**Harold S. Geneen Charitable Trust Awards Program for Coronary Heart Disease Research**

**Note: Invited institutions must conduct an internal selection process to select one candidate**

Application Face Sheet

*Project Period: December 1, 2015 – November 30, 2017 Total Award: Maximum of $280,000 ($140,000 per year)*

*(inclusive of 10% indirect costs)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TITLE OF PROJECT** | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT** | | | | | | | | | | | **DEPARTMENT CHAIR / DEAN** | | | | | | | | | | |
| Name and Degree: | | | |  | | | | | |  | Name and Degree: | | |  | | | | | |  | |
| Full Academic Title: | | | |  | | | | | |  | Full Academic Title: | | |  | | | | | |  | |
| Department: | | | |  | | | | | |  | Department: | | |  | | | | | |  | |
| Institution: | | | |  | | | | | |  | Institution: | | |  | | | | | |  | |
| Address: | | | |  | | | | | |  | Address: | | |  | | | | | |  | |
|  | | | |  | | | | | |  |  | | |  | | | | | |  | |
| City, State, Zip: | | | |  | | | | | |  | City, State, Zip: | | |  | | | | | |  | |
| Telephone: | | | |  | | | | | |  | Telephone: | | |  | | | | | |  | |
| Fax: | | | |  | | | | | |  | Fax: | | |  | | | | | |  | |
| Email: | | | |  | | | | | |  | Email: | | |  | | | | | |  | |
|  | | | | | | | | | |  |  | | | | | | | | | | |
|  | | Direct | | |  | Indirect | |  | Total |  |  | Direct | | |  | Indirect |  | | Total |  | |
| **Year 1:** | | $ | | |  | $ | |  | $ |  |  |  | | |  |  |  | |  |  | |
| **Year 2:** | | $ | | |  | $ | |  | $ |  | **Total** | $ | | |  | $ |  | |  |  | |
|  | | | | | | | | | |  |  | | | | | | | | | | |
| **AUTHORIZED INSTITUTIONAL REPRESENTATIVE** | | | | | | | | | | | **INSTITUTIONAL OFFICER TO RECEIVE FUNDS** | | | | | | | | | | |
| Name: | | |  | | | | | | |  | Name: | |  | | | | | | |  | |
| Title: | | |  | | | | | | |  | Title: | |  | | | | | | |  | |
| Institution: | | |  | | | | | | |  | Institution: | |  | | | | | | |  | |
| Address: | | |  | | | | | | |  | Address/Lockbox | |  | | | | | | |  | |
|  | | |  | | | | | | |  |  | |  | | | | | | |  | |
|  | | |  | | | | | | |  |  | |  | | | | | | |  | |
| Telephone: | | |  | | | | | | |  | Telephone: | |  | | | | | | |  | |
| Email: | | |  | | | | | | |  | Email: | |  | | | | | | |  | |
|  | | |  | | | | | | |  |  | |  | | | | | | |  | |
| **CERTIFICATION**: We, the undersigned, certify that the statements contained herein are true and complete to the best of our knowledge, and accept the terms of The Medical Foundation, *a division of Health Resources in Action*, as documented in the “Application Instructions/Terms of the Award.” TheApplicant’s signature also confirms responsibility for obtaining any required institutional approvals. | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Authorized Institutional Representative** | | | | | | | | | |  | **Signature of Applicant** | | | | | | | | | | |
|  |  | | | | | | Date: | | |  |  | | | | | | | Date: | | |  |
|  | | | | | | | | | |  |  | | | | | | | | | | |
| ***Applications to: Jeanne Brown, Program Officer, JBrown@hria.org*** *(revised 07.2015)* | | | | | | | | | | | | | | | | | | | | | |

P.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## RESEARCH PROJECT SUMMARY FORM

***Maximum length: 300 words***

The Project Summary is a scientific abstract stating the project's broad, long-term objectives and specific aims. Describe concisely the research design and methods for achieving these goals. Please use the same Research Project Summary for both the Online Submission and Research Project Summary Form. Please spell out all Greek letters (example: alpha, beta) and adhere to the maximum word count.

|  |  |
| --- | --- |
| Applicant’s Name: |  |
| Institution: |  |
| Mentor/Co-Investigator Name: |  |
| Title of Project: |  |
| Key Words: |  |
|  |  |

NON-TECHNICAL SUMMARY FORM

***Maximum length: 150 words***

Prepare a lay-language description of the proposed research that can be understood by the general public. Please use the same "Non-Technical Project Summary" for both the Online Submission and this form. Please adhere to the maximum word count.

|  |  |
| --- | --- |
| Applicant’s Name: |  |
| Institution: |  |
| Mentor/Co-Investigator Name: |  |
| Title of Project: |  |
| Key Words: |  |
|  |  |

P.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year 1 Budget**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONNEL (NAME, TITLE) | ROLE | % EFFORT | SALARY | | FRINGE | | TOTALS |
|  |  |  |  | |  | |  |
| PERSONNEL SUBTOTALS | | | | $ | | $ | $ |
| SUPPLIES | | | | | | |  |
| SUPPLIES SUBTOTAL | | | | | | | $ |
| EQUIPMENT (items over $10,000) | | | | | | |  |
| EQUIPMENT SUBTOTAL | | | | | | | $ |
| OTHER EXPENSES (List by category) | | | | | | |  |
| OTHER EXPENSES SUBTOTAL | | | | | | | $ |
| INDIRECT COSTS, YEAR 1 | | | | | | | $ |
| TOTAL COSTS, YEAR 1 | | | | | | | $ |

P.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year 2 Budget**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONNEL (NAME, TITLE) | ROLE | % EFFORT | SALARY | | FRINGE | | TOTALS |
|  |  |  |  | |  | |  |
| PERSONNEL SUBTOTALS | | | | $ | | $ | $ |
| SUPPLIES | | | | | | |  |
| SUPPLIES SUBTOTAL | | | | | | | $ |
| EQUIPMENT (items over $10,000) | | | | | | |  |
| EQUIPMENT SUBTOTAL | | | | | | | $ |
| OTHER EXPENSES (List by category) | | | | | | |  |
| OTHER EXPENSES SUBTOTAL | | | | | | | $ |
| INDIRECT COSTS, YEAR 2 | | | | | | | $ |
| TOTAL COSTS, YEAR 2 | | | | | | | $ |

P.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Budget Justification**

Please justify budgetary requests for Personnel, Supplies, Equipment and Other Expenses

P.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT AND PENDING SUPPORT**

(Copy and Paste for Each Funding Source)

|  |  |  |
| --- | --- | --- |
| Applicant Name: | | |
|  | | |
| **Title of Project**: | | |
| Principal Investigator: | | |
| Role and % Effort of Geneen Applicant: | | |
| Funding Source and Type of Grant: | | |
| Funding Start and End Dates: | | |
| Total Costs: | | |
| Annual Direct Costs: | | |
| Amount and % of Geneen Applicant’s salary included in the grant: | | |
| Funding Status: | Current | Pending |
| Related to the Geneen Proposal? | Yes | No |
| Describe any scientific or budgetary overlap with the proposed Geneen Charitable Trust research project and outline a plan to avoid duplication of funding (use extra space as needed): | | |