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|--|--|---|--|--|---------------------------|
| Department of Health and Human Services Public Health Services Grant Application <i>Do not exceed character length restrictions indicated.</i> | | LEAVE BLANK—FOR PHS USE ONLY. | | | |
| | | Type | Activity | Number | |
| | | Review Group | | Formerly | |
| | | Council/Board (Month, Year) | | Date Received | |
| 1. TITLE OF PROJECT <i>(Do not exceed 81 characters, including spaces and punctuation.)</i> | | | | | |
| 2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes," state number and title)</i> Number: _____ Title: _____ | | | | | |
| 3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR | | | | | |
| 3a. NAME (Last, first, middle) | | | 3b. DEGREE(S) | | 3h. eRA Commons User Name |
| 3c. POSITION TITLE | | | 3d. MAILING ADDRESS <i>(Street, city, state, zip code)</i> | | |
| 3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | | | |
| 3f. MAJOR SUBDIVISION | | | | | |
| 3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i> TEL: _____ FAX: _____ | | | | | |
| E-MAIL ADDRESS: | | | | | |
| 4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes | | 4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes | | If "Yes," Exemption No. _____ | |
| 4b. Federal-Wide Assurance No. _____ | | 4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes | | 4d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes | | | 5a. Animal Welfare Assurance No. _____ | | |
| 6. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i> From _____ Through _____ | | 7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD | | 8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT | |
| | | 7a. Direct Costs (\$) | | 7b. Total Costs (\$) | |
| | | 8a. Direct Costs (\$) | | 8b. Total Costs (\$) | |
| 9. APPLICANT ORGANIZATION Name _____ Address _____ | | | 10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged | | |
| | | | 11. ENTITY IDENTIFICATION NUMBER DUNS NO. _____ Cong. District _____ | | |
| 12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name _____ Title _____ Address _____ Tel: _____ FAX: _____ E-Mail: _____ | | | 13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name _____ Title _____ Address _____ Tel: _____ FAX: _____ E-Mail: _____ | | |
| 14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. | | | SIGNATURE OF OFFICIAL NAMED IN 13. <i>(In ink. "Per" signature not acceptable.)</i> | | DATE |

Program Director/Principal Investigator (Last, First, Middle):

PROJECT SUMMARY (See instructions):

RELEVANCE (See instructions):

PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page)

Project/Performance Site Primary Location

Organizational Name:

DUNS:

| | |
|-----------|-----------|
| Street 1: | Street 2: |
|-----------|-----------|

| | | |
|-------|---------|--------|
| City: | County: | State: |
|-------|---------|--------|

| | | |
|-----------|----------|------------------|
| Province: | Country: | Zip/Postal Code: |
|-----------|----------|------------------|

Project/Performance Site Congressional Districts:

Additional Project/Performance Site Location

Organizational Name:

DUNS:

| | |
|-----------|-----------|
| Street 1: | Street 2: |
|-----------|-----------|

| | | |
|-------|---------|--------|
| City: | County: | State: |
|-------|---------|--------|

| | | |
|-----------|----------|------------------|
| Province: | Country: | Zip/Postal Code: |
|-----------|----------|------------------|

Project/Performance Site Congressional Districts:

Program Director/Principal Investigator (Last, First, Middle):

SENIOR/KEY PERSONNEL. See instructions. Use continuation pages as needed to provide the required information in the format shown below. Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first.

| Name | eRA Commons User Name | Organization | Role on Project |
|------|-----------------------|--------------|-----------------|
|------|-----------------------|--------------|-----------------|

OTHER SIGNIFICANT CONTRIBUTORS

| Name | Organization | Role on Project |
|------|--------------|-----------------|
|------|--------------|-----------------|

Human Embryonic Stem Cells No Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: https://grants.nih.gov/stem_cells/registry/current.htm. Use continuation pages as needed.

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: BERDC

RESEARCH PLAN

RESPONSE TO REVIEWER (if resubmission) (1 page)

SPECIFIC AIMS (1 page)

RESEARCH STRATEGY (6 pages limit)

BIBLIOGRAPHY AND REFERENCES CITED (unlimited length)

Personal Narrative (3-page limit) with the following elements:

- o Describe your motivation and commitment for becoming an independently funded investigator.
- o Identify potential mentors with their area(s) of expertise.
- o A plan for career development. Include role for mentors in the plan, timeline, and milestones.
- o Describe your past experience(s) in CTR and how you would benefit from additional training; Identify gaps in training or career development that you would like addressed through further training.

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: PDC

Personal Learning Network (2-page limit) During your participation as a Basic Scholars awardee, you'll be asked to construct a personal learning network (PLN), which is a network of people, organizations, and publications from which you'll receive continuing support during your participation in and following your graduation from the Basic Scholars program. The Professional Development Core and the DaCCoTA believe that overall success in research is based on engagement within the interdisciplinary scientific community. You'll describe your current PLN by answering the following questions:

- o If you need advice or support in your research, whom do you ask first?
- o When it comes to reading peer-reviewed literature, what are your habits e.g how often do you read? What do you read? What would you like to read more of?
- o How do you learn about developments in your field?

You'll describe what you'd like your PLN to become by answering the following questions:

- o In your field, whom do you wish to become better acquainted with?
- o What organizations do you wish to better acquainted with?
- o What will your engagement look like with peer-reviewed literature in the future?

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: PDC

Full Curriculum Vitae of Applicant

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
 Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

| INSTITUTION AND LOCATION | DEGREE <i>(if applicable)</i> | Completion Date MM/YYYY | FIELD OF STUDY |
|--------------------------|----------------------------------|----------------------------|----------------|
| | | | |

A. Personal Statement

B. Positions, Scientific Appointments, and Honors

C. Contributions to Science

LETTER OF SUPPORT

Letters of Collaboration and Support:

- o Letters from the proposed mentors indicating willingness to play this role and how they will assist with the development plan. The mentor should have a history of funding and not be the immediate supervisor (Division Chief, Chair, Dean, or someone you have previously published with). Scholars should have a defined area of research independent from any proposed mentor.

- o Letters of support from mentors' and collaborators' supervisor(s) stating that they are approved to work on the project and can dedicate their time towards it

- o Two letters of recommendation, one from inside and one from outside your current institution. One can be from the mentors.

- o A letter from the appropriate Division Chief, Department Chair and/or Dean confirming you can and will have 50% or more protected time for research, if selected, throughout the training period and that the institution will provide equivalent support in years four and five if independent extramural funding has not been achieved.

- o Letter of approval for the project from the Biostatistics, Epidemiology, and Research Design Core endorsing the project as statistically sound, as well as letters from any other Core whose resources will be required for the project to be completed.

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: PDC

Statement of consent to have subsequent productivity tracked after application.

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: BERDC FOR ANIMAL WELFARE AND CRRFC FOR HUMAN SUBJECTS

Evidence for submission of Human Subjects and/or Animal Welfare

- The Core letter from CRRFC can suffice for this section. Additionally, evidence such as emails or other correspondence demonstrating that the process of obtaining approval is underway is acceptable. Human subjects and/or animal welfare approvals are not required for the DaCCoTA submission, but are required for the NIH submission.

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

Good Clinical Practice (GCP) certification and specific plans for data and safety monitoring, if applicable

| | | |
|--|------|---------|
| DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY | FROM | THROUGH |
|--|------|---------|

List PERSONNEL (*Applicant organization only*)
 Use Cal, Acad, or Summer to Enter Months Devoted to Project
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

| NAME | ROLE ON PROJECT | Cal. Mnths | Acad. Mnths | Summer Mnths | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | TOTAL |
|--------------------|-----------------|------------|-------------|--------------|------------------|------------------|-----------------|-------|
| | PD/PI | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| SUBTOTALS → | | | | | | 0 | 0 | 0 |

| | |
|--|--|
| CONSULTANT COSTS | |
| EQUIPMENT (<i>Itemize</i>) | |
| SUPPLIES (<i>Itemize by category</i>) | |
| TRAVEL | |
| INPATIENT CARE COSTS | |
| OUTPATIENT CARE COSTS | |
| ALTERATIONS AND RENOVATIONS (<i>Itemize by category</i>) | |
| OTHER EXPENSES (<i>Itemize by category</i>) | |

| | | |
|--|-------------------------------------|-------------|
| CONSORTIUM/CONTRACTUAL COSTS | DIRECT COSTS | |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (<i>Item 7a, Face Page</i>) | | \$ 0 |
| CONSORTIUM/CONTRACTUAL COSTS | FACILITIES AND ADMINISTRATIVE COSTS | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | \$ 0 |

Program Director/Principal Investigator (Last, First, Middle):

**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY**

| BUDGET CATEGORY TOTALS | INITIAL BUDGET PERIOD <i>(from Form Page 4)</i> | 2nd ADDITIONAL YEAR OF SUPPORT REQUESTED | 3rd ADDITIONAL YEAR OF SUPPORT REQUESTED | 4th ADDITIONAL YEAR OF SUPPORT REQUESTED | 5th ADDITIONAL YEAR OF SUPPORT REQUESTED |
|--|--|--|--|--|--|
| PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i> | | | | | |
| CONSULTANT COSTS | | | | | |
| EQUIPMENT | | | | | |
| SUPPLIES | | | | | |
| TRAVEL | | | | | |
| INPATIENT CARE COSTS | | | | | |
| OUTPATIENT CARE COSTS | | | | | |
| ALTERATIONS AND RENOVATIONS | | | | | |
| OTHER EXPENSES | | | | | |
| DIRECT CONSORTIUM/ CONTRACTUAL COSTS | | | | | |
| SUBTOTAL DIRECT COSTS <i>(Sum = Item 8a, Face Page)</i> | 0 | 0 | 0 | 0 | 0 |
| F&A CONSORTIUM/ CONTRACTUAL COSTS | | | | | |
| TOTAL DIRECT COSTS | 0 | 0 | 0 | 0 | 0 |
| TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD | | | | | \$ 0 |

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.



Community Engagement Relevance Survey for DaCCoTA Applications

Directions: The Community Engagement Relevance Survey is required for all DaCCoTA applications. The purpose of this survey is to identify relevant community engagement in prospective applications.

Applicant Name:

Core and Grant Funding Mechanism:

Project Name:

This identification is required for all DaCCoTA (AICoRN, BERDC, PDC, PPP) applications:

As part of your application, please identify which of the following communities is most relevant to your Community Engagement Scholars application (select all that apply):

- American Indian (both rural and urban) communities
- Rural communities
- New American, Foreign-born, and Immigrant (NFI) communities
- Lesbian, Gay, Bisexual, Transgender, & Queer + (LGBTQ+) communities

For PDC Community Engagement Scholars Applications Only!

As part of your application, please identify which of the following research priorities is most relevant to your Community Engagement Scholars application (select all that apply):

- Behavioral health (including substance use disorder, mental health, suicidality, and overall wellness)
- Food insecurity, nutrition, and food deserts
- Chronic disease (including diabetes, cancer, hypertension, obesity, and pain)
- Culturally-safe and trauma-informed healthcare and research (including integrative therapies such as traditional healing, and innovative prenatal and natal, and postnatal care)
- Unresolved trauma (including health impacts of trauma and toxic stress, adverse childhood experiences, and disproportionate foster care experiences)