**YALE DIABETES RESEARCH CENTER PILOT PROJECT APPLICATION 2024**

**Principal Investigator: Department: Campus Address: Office Phone Number: Email Address:**

**APPLICATIONS ARE DUE BY NOVEMBER 1st, 2024**

**Title of Project:** Write your text here

**Please Indicate Which Category You Fall Under and Justify:**

1. **Category (Eligibility):**

New Investigators without current or past non-mentored NIH research project support as a Principal Investigator

Established investigators with no previous work in diabetes related areas who wish to apply their expertise to a problem in this area

Established investigators in diabetes research who propose testing innovative ideas that represent a clear departure ongoing research interests

1. **Category for Research:**

Clinical

Research

**Justification for Award Application:** Write your text here

**Suggested External (Non-Yale) Reviewers (AT LEAST 3): (Please list Name/Institution/Phone #/email address)**

**Please add the following components into this document.** Use this list as a checklist to ensure that all required materials have been included. All of these must be included in the application to be complete:

**Bio-sketch**

**Other Support**

**Budget Justification**

**Specific Aims (1 page)**

**Background and Significance (up to 2 pages)**

**Research Description and Methods (4 pages or less)**

**References**

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

DESCRIPTION: See instructions. State the application’s broad, long-term objectives and specific aims, making reference to the health relatedness of the project (i.e., relevance to the **mission of the agency**). Describe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue these goals.

**In addition**, in two or three sentences, describe in plain, lay language the relevance of this research to **public** health. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.**

Please type you text here.

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

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

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OTHER SIGNIFICANT CONTRIBUTORS

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**Human Embryonic Stem Cells X No ** **Yes**

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| **If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list:**  [http://stemcells.nih.gov/registry/index.asp.](http://stemcells.nih.gov/registry/index.asp) *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** |
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**Form Page 2-continued**

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| **DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY** | | | | | | | | FROM | | THROUGH | | |
| PERSONNEL *(Applicant organization only)* | | | Months Devoted to Project | | | | INST.BASE SALARY | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | |
| NAME | | ROLE ON PROJECT | Cal. Mnths | Acad. Mnths | Sum. Mnths | | SALARY REQUESTED | FRINGE BENEFITS | | | TOTAL |
|  | | Principal Investigator |  |  |  | |  |  |  | | |  |
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| **SUBTOTALS** | | | | | | | |  |  | | |  |
| CONSULTANT COSTS | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | |  |
| TRAVEL | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | | | | | | | | | | |  |
| OUTPATIENT | | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | | DIRECT COSTS | | | | |  | |
| **SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** *(Item 7a, Face Page)* | | | | | | | | | | | **$** | |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | | FACILITIES AND ADMINISTRATIVE COSTS | | | | |  | |
| **TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** | | | | | | | | | | | **$** | |

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

**RESOURCES**

FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. If research involving Select Agent(s) will occur at any performance site(s), the biocontainment resources available at each site should be described. Under “Other,” identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary.

Laboratory:

Clinical:

Animal:

Computer:

Other:

MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.

PHS 398 (Rev. 06/09) Page **Resources Format Page**