



ARKANSAS INBRE

IDEA Networks of Biomedical Research Excellence

SUMMER OUTREACH PROGRAM

FACULTY APPLICATION FORM

Deadline: February 20, 2009

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 & mailing address:	5b. Applicant organization & mailing address:
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. OR 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 page 3 – NIH form page 4)
 - 1. Salary stipend based on 2/9 of base salary not to exceed \$17,000 including fringe
 - 2. Supply budget not to exceed \$3,000
 - 3. Other/travel costs not to exceed \$1,563 (e.g. local housing, mileage, parking)
- B. Budget Justification – please justify in detail all proposed expenses

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 original and six (6) copies to:

Caroline Miller Robinson
INBRE - Mentored Research Program
UAMS
4301 W Markham Street, # 818
Little Rock, AR 72205

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

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY						FROM	THROUGH	
<i>PERSONNEL (Applicant organization only)</i>		Months Devoted to Project			INST.BASE SALARY	DOLLAR AMOUNT REQUESTED (<i>omit cents</i>)		
NAME	ROLE ON PROJECT	Cal. Months	Acad. Months	Summer Months		SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator							
SUBTOTALS								
<i>SUPPLIES (Itemize by category)</i>								
<i>TRAVEL</i>								
<i>OTHER EXPENSES (Itemize by category)</i>								
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (<i>Item 7a, Face Page</i>)							\$	
CONSORTIUM/CONTRACTUAL COSTS					FACILITIES AND ADMINISTRATIVE COSTS		00	
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD Not to exceed \$21,563.00							\$	

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

Personnel

Supplies

Travel

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:	
Please Note: this section is OPTIONAL 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