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

Application Face Sheet

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Project Period****:* ***January 1, 2016 – December 31, 2017*** | | | | | | | | | | | | | ***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: | | $ | | |  | |
|  | | | | | | |  | | | | | |  | | | | | | | | | | | |  | |
| **START DATE OF FIRST FACULTY APPOINTMENT** | | | | | | | | | | | | | **YEARS WITH A FACULTY APPOINTMENT** | | | | | | | | | | | | | |
| **(inclusive of previous positions at other institutions)** | | | | | | | | | | | | | **(as of January 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: | | | | | |
|  |  | | | | | | | | |  |  | | |  | | | | | | | | | | | | |
| *(6/2015)* ***Contact: Gay Lockwood,*** [***GLockwood@hria.org***](mailto:GLockwood@hria.org) ***or 617-695-9439*** | | | | | | | | | | | | | | | | | | | | | | | | | | |

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*(submitted confidentially through online system)*

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. 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, along with the Chair’s Letter of Recommendation, must be forwarded to the Applicant for upload.*

**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 (plus $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. Include any institutional support of the Applicant’s salary within the start-up package and specify the dollar amount for salary.** (*use additional page as necessary*)

**For candidates who were promoted internally, please describe the level of departmental support.**

(*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*)

**In the Letter of Support, please comment on the extent to which the Applicant’s time will be protected for research.**

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

(Department or Division Chair)

**Current and Pending Support**

|  |  |
| --- | --- |
| **Total all Active or Pending grants included on these forms during the period of January 1, 2016 – December 31, 2016:** | |
| **Total** **Active Grants,** Jan. 1, 2016 – Dec. 31, 2016 | $ |
| **Total** **Pending Grants,** as of October 16, 2015 | $ |
|  | |

**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. | | | | | |
|  | January 1, 2016 – December 31, 2016 | | | | $ | |
| 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: