



Biomedical Research Infrastructure Network

FACULTY SUMMER APPLICATION FORM

Deadline: February 25, 2005

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. 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 Attachment 1)

1. Salary stipend based on 2/9 of base salary not to exceed \$13,300 including fringe
2. Supply budget not to exceed \$3,200
3. Participation Costs not to exceed \$2,040 (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., to continue the project competing for a BRIN Academic-year faculty fellowship; 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
BRIN-Mentored Research Program
UAMS
4301 W Markham Street, # 818
Little Rock, AR 72205

Attachment 1 - Budget

A. Budget Form

PI Name: _____

Project Title: _____

Proposed Budget		From:	To:
Salary/Stipend (maximum \$13,300.)			Total
Principal Investigator:			
Salary Requested			
Fringe			
Sub total Salary/Stipend (maximum \$13,300.)			
Supplies (maximum \$3,200.)			
Sub total Supplies (maximum \$3,200.)			
Participation Expenses (maximum \$2,040.)			
	Travel/Mileage		
	Parking		
	Local housing		
	Other (Please explain)		
Sub total Participation Expenses (maximum \$2,040.)			
TOTAL (maximum budget \$18,000.)			

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:	
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