|  |  |  |  |
| --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
|   |  |  |

C:\Users\User\Documents\talks_slides\Stanford Child Health-LPCH logos\High resolution\DUAL_EnterpriseHospital_Print_300.jpgC:\Users\User\Documents\talks_slides\Stanford Medicine Logos\SM-logo-H-web-600.pngForm Approved Through 6/30/2017 |
| **Stanford Child Health Research Institute**Grant and Postdoctoral Support Application |
| **1. TITLE OF PROJECT** *(Do not exceed 100 characters, including spaces and punctuation.)* |
| **2. CATEGORY** [ ]  Pilot Early Career [ ]  New Idea [ ]  Bridge Funding [ ]  Postdoc | **3. RESUBMISSION APPLICATION**[ ]  No [ ]  Yes If Yes, [ ]  1st [ ]  2nd | Submission |
| **4. PRINCIPAL INVESTIGATOR**  | RESEARCH MENTORS *(List up to three)* |
| NAME *(Last, first)*       | Primary Mentor Name:        |
| DEGREE(S)       | Name:       |
| POSITION TITLE        | Name:       |
| DEPARTMENT, DIVISION       | CO-INVESTIGATORS *(List up to three)* |
| TELEPHONE, SUNET ID, AND EMAIL ADDRESS | Name:       |
| TEL:  |       | SUNET ID:       | Name:       |
| EMAIL:  |       | Name:       |
| **5. TOTAL CHRI COSTS REQUESTED** *(Must Match Budget Worksheet)*Total Costs ($)        | **6. HUMAN SUBJECTS RESEARCH** [ ]  No [ ]  Yes | **6a. IRB APPROVED**[ ]  No [ ]  Yes |
| **7. DEPARTMENTAL FINANCIAL MANAGER TO BE NOTIFIED IF AWARD IS MADE** | **7a. ORACLE FINANCIAL ORG CODE**       *(Ask Financial**Manager for 4 capital letters (e.g. WXYZ)*  |
| Name:       | **8. BIOSTAT CONSULTATION** [ ]  No [ ]  Yes |
| Email:       Phone:       | **8a. SPECTRUM/OTHER [ ]** Spectrum [ ]  Pediatrics [ ]  QSU [ ]  Other |
| **9. SCH CLINICAL RESEARCH COORDINATOR SERVICES** [ ]  No [ ]  Yes |
| **10. PROJECT FUNDING STATUS** *(Check all that apply)* |
| [ ]  Not funded [ ]  Partially funded [ ]  Funding pending [ ]  Funding approved [ ]  Federal[ ]  Industry [ ]  Foundation [ ]  Mentored award [ ]  Departmental [ ]  Other |
| **11. KEYWORDS** *(Enter 3-5)*       |
| **12. Project Summary** *(Do not exceed 200 words) – to be written using terms that can be understood by a reviewer not familiar with your field.*      |

BEGIN PROPOSAL HERE

1. Budget Worksheet (Postdoc submit Excel worksheet)
2. Introduction (Resubmissions only)
3. Research Plan (maximum 3 pages)
	1. Specific Aims
	2. Relevance to Child Health
	3. Background and Significance
	4. Preliminary Studies (if available)
	5. Research Design and Methods
	6. Category Justification
		1. Category I and IV: Career Development
		2. Category II: Justification for New Idea
		3. Category III: Justification for Bridge Funding
	7. Potential Pitfalls and Contingency Plans
	8. Future Steps
4. Appendix (Figures and References) (maximum 3 pages)
5. Supporting Documents
	1. Mentoring Plan (required for Instructors, Assistant Professors, and Postdocs)
	2. NIH Biosketches (required)
		1. Applicant
		2. Primary Mentor
		3. Other Mentors
		4. Co-Investigators
	3. Letters of Support (required)
		1. Primary Mentor
		2. Other Mentors
		3. Co-Investigators
		4. Collaborators
	4. IRB Approval Letter (if applicable)