THINC Translational Seed Award

**Proposal Template**

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**Project Title:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Investigator** (Department)**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-Investigators and Collaborators:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Year 1 Cost** (Direct Only [expected budgets<$80K])**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1) Summary** (250 word limit):

**2) Rationale for funding (**500 word limit**):**

(Narrative describing therapeutic importance of project and appropriateness for THINC support)

**3) Interactions with THINC technological platforms and community:**

(Describe potential interactions with THINC expertise and technological platforms. Also describe additional opportunities for interactions with broader BCM and TMC communities)

**4) Regulatory Compliance:**

(Describe any required IRB, IACUC, or other approvals needed for proposed work)

**5) Attach Project Plan (.PDF or .DOC - Page limit: 2 pages, not including references):**

(Include background/significance, hypotheses to be tested, research approach, expected outcomes/alternative approaches, and impact)

**6) Budget Justification:**

**7) Budget - use the PHS398 form budget format (see following page):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator/Program Director (Last, First, Middle): | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | | | | | | | | | | FROM | | THROUGH | | | |
|  | |  | | | |
| PERSONNEL | | | |  | % | | |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | | |
| NAME | | ROLE ON PROJECT | | TYPE APPT. *(months)* | EFFORT ON PROJ. | | | INST. BASE SALARY | 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)* | | | | | | | | | | | | | | |  |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | | | | | $ | |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | | | DIRECT COSTS | | | | | | |  | |
| FACILITIES AND ADMINISTRATIVE COSTS | | | | | | |  | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | | | | | $ | |  |