Stanford Medicine Children’s Health Center for IBD and Celiac Disease
Postdoctoral and Early Career Support Application

**Project Title:**

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<tr>
<th>Name</th>
<th>Degree(s)</th>
<th>Department</th>
<th>Division</th>
<th>Phone/Email</th>
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**Applicant:**

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<th>PGY</th>
<th>Stanford Appointment Date</th>
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**Primary Research Mentor**

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<tr>
<th>Name</th>
<th>Academic Rank</th>
<th>Department/Division</th>
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SMCH Center for IBD and Celiac Disease Postdoctoral and Early Career Support Application - Proposal Checklist

PROPOSAL CHECKLIST Incomplete applications will not be accepted past 11:59 PM PT on submission deadline. No extensions are granted for missing items. Please use the checklist below to ensure you have included all of the required documents. (Do not include this checklist in the final application)

☐ Budget Worksheet *(attached separately as an excel sheet and included in the PDF after the face page)*

☐ Introduction *(Resubmissions only – maximum 2 pages)*

☐ Lay Summary (300 words or less) (separate page)

☐ Diversity, Equity, Inclusion and Justice (DEIJ) statement (separate page – full details in Grant Instructions)

☐ Research Plan (maximum 3 pages)
  ☐ Specific Aims
  ☐ Project Timeline
  ☐ Relevance to Maternal and Child Health in Pediatric IBD and Celiac Disease
  ☐ Background and Significance
  ☐ Preliminary Studies (if available)
  ☐ Research Design and Methods
    ☐ Included human subject research feasibility (if applicable) *Updates in Grant Instructions*
  ☐ Career Development
  ☐ Potential Pitfalls and Contingency Plans
  ☐ Future Steps

☐ Appendix (Figures and References) (maximum 3 pages)

☐ Supporting Documents
  ☐ Applicant Information
    ☐ NIH Biosketch

  ☐ Division Chief or Department Chair letter of support with attestation of 75% protected research time and commitment by the division or department to cover any remaining salary gap *(Instructors only)*

  ☐ Supervisor/ Primary Research Mentor Information
    ☐ Mentor support form completed online – do not include a separate letter of support from your mentor *(DEIJ question)*
    ☐ NIH Biosketch

  ☐ Non-Primary Mentor Information (if applicable)
    ☐ Letter of Support
    ☐ NIH Biosketch

  ☐ Co-Investigator AND/OR Collaborator Information (if applicable)
    ☐ Letter(s) of Support
    ☐ NIH Biosketch

  ☐ IRB Approval (if applicable)
    ☐ Confirmation of IRB application submission and date (mm/dd/yy) of the scheduled IRB review meeting
    ☐ IRB approval letter included if IRB has already been approved
    ☐ Proposal is exempt from human subject research

MCHRI Admin Rev. 07/24

Last name: