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 ONPROJECT | TYPEAPPT.*(months)* | EFFORTONPROJ. | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PrincipalInvestigator |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
| 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  | $ |       |