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| |  |  |  | | --- | --- | --- | |  |  |  |   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)