**Smith Family Awards Program for Excellence in Biomedical Research**

***2015 Application Face Sheet***

**Note: Each institution may submit no more than two applications. We recommend that submitting institutions conduct an internal selection process.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Project Period****: December 1, 2015 – November 30, 2018*  ***Total Award****: Three-Year Award of $300,000 with Indirect Costs up to $4,762 per year* | | | | | | | | | | | | | | | | | | |
| **TITLE OF PROJECT** | | | | | | | | **KEY WORDS** | | | | | | | | | | |
| **APPLICANT** Male  Female | | | | | | | | **DEPARTMENT or DIVISION CHAIR** | | | | | | | | | | |
| Name and Degree: | | |  | |  | | | Name and Degree: | | | | |  | | | |  | |
| Full Academic Title: | | |  | |  | | | Full Academic Title: | | | | |  | | | |  | |
| Department: | | |  | |  | | | Department: | | | | |  | | | |  | |
| Institution: | | |  | |  | | | Institution: | | | | |  | | | |  | |
| Address: | | |  | |  | | | Address: | | | | |  | | | |  | |
|  | | |  | |  | | |  | | | | |  | | | |  | |
| Telephone/Fax: | | |  | |  | | | Telephone/Fax: | | | | |  | | | |  | |
| Email: | | |  | |  | | | Email: | | | | |  | | | |  | |
|  | | | | |  | | |  | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | |
| **FIRST INDEPENDENT FACULTY APPOINTMENT**  *(see Application Guidelines)* | | | | | | | | | Month/Year | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| **APPLICANT’S EDUCATIONAL BACKGROUND** | | | | | | | | | | | | | | | | | | |
| Graduate Institution(s): | | | |  | |  | | Undergraduate Institution: | | | | | |  | | | |  |
| Degree(s) & 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 Smith Family Awards Program for Excellence in Biomedical Research 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 Authorized Institutional Representative** | | | | | | |  | | **Signature of Applicant** | | | | | | | |  | |
|  | Date: | | | | | |  | |  | Date: | | | | | | | | |
|  |  | | | | | |  | |  |  | | | | | | | | |
| *2/2015* ***Contact: Gay Lockwood,*** [***GLockwood@hria.org***](mailto:GLockwood@hria.org) ***or 617-279-2240, x702*** | | | | | | | | | | | | | | | | | | |

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*2/2015*

**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 in the online application section. For example, “**α**” would appear as “**alpha**.” (*300 word* *maximum*)

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

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

**Non-Technical Project Summary**

Present a lay-language description of the proposed research that can be understood by the general public. *(300 - 350 words*)

|  |
| --- |
|  |

**Applicant Independence / Institutional Commitment**

*This form must be completed by the Department or Division Chair and forwarded to the Applicant along with a separate Letter of Recommendation for upload.*

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant Name /**  **Academic Title** | **Date of First Independent Faculty Appointment** | **Size of Start-Up Package (including any salary support)** | **Amount of Lab Space under Applicant’s Control** | **National Search Conducted for this Position (Yes / No and # of applications received)** |
| **Example**:  *Jane Doe, M.D., Ph.D.*  *Assistant Professor* | *September 1, 2014* | *$1,125,000* | *1,200 square feet* | *Yes / 180 applications received* |
|  |  |  |  |  |

**Describe the Institution’s level of commitment to the Applicant, including all departmental support, and the long-term plan that is in place for his/her independent, professional development. For candidates who were promoted internally, please clarify why a national search was not conducted** (*use additional page if necessary*).

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

(Department or Division Chair)

**Budget Summary and Key Personnel**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YEAR 1 | YEAR 2 | YEAR 3 |
| PERSONNEL |  |  |  |
| EQUIPMENT **\*** |  |  |  |
| SUPPLIES |  |  |  |
| OTHER EXPENSES |  |  |  |
| TOTAL DIRECT COSTS |  |  |  |
| TOTAL INDIRECT COST @ 5%  *(maximum of $4,762 per year)* |  |  |  |
| ANNUAL COST FOR 12-MONTH PROJECT PERIOD *(from Smith Family Foundation)* | $100,000.00 | $100,000.00 | $100,000.00 |
| **OTHER SUPPORT \*\*** |  |  |  |

**KEY PERSONNEL** *(individuals critical to the successful completion of the project)*: Begin with the Applicant and list all other key personnel in alphabetical order. Use a second page as needed.

### 

### Name Institution Role on Project

**\*** Please justify any equipment purchase in excess of $10,000. Use an additional page as needed.

**\*\*** If the research project uses additional support from other sources, these sources may be combined and noted on the “Other Support” line.

**Current and Pending Support**

|  |  |
| --- | --- |
| **Summarize all Active and Pending Grants during Years 1 and 2 of the Smith Award (Direct Costs only):** | |
| **Total** **Active Grants,** 12/1/2015 – 11/30/2016 | $ |
| **Total Active Grants,** 12/1/2016 – 11/30/2017 | $ |
| **Total** **Pending Grants,** as of 10/1/2015 | $ |
|  | |

**Complete for Each Active or Pending Grant**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Funding Source and Type of Grant *(Example, NICHD R21)*: | | | | | |  |
| 2. | Role of Smith 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: **\*** | | | | | | |
|  | December 1, 2015 – November 30, 2016 | | | | | $ | |
|  | December 1, 2016 – November 30, 2017 | | | | | $ | |
|  | December 1, 2017 – November 30, 2018 | | | | | $ | |
| 8. | Describe any scientific or budgetary overlap with this proposal and outline a plan to avoid duplication of funding (*use additional page as needed*): | | | | | | |

***\**** If Smith Applicant is the PI, list the **TOTAL direct costs** for each year. If you are not the PI, include those direct costs allocated to your research.