

## Application for the Faculty Facing Caregiving Needs

### Instructions:

- Completed applications are due by May 9, 2025
- Applicants must use the application and budget templates provided in this package.
- The application package is to be uploaded to an online application questionnaire. The link is available on the OPSSD web page.
- Applicants must answer a few additional questions through the online application questionnaire.
- Information collected regarding age, gender, ethnicity, race, disability and disadvantaged status will be kept confidential and is only used for aggregate reporting.
- Please consolidate all items into a single PDF and upload that document.

**A complete application consists of the following items in the order shown. Do not exceed page limits.**

Item #	Item	Page Limit
1	Research Abstract	1 page
2	Clinical Responsibilities (if applicable)	1 page
3	Career Development and Mentorship Plan	1 page
4	Statement of Need	1 page
5	Applicant's NIH-format biosketch	5 pages
6	Other Support (NIH format)	as needed
7	Current Support Summary	as needed
8	Detailed Budget	1 page
9	Budget Justification	as needed
10	Letters of Support	1 page each

### Other Application Instructions

1. Research Abstract. Please provide an abstract of your funded research project. To be completed by applicant.
2. Clinical Responsibilities. On this page, please provide a description of the nature and extent of your clinical responsibilities., if applicable.
3. Career Development and Mentorship Plan. Describe your career plans, including a path to independence, as well as a mentorship plan. To be completed by applicant.
4. Statement of need. Describe your role as a caregiver and how you will use the funds to support your research. If you have access to other funds or resources, explain why the Faculty Facing Caregiving Needs award will make a difference and why the other funds or resources are insufficient to meet your need. Maximum length is one page. To be completed by applicant.
5. Applicant's NIH-format biosketch (using the latest NIH format). See instructions and an example here: <https://grants.nih.gov/grants/forms/biosketch.htm>. Please use the "non-fellowship" version. To be completed by applicant.
6. Other Support. Provide details of all current and pending support, with amounts and dates of all external and internal sources. See instructions and an example here: <https://grants.nih.gov/grants/forms/othersupport.htm>. Please use the version for new and renewal applications. You must list all current and pending sources of support. To be completed by applicant with business office support as needed.
7. Current Support Summary. This section must provide a breakdown by percentage of all your current sources of support, including all sources of funds. Amounts and end dates for each external and internal source must be included, including any start-up funds. External sources must also be listed on your Other Support page. If you have

start-up funds, provide details regarding the amount and date received, and the current balance. Please use the template provided below. This section is to be completed by applicant's business office.

8. Detailed budget. Applicants are eligible to request up to \$30,000 for research support for a one-year period. Departments will need to match 50% of the requested amount not to exceed \$15,000, the budget should reflect the amount requested from Faculty Facing Caregiving Needs and the departmental match for a total of up to \$45,000. Please see the Faculty Facing Caregiving Needs RFA for allowable expenditures. Please use the template provided below. This section is to be completed by the applicant in conjunction with the applicant's business office.
9. Budget justification. Please provide details to support budget calculations and provide sufficient information to draw a link between expenditures, your research project plans and how it will alleviate your caregiving need. This section is to be completed by the applicant in conjunction with the applicant's business office.
10. Letters of support. Please request letters of support from your primary mentors (each letter is limited to one page). To be completed by mentors. If your K award is ending before 7/1/2026, you must include a letter of support from your department chair or section chief that outlines the department's support to the applicant in the case of a lapse of funding when the applicant's K award ends.

### **Appointment Letter**

A signed copy of your most recent letter appointing you to faculty status should be included. This document should be an official offer letter and include details of your position. It is to be uploaded separately from the application package detailed above, will not be provided to reviewers and will not be used in the review process. It is to be used to confirm eligibility only.

### **Research Abstract**

Please provide an abstract of your funded research project.

### **Clinical Responsibilities**

On this page, please provide a description of the nature and extent of your clinical responsibilities if applicable.

### **Career Development and Mentorship Plan**

Describe your career plans, including a path to independence, as well as a mentorship plan.

### **Statement of need**

Describe your role as a caregiver and how you will use the funds to support your research. If you have access to other funds or resources, explain why the Faculty Facing Caregiving Needs award will make a difference and why the other funds or resources are insufficient to meet your need.

**Applicant's NIH-format biosketch**

(using the latest NIH format). See instructions and an example here: <https://grants.nih.gov/grants/forms/biosketch.htm>. Please use the “non-fellowship” version.

### **Other Support**

Provide details of all current and pending support, with amounts and dates of all external and internal sources. See instructions and an example here: <https://grants.nih.gov/grants/forms/othersupport.htm>. Please use the version for new and renewal applications. You must list all current and pending sources of support.



### Current Support Summary

This section must provide a breakdown by percentage of all your current sources of support, including all sources of funds. Amounts and end dates for each external and internal source must be included, including any start-up funds. External sources must also be listed on your Other Support page. If you have start-up funds, provide details regarding the amount and date received, and the current balance.

Name of Applicant:

### Breakdown of Current Support

% Effort	Description	Expected End Date

*Add more rows as necessary.*

*Description should include sponsor, grant #, PI, and applicant's role on project, as applicable.*

*% effort should add up to 100%.*

### Start-Up Funds

Amount	
Date Received	
Remaining Balance	
Other Relevant Information	

### Matching Funds

Amount	
Source	

### Departmental representative completing this section

Name	
Telephone Number	
Email Address	

*Signature of departmental representative:*

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Signature

Date

## Detailed budget

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

<b>DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY</b>	FROM <b>04/01/2021</b>	THROUGH <b>03/31/2022</b>
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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							
<b>SUBTOTALS</b>								

CONSULTANT COSTS

EQUIPMENT (*Itemize*)

SUPPLIES (*Itemize by category*)

TRAVEL

INPATIENT CARE COSTS

OUTPATIENT CARE COSTS

ALTERATIONS AND RENOVATIONS (*Itemize by category*)

OTHER EXPENSES (*Itemize by category*)

CONSORTIUM/CONTRACTUAL COSTS

DIRECT COSTS

**TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD**

**\$**

### **Budget justification**

Please provide details to support budget calculations and provide sufficient information to draw a link between expenditures, your research project plans and how it will alleviate your caregiving need. This section is to be completed by the applicant in conjunction with the applicant's business office.

### **Letters of support**

Please request letters of support from your mentors (each letter is limited to one page).