

* Travel, conference fees (please note that you may apply for the Pediatrics Residency Research Presentation Award)
* Journal subscriptions

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| **Budget Justification** | | | | |
| **PERSONNNEL (e.g., research assistant, biostatistician)** | | | | |
| **Name** | **Role on Project** | **Rate** | **Estimated Hours of Total Work** | **Total Cost ($0.00)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **NON-PERSONNEL** | | | | |
|  | **Item/Service** | **Number of Items** | **Cost Per Item** | **Total Cost ($0.00)** |
| **Equipment/Software** |  |  |  |  |
|  |  |  |  |  |
| **Participant Incentives (e.g., gift cards)** |  |  |  |  |
|  |  |  |  |  |
| **Other expenses (e.g., food, transcription services)** |  |  |  |  |
|  |  |  |  |  |
| **Total Cost (not to exceed $3,000)** | | | | **$** |

**Project Mentor and Scholarly Concentration Leader Support Form**

**Your signature below indicates that you have reviewed and approve the resident’s grant application and project proposal. Applications will not be reviewed without these signatures.**

Primary Project Mentor Name: Date:

Primary Project Mentor Signature:

Scholarly Concentration Leader Name: Date:

Scholarly Concentration Leader Signature: