

2019 Liver Center Pilot/Feasibility Grant Application Instructions

Categories of Eligibility

- New investigator (**N**)*
- Established investigator, new to liver research (**EN**)
- Established investigator, typically a Liver Center member, with a new, innovative research idea (**E**)

*Category N investigators can be (a) junior faculty in liver research without current or past NIH support (career development awards excluded), or (b) senior trainee investigators in liver research in transition to an independent career. Senior trainee investigators must be in their final year of postdoctoral training during the award year and have a clear plan for transition to independence, i.e., active or pending application for an NIH or equivalent career development award, and must provide a letter of support from their department chair.

Full Application Procedure

FULL APPLICATION - BY INVITATION ONLY

Full applications must be prepared using [PHS 398 forms](#) (see subsequent pages) in this order (Arial 11 pt, 0.5" margins; continuation pages marked with PI name and numbered consecutively):

- a. Page 1: **PHS 398 Face Page. Signature of an official not required for this internal grant**
- b. Page 2: **PHS 398 Detailed Budget for Initial Project Period (\$50,000 maximum**; no indirect costs; no equipment or travel; no salary support for trainees on NIH T32 or F32 postdoctoral awards; PI salary support, if requested, must be carefully justified, including effort)
- c. Page 3: Continuation Page for **Budget Justification** and a statement justifying **Category of Eligibility** for Pilot/Feasibility Grant support (page limit: 1 page)
- d. Page 4+: **PHS 398 Format Biosketch** for PI and other key personnel (page limit: 5 pages each)
- e. **Research Plan**, including **Specific Aims** (page limit: 1 page) and **Research Strategy** addressing Significance, Innovation, Approach, Relevance to the Liver Center, Intended use of Liver Center Cores (page limit: 4 pages including figures and tables)
- f. **Literature Cited** (page limit: 2 pages)
- g. **Vertebrate Animals/Human Subjects** narrative per NIH format (page limit: 1 page)
- h. **Documentation of IRB or IACUC approval. Applicants must have IRB or IACUC approvals prior to submission (just-in-time approval is not permitted)**
- i. **Letter of Support from department chair required for investigators in N (b) category** (see above; these investigators can also include a letter from the research mentor)

Full applications should be emailed as a single PDF file to Holger Willenbring (Holger.Willenbring@ucsf.edu) by 5PM PST on Friday, March 29, 2019. Please cc the Liver Center manager Sandhya Adiyodi Veetil (sandhya.adiyodiveetil@ucsf.edu).

Department of Health and Human Services Public Health Services Grant Application <i>Do not exceed character length restrictions indicated.</i>		LEAVE BLANK—FOR PHS USE ONLY.		
		Type	Activity	Number
		Review Group		Formerly
		Council/Board (Month, Year)		Date Received
1. TITLE OF PROJECT <i>(Do not exceed 81 characters, including spaces and punctuation.)</i>				
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input type="checkbox"/> YES Number: _____ Title: _____				
3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR			New Investigator <input type="checkbox"/> No <input type="checkbox"/> Yes	
3a. NAME (Last, first, middle)		3b. DEGREE(S)		3h. eRA Commons User
3c. POSITION TITLE		3d. MAILING ADDRESS <i>(Street, city, state, zip code)</i>		
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT				
3f. MAJOR SUBDIVISION				
3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i>				
TEL: _____ FAX: _____		E-MAIL ADDRESS: _____		
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes		4a. Research Exempt If "Yes," Exemption No. <input type="checkbox"/> No <input type="checkbox"/> Yes		
4b. Federal-Wide Assurance No.		4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		4d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes
5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes			5a. Animal Welfare Assurance No	
6. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i>		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED
From _____	Through _____	7a. Direct Costs (\$)	7b. Total Costs (\$)	8a. Direct Costs (\$)
				8b. Total Costs (\$)
9. APPLICANT ORGANIZATION Name Address			10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically	
			11. ENTITY IDENTIFICATION NUMBER DUNS NO. _____ Cong. District _____	
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name Title Address Tel: _____ FAX: _____ E-Mail: _____			13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name Title Address Tel: _____ FAX: _____ E-Mail: _____	
14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.			SIGNATURE OF OFFICIAL NAMED IN 13. <i>(In ink. "Per" signature not acceptable.)</i>	
			DATE	

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

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

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

Budget Justification

Please indicate which core resources offered by the Liver Center you plan to use and how these services will enhance your research.

Eligibility Justification

If you are not currently a member of the Liver Center, please explain how this award will promote your integration into the Liver Center and facilitate what hopefully will be a long-term contribution to liver research (supported by NIDDK).

BIOGRAPHICAL SKETCH

*Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.***

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY

A. Personal Statement

B. Positions and Honors

C. Contributions to Science

D. Additional Information: Research Support and/or Scholastic Performance