|  |  |
| --- | --- |
|  | **Robert E. Leet and Clara Guthrie Patterson Trust** **Bank of America, N.A., Trustee** |
| **Application Face Sheet – Mentored Clinical Research Award** |

|  |  |
| --- | --- |
| Project Period: January 15, 2017 – January 14, 2019 |  |
| **TITLE OF PROJECT**: | **KEY WORDS**: |
| **APPLICANT** Male [ ]  Female [ ]  | **MENTOR or DIVISION CHIEF** |
| Name, Degree(s): |  |  | Name, Degree(s): |  |  |
| Academic/Research Title: |  |  | Full Academic Title: |  |  |
| Department: |  |  |  |  |  |
| Institution: |  |  | Department: |  |  |
| Address: |  |  | Institution: |  |  |
|  |  |  | Address: |  |  |
| Telephone: |  |  |  |  |  |
| Email: |  |  | Telephone: |  |  |
|  |  |  | Email: |  |  |
|  |  |  |  |  |
| **EDUCATIONAL HISTORY** |  |
| Undergraduate School: |  |  | Graduate School: |  |  |
| Degree/year awarded: |  |  | Degree/year awarded: |  |  |
|  |  |  | Other graduate degree(s): |  |  |
|  |  |  |  |  |  |
| **INTERNSHIP** **and RESIDENCY** *(if applicable)* | **CLINICAL or POSTDOCTORAL FELLOWSHIP**  *(if applicable)* |
| Hospital/Institution: |  |  | Hospital/Institution: |  |  |
| Type of Service: |  |  | Field of Study: |  |  |
| Dates: |  |  | Dates: |  |  |
|  |  |  |  |  |  |
| **INSTITUTION WHERE PROJECT WILL BE CONDUCTED:** |
| **AUTHORIZED INSTITUTIONAL REPRESENTATIVE** |  | **INSTITUTIONAL OFFICER TO RECEIVE FUNDS** |  |
| Name: |  |  | Name:  |   |  |
| Title: |  |  | Title: |  |  |
| Institution: |  |  | Institution: |  |  |
| 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 agree to accept the terms of the Patterson Trust Mentored Clinical Research Award as documented in the Application Guidelines and Terms of the Award. The Applicant and Mentor/Division Chief also confirm that they are responsible for obtaining any required human subjects (IRB), animal use (IACUC), and/or other institutional approvals. |
|  |  |  |  |  |  |  |
|   | **APPLICANT Date** |  | **MENTOR/DIV. CHIEF Date** |  |  **INSTITUTIONAL OFFICER Date** |  |
|   |

**Applications are submitted online. Direct questions to Gay Lockwood, Senior Program Officer:** **GLockwood@hria.org**

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Additional Recommendation Letter *(submitted confidentially through online system)*

**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.

Use the same Project Summary for both the online submission and this form. (*300-word maximum)*

|  |  |
| --- | --- |
| Applicant: |  |
| Institution: |  |
| Mentor/Div. Chief: |  |
| Title of Project: |  |

|  |
| --- |
| **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. Use the same Non-Technical Summary for both the online submission and this form.  *(350-word maximum*)

|  |  |
| --- | --- |
| Applicant: |  |
| Institution: |  |
| Mentor/Div. Chief: |  |
| Title of Project: |  |

|  |
| --- |
|  |

**Form A-1**

**Year 1 Budget (Funds requested from the Patterson Trust)**

**Indirect Costs are not allowed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERSONNEL (NAME, TITLE) | ROLE | % EFFORT | SALARY | FRINGE | TOTALS |
|  |  |  |  |  |  |
| PERSONNEL SUBTOTALS | $ | $ | $ |
| SUPPLIES and Equipment*(cap of $2,000 for Equipment)* |  |
| SUPPLIES/EQUIPMENT SUBTOTAL | $ |
| OTHER EXPENSES (List by category) |  |
| OTHER EXPENSES SUBTOTAL | $ |
| TOTAL COSTS  | $ |

**Form A-2**

**Year 2 Budget (Funds requested from the Patterson Trust)**

**Indirect Costs are not allowed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERSONNEL (NAME, TITLE) | ROLE | % EFFORT | SALARY | FRINGE | TOTALS |
|  |  |  |  |  |  |
| PERSONNEL SUBTOTALS | $ | $ | $ |
| SUPPLIES and Equipment*(cap of $2,000 for Equipment)* |  |
| SUPPLIES/EQUIPMENT SUBTOTAL | $ |
| OTHER EXPENSES (List by category) |  |
| OTHER EXPENSES SUBTOTAL | $ |
| TOTAL COSTS  | $ |

**Form B**

**Budget Summary**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Column A** | **Column B** | **Column C** (Other Support) **\*** |
|  | YEAR 1 | YEAR 2 | YEAR 1 | YEAR 2 |
| PERSONNEL |  |  |  |  |
| SUPPLIES |  |  |  |  |
| EQUIPMENT |  |  |  |  |
| OTHER EXPENSES |  |  |  |  |
| ANNUAL COST |  |  |  |  |

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

**Form C**

**Justification of Project Expenses**

Personnel:

Supplies:

Equipment:

Other: