**Charles H. Hood Foundation Child Health Research Awards Program**

Application Face Sheet

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Project Period****:* ***July 1, 2016 – June 30, 2018*** | | | | | | | | | | | | | ***Total Award****:* ***$150,000 (over 2 yrs.)****,* ***Indirects: up to $6,818/yr.*** | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | |  |
| **TITLE OF PROJECT** | | | | | | | | | | | | | **KEY WORDS** | | | | | | | | | | | | | |
| **APPLICANT** Male  Female | | | | | | | | | | | | | **DEPARTMENT or DIVISION CHAIR** | | | | | | | | | | | | | |
| Name, Degree(s): | | | |  | | |  | | | | | | Name, Degree(s): | | | | |  | | | | | | |  | |
| Full Academic Title: | | | |  | | |  | | | | | | Full Academic Title: | | | | |  | | | | | | |  | |
| Department: | | | |  | | |  | | | | | | Department: | | | | |  | | | | | | |  | |
| Institution/Address: | | | |  | | |  | | | | | | Institution/Address: | | | | |  | | | | | | |  | |
|  | | | |  | | |  | | | | | |  | | | | |  | | | | | | |  | |
|  | | | |  | | |  | | | | | |  | | | | |  | | | | | | |  | |
| Telephone/Fax: | | | |  | | |  | | | | | | Telephone/Fax: | | | | |  | | | | | | |  | |
| Email: | | | |  | | |  | | | | | | Email: | | | | |  | | | | | | |  | |
| Home Address: | | | |  | | |  | | | | | |  | | | | |  | | | | | | |  | |
|  | | | |  | | |  | | | | | | **TOTAL AWARD BUDGET ($75,000 per year)** | | | | | | | | | | | |  | |
| Home Telephone: | | | |  | | |  | | | | | | Year 1: | | Direct: | | $ | | | Indirect: | | $ | | |  | |
| Country of Birth: | | | |  | | |  | | | | | | Year 2: | | Direct: | | $ | | | Indirect: | | $ | | |  | |
|  | | | | | | |  | | | | | |  | | | | | | | | | | | |  | |
| **DATE OF FIRST FACULTY APPOINTMENT** | | | | | | | | | | | | | **YEARS WITH A FACULTY APPOINTMENT** | | | | | | | | | | | | | |
| **(inclusive of previous positions at other institutions)** | | | | | | | | | | | | | **(as of July 1, 2016)** | | | | | | | | | | | | | |
| Month/Year | | |  | | | | | |  | | | | 0 - 1 1 - 2 2 - 3 3 - 4 4 - 5 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |  | | |
| **APPLICANT’S EDUCATIONAL HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Graduate Institution: | | | | |  | | |  | | | | Undergraduate Institution: | | | | | | |  | | | | | | |  |
| Degree &Year Awarded: | | | | |  | | |  | | | | Degree &Year Awarded: | | | | | | |  | | | | | | |  |
|  | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |
| **AUTHORIZED INSTITUTIONAL REPRESENTATIVE** | | | | | | |  | | | | | **INSTITUTIONAL OFFICER TO RECEIVE FUNDS** | | | | | | | | | | | | | |  |
| Name: | |  | | | | |  | | | | | Name: | | | |  | | | | | | |  | | | |
| Title: | |  | | | | |  | | | | | Title: | | | |  | | | | | | |  | | | |
| Institution: | |  | | | | |  | | | | | Institution: | | | |  | | | | | | |  | | | |
| Address: | |  | | | | |  | | | | | Address: | | | |  | | | | | | |  | | | |
|  | |  | | | | |  | | | | |  | | | |  | | | | | | |  | | | |
| Telephone: | |  | | | | |  | | | | | Telephone: | | | |  | | | | | | |  | | | |
| Email: | |  | | | | |  | | | | | Email: | | | |  | | | | | | |  | | | |
|  | |  | | | | |  | | | | |  | | | |  | | | | | | |  | | | |
| **CERTIFICATION**: By signing this Face Sheet, we certify that the statements contained in this application are true and complete to the best of our knowledge, and accept the terms of the Child Health Research Awards Program as documented in the “Terms of the Award.” The Applicant’s signature also confirms responsibility for obtaining any animal use, human subjects, and/or other required institutional approvals. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Applicant** | | | | | | | | | |  | **Signature of Authorized Institutional Representative** | | | | | | | | | | | | | | | |
|  |  | | | | | Date: | | | |  |  | | |  | | | | | | | Date: | | | | | |
|  |  | | | | | | | | |  |  | | |  | | | | | | | | | | | | |
| *(1/2016)* ***Contact: Gay Lockwood,*** [***GLockwood@hria.org***](mailto:GLockwood@hria.org) ***or 617-695-9439*** | | | | | | | | | | | | | | | | | | | | | | | | | | |

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**Research Project Summary and Performance Sites**

State the project’s broad, long-term objectives and specific aims. Describe concisely the research design and methods for achieving these goals. This abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application and will be posted on our website if the project is funded. All Greek letters and scientific symbols need to be spelled out. For example, “****”would appear as “**alpha**.” (*300 word maximum*)

|  |
| --- |
| **Key Words**:  **Project Summary**: |

**Performance Site(s)** *(institution, city, state)*:

**Non-Technical Project Summary**

Prepare a lay-language description of the proposed research that can be understood by the general public. **The summary must describe the project’s relevance to child health**.  *(350 word maximum*)

|  |
| --- |
|  |

**Applicant Independence / Institutional Commitment**

*All sections must be addressed on this form by the Department or Division Chair. The completed form is then forwarded to the Applicant for upload. A separate letter of recommendation is submitted confidentially through the online application portal (see next page).*

**This information will be held in confidence and used in the scientific review process only**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name /**  **Academic Title** | **Dates of Faculty Appointments – previous Institution(s) and Current Institution** | **Applicant’s Lab and Office Space / Size of Start-Up Package (DIRECT COSTS ONLY) Note salary support.** | **National Search Conducted for this Position (Yes / No and # of applications received)** |
| **Example**:  Jane Doe, MD  Assistant Professor | 1/1/13, Assistant Professor, Tufts  7/1/12, Assistant Professor, B.U. | 1,200 square feet /  $1,000,000 (inclusive of $145,000 in salary) | Yes / 100 applications received |
|  |  |  |  |

**Describe the Institution’s level of commitment to the Applicant and the long-term plan that is in place for his/her independent, professional development. The Scientific Review Committee views Institutional support as a positive indicator of the Institution’s commitment in advancing the Applicant’s research career. Please specify the dollar amount for salary and note whether salary is included within the start-up package** *(use additional page as necessary).*

**For candidates with clinical or teaching responsibilities, describe these activities and the approximate percentage of time to be spent** *(use additional page as necessary).*

**See next page regarding Letter of Support**

|  |
| --- |
| Signature and Date: |

(Department or Division Chair)

**Department/Division Chair’s Letter of Support**

*The Chair will receive a request for a Letter of Support through the Foundation’s online application system. Please submit this confidential letter on institutional letterhead and address the following:*

1. Confirmation of Applicant’s faculty appointment, date training was completed, any leaves of absence, and research independence

**For PhD Applicants**, the first paragraph of the Department or Division Chair’s letter must document the dates of the final post-doc appointment. *Preference will be given to applicants who have moved out of their postdoctoral fellowship setting and have established independent research environments*.

**For MD Applicants**, The first paragraph of the Department or Division Chair’s letter must document the start date of the fellowship, the date when fellowship training was completed, and the total number of years the Applicant served as faculty following completion of fellowship training.

The period of subspecialty training is not included in the five-year eligibility window regardless of academic appointment. For subspecialists, the five-year window begins at the completion of an ACGME–certified subspecialty training program, or the equivalent for generalist fellowships.

1. Percent of protected time for research
2. Applicant’s qualifications to conduct the proposed research
3. Applicant’s potential to succeed in a health services, basic science or clinical research career
4. Any other comments regarding strength of Applicant’s research project and/or academic accomplishments

**Current and Pending Support**

|  |  |
| --- | --- |
| **Total all Active or Pending grants included on these forms during the period of**  **July 1, 2016 – June 30, 2017:** | |
| **Total** **Active Grants,** July 1, 2016 – June 30, 2017 | $ |
| **Total** **Pending Grants,** as of April 8, 2016 | $ |
|  | |

**Use a separate form for each Active or Pending Grant**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | Funding Source and Type of Grant *(Example, NICHD R21)*: | | | | |  |
| 2. | Role of Hood Applicant: | | |  | | |
| 3. | Project Title: |  | | | | |
| 4. | If Grant is Pending, Date of Notification: | | | |  | |
| 5. | Award Period: | |  | | | |
| 6. | Total Grant Amount *(Direct Costs only)*: | | | |  | |
| 7. | Annual Direct Costs: If Hood Applicant is the PI, list the Total Direct Costs for the first year of the Hood Award. If you are not the PI, include only those Direct Costs allocated to your research. | | | | | |
|  | July 1, 2016 – June 30, 2017 | | | | $ | |
| 8. | Describe any scientific or budgetary overlap with this proposal and outline a plan to avoid duplication of funding (*use additional page as needed*): | | | | | |

**Form A-1**

**Year 1 Budget (funds requested from Hood Foundation)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONNEL (NAME, TITLE) | ROLE | % EFFORT | SALARY | | FRINGE | | TOTALS |
|  |  |  |  | |  | |  |
| PERSONNEL SUBTOTALS | | | | $ | | $ | $ |
| EQUIPMENT | | | | | | |  |
| EQUIPMENT SUBTOTAL | | | | | | | $ |
| SUPPLIES | | | | | | |  |
| SUPPLIES SUBTOTAL | | | | | | | $ |
| OTHER EXPENSES (List by category) | | | | | | |  |
| OTHER EXPENSES SUBTOTAL | | | | | | | $ |
| DIRECT COSTS, YEAR 1 | | | | | | | $ |
| INDIRECT COSTS @ 10%, YEAR 1 (maximum of $6,818) | | | | | | | $ |
| TOTAL COSTS, YEAR 1 | | | | | | | $ 75,000.00 |

**Form A-2**

**Year 2 Budget (funds requested from Hood Foundation)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONNEL (NAME, TITLE) | ROLE | % EFFORT | SALARY | | FRINGE | | TOTALS |
|  |  |  |  | |  | |  |
| PERSONNEL SUBTOTALS | | | | $ | | $ | $ |
| EQUIPMENT | | | | | | |  |
| EQUIPMENT SUBTOTAL | | | | | | | $ |
| SUPPLIES | | | | | | |  |
| SUPPLIES SUBTOTAL | | | | | | | $ |
| OTHER EXPENSES (List by category) | | | | | | |  |
| OTHER EXPENSES SUBTOTAL | | | | | | | $ |
| DIRECT COSTS, YEAR 2 | | | | | | | $ |
| INDIRECT COSTS @ 10%, YEAR 2 (maximum of $6,818) | | | | | | | $ |
| TOTAL COSTS, YEAR 2 | | | | | | | $ 75,000.00 |

**Form B**

**Budget Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Column A** | **Column B** | **Column C (**Other Support**) \*** | |
|  | YEAR 1 | YEAR 2 | YEAR 1 | YEAR 2 | |
| PERSONNEL |  |  |  |  | |
| EQUIPMENT |  |  |  |  | |
| SUPPLIES |  |  |  |  | |
| OTHER EXPENSES |  |  |  |  | |
| TOTAL DIRECT COSTS |  |  |  |  | |
| TOTAL INDIRECT COST @ 10%  (maximum of $6,818) |  |  |  |  | |
| TOTAL COST FOR 12-MONTH PROJECT PERIOD | $75,000.00 | $75,000.00 |  |  | |

\* If the research project uses additional support from other sources, these sources may be combined and listed in Column C.

**Form C**

**Justification of Project Expenses**

Personnel:

Equipment (in excess of $10,000):

Supplies:

Other: