



**SUMMER OUTREACH PROGRAM  
FACULTY APPLICATION FORM**  
Deadline: **February 24, 2006**

**Part 1 – Contact Information**

PRINCIPAL INVESTIGATOR	MENTOR
1. Title of Project:	
2a. Name:	2b. Name:
3a. Position Title:	3b. Position Title:
4a. Department	4b. Department:
5a. Applicant Organization:	5b. Applicant Organization:
6a. Telephone: Fax:	6b. Telephone: Fax:
7a. Email:	7b. Email:
8. Summer housing plans (please check one) <input type="checkbox"/> Will need local housing <input type="checkbox"/> Will not require local housing	
8. Human Subjects: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, exemption no. <b>OR</b> IRB approval date.  <i>Please provide additional details in research plan. Institutional IRB contact information:</i>	9. Vertebrate Animals: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, IACUC approval date:  Animal welfare assurance no.  <i>Please provide additional details in research plan (e.g. where animals will be housed). Institutional IACUC contact information:</i>

Signatures: PI: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

Please include your full name and project title on each page of your proposal.

**Part 2** – NIH Biographical sketch for both principal investigator and mentor (see forms at <http://grants1.nih.gov/grants/funding/phs398/phs398.html>)

**Part 3** –Research Support: Please list all of your current and pending research support.

**Part 4** – Budget

A. Budget Form (see Attachment 1)

1. Salary stipend based on 2/9 of base salary not to exceed \$14,000 including fringe
2. Supply budget not to exceed \$3,000
3. Participation Costs not to exceed \$2,000 (e.g. local housing, mileage, parking)

B. Budget Justification

**Part 5** - Abstract of Research Plan

**Part 6** – Research Plan (limited to 5 pages)

- A. Specific Aims
- B. Background and Significance
- C. Relevant Experience and/or Preliminary Data
- D. Research Design & Methods

Please include

1. Your overall strategy based on your specific aims, along with proposed experiments and anticipated results. (Describe briefly institutional approval for use of animal or human subjects.)
  2. A paragraph on how you will incorporate undergraduate student participation as your research project continues during the academic year.
- E. Future plans/goals - Please include a description of how you plan to use the results from this research (e.g., as preliminary data for a grant proposal to NIH or other agencies; to obtain research support from your home institution).

**Part 7** – Literature Cited

**Part 8** – Appendix

- A. Letter of Support from principal investigator's institution
- B. Letter of Collaboration from mentor.
- C. Copy of IRB or IACUC letter of approval, if applicable.
- D. Personal Data Sheet (see Attachment 2) Place this form at the end of the signed original copy of the application. Do not duplicate

Submit eight (8) copies to: Caroline Miller Robinson  
INBRE -Mentored Research Program  
UAMS  
4301 W Markham Street, # 818  
Little Rock, AR 72205

**Attachment 1 - Budget**

**A. Budget Form**

PI Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

<b>Proposed Budget</b>		<b>From:</b>	<b>To:</b>
Salary/Stipend (maximum \$14,000.)			Total
Principal Investigator:			
Salary Requested			
Fringe			
Sub total Salary			
Supplies (maximum \$3,000.)			
Sub total Supplies			
Participation Expenses (maximum \$2,000.)			
	Travel/Mileage		
	Parking		
	Local housing		
	Other (Please explain)		
Sub total Participation Expenses			
<b>TOTAL (maximum budget \$19,000.)</b>			

**B. Budget Justification:** Please provide a **detailed** budget justification.

**Attachment 2 – Personal Data**

Place this form at the end of the signed original copy of the application. Do not duplicate.

Principal Investigator	Mentor
1. Title of Project:	
2a. Name:	2b. Name:
3a. SSN:	
<b>Please Note:</b> this section is <b>OPTIONAL</b> your response will be used for statistical purposes only.	
4a. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	4b. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
5a. U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	5b. U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
6a. Please check a category, which describes your ethnic/racial status <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White, not of Hispanic Origin	6b. Please check a category, which describes your ethnic/racial status <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White, not of Hispanic Origin