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

**Initial Application Face Sheet  
2024 Grant Cycle**

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| ***Project Period****: April 1, 2024 – March 31, 2027*  ***Total Award****: Three-Year Award of $400,000 with Indirect Costs up to $6,349 per year* | | | | | | | | |
| **TITLE OF PROJECT** | | | **KEY WORDS** | | | | | |
| **APPLICANT INFORMATION** | | | **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: | | |  | |  |
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| **FIRST INDEPENDENT RESEARCH FACULTY (TENURE-TRACK ASSISTANT PROFESSOR) APPOINTMENT**  *(refer to Application Guidelines)* | | | | Month/Year |  | |  | |
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| **AUTHORIZED INSTITUTIONAL REPRESENTATIVE** | |  | **INSTITUTIONAL OFFICER TO RECEIVE FUNDS** | |  |
| Name: |  |  | Name: |  |  |
| Title: |  |  | Title: | **For Initial Proposal Application:**  **This section does not need to be completed.** |  |
| Institution: |  |  | Institution: |  |
| Address: |  |  | Address: |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Telephone: |  |  | Telephone: |  |
| Email: |  |  | Email: |  |  |
| **CERTIFICATION**: By signing this Cover Page, we certify the applicant is eligible to apply based on the eligibility criteria stated in the program Guidelines, 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 Initial Proposal Guidelines. The Applicant’s signature also confirms responsibility for obtaining any human subjects, animal use, and/or other required institutional approvals. | | | | | |
| **Signature of Applicant**  **Date:** | | | **Signature of Authorized Institutional Representative**  **Date:** | | |

**Table of Contents**

Make sure all pages in the uploaded PDF are numbered

Cover Page 1

Table of Contents 2

Key Personnel 3

Initial Research Proposal 4-

Applicant Biosketch

Addendum to Biosketch

Applicant Independence/Institutional Commitment Form

**Key Personnel**

Please list all collaborators associated with your project proposal. Applicants may copy and paste more tables if needed. Key personnel should match the text in the corresponding field for online submission.

|  |  |
| --- | --- |
| Name and Degree: |  |
| Full Academic Title: |  |
| Department: |  |
| Institution: |  |
| Description of role in proposed project (no more than 50 words): |  |

|  |  |
| --- | --- |
| Name and Degree: |  |
| Full Academic Title: |  |
| Department: |  |
| Institution: |  |
| Description of role in proposed project (no more than 50 words): |  |

|  |  |
| --- | --- |
| Name and Degree: |  |
| Full Academic Title: |  |
| Department: |  |
| Institution: |  |
| Description of role in proposed project (no more than 50 words): |  |

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

**Initial Research Proposal**

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| **Applicant’s Full Name:**  **Project Title:** |

**Non-Technical Overview**

Please answer the following questions in ONE SENTENCE EACH, in terms understandable to a non-specialist. ***This statement should match the text in the corresponding field for online submission.***

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| What big question(s) will your work answer?  Why does this question matter?  How will your work answer the big question? |

**Initial Research Proposal**

Please answer the following questions using Arial 11 point font, single spacing within paragraphs, and double spacing between paragraphs. Do not change the page margins. Applications that exceed the stated word limits may be removed from consideration.

**Q1. What is your proposed research question? *Up to 50 words***

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**Q2. Please provide your specific aims and enough detail about the approach so that reviewers can clearly understand the proposed experiments.** Include a few sentences on preliminary data if relevant. Include the longer-term goals of the project and where it is expected to take your research program in 5-10 years. *Up to 400 words, excluding references*. *Figures, graphs, tables, or pictures are not required, and if included must fit along with the <400 words in a text box no larger than a single page. If appropriate, references may be added following this question and are not included in the word and page limit.*

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**Q3. Why is the work you propose important?  How will it lead to a fundamental advance in basic biology or a substantial advance in translational biology? *Up to 200 words***

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**Q4. How will this work bring a fresh perspective to your field of study?** Briefly contextualize (and do not overstate) the novel and innovative aspects of your work. ***Up to 100 words***

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**Q5. What about your outlook/background/training gives you insight into this problem? *Up to 100 words***

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**Q6. How is this work innovative and different from that supported by your other external funding? *Up to 100 words***

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**Q7. Is this proposal a re-submission? If yes, how is this proposed project different from your original proposal? *Up to 100 words***

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**Q8. Please provide a simple timeline graphic to map out your plans for this work over the three years of the award.** *(suggested size < ½ page; maximum size 1 page)*

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**Biosketch**

Please insert your NIH Biosketch, including preprints and major papers in press, and a link to your full list of publications.

**Addendum to Biosketch**

**Please complete a table below for each award. Copy and paste blank tables into document as needed.** **Applicants must disclose ALL current (active), pending (not closed), and completed grants, regardless of overlap with this proposal.** Applicants should clearly indicate any potential research or budgetary overlap with the Smith Excellence proposal. In cases of potential overlap or duplication, a detailed explanation of project aims must be appended to this document to address any apparent overlap or lack thereof.

**ACTIVE:**

|  |  |
| --- | --- |
| **Award Name:** |  |
| **Funder:** |  |
| **PI Name:** |  |
| **Start Date:** |  |
| **End Date:** |  |
| **Project Title:** |  |
| **Total Award Amount (incl. Indirect Costs)** |  |
| **Annual Direct Costs Allocated to Smith Applicant:** |  |
| **Overall goal/aim:** |  |
| **Overlap w/Smith Award:** |  |

**PENDING:**

|  |  |
| --- | --- |
| **Award Name:** |  |
| **Funder:** |  |
| **PI Name:** |  |
| **Start Date:** |  |
| **End Date:** |  |
| **Project Title:** |  |
| **Total Award Amount (incl. Indirect Costs)** |  |
| **Annual Direct Costs Allocated to Smith Applicant:** |  |
| **Overall goal/aim:** |  |
| **Overlap w/Smith Award:** |  |

**COMPLETED:**

|  |  |
| --- | --- |
| **Award Name:** |  |
| **Funder:** |  |
| **PI Name:** |  |
| **Start Date:** |  |
| **End Date:** |  |
| **Project Title:** |  |
| **Total Award Amount (incl. Indirect Costs)** |  |
| **Annual Direct Costs Allocated to Smith Applicant:** |  |
| **Overall goal/aim:** |  |
| **Overlap w/Smith Award:** |  |

**IF SMITH APPLICANT HAS NEVER HAD EXTERNAL SUPPORT PLEASE INDICATE BELOW:**

**Applicant Independence / Institutional Commitment**

*All sections must be addressed on this form by the Department or Division Chair. The completed form should be forwarded to the Applicant for upload.*

Although it is expected that a national search will have been conducted for the Applicant’s position, candidates may have been promoted within their current institutions. If the Applicant was promoted internally, the Chair must clarify why a national search was not conducted. Institutional commitmentis also important*.* In addition to describing the Applicant’s qualifications, the Department or Division Chair must explain how the institution will contribute to the Applicant’s independent professional development.

*If the any of the data requested below are not provided,*

*the application will be removed from consideration.*

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| --- | --- | --- | --- | --- | --- |
| **Applicant Name/**  **Academic Title** | **Date of tenure-track assistant professor 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; # of applications received)** | **Percent time protected for research** |
| **Example**:  *Jane Doe, MD, PhD*  *Assistant Professor* | *November 1, 2019* | *$1,125,000 (inclusive of $150,000 salary)* | *1,200 square feet* | *Yes / 180 applications received* | *80% research; 20% clinical* |
|  |  |  |  |  |  |

**This form is not a request for a Letter of Recommendation. Please answer the questions directly, and do not paste in a Letter of Recommendation/Reference. Please be concise.**

1. Briefly describe the Institution’s level of commitment to the Applicant, including all departmental support. (Suggested length: 75 – 200 words.)

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2. What are the long-term plans for his/her independent, professional development? (Suggested length:   
75 -200 words.)

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3. Please specify the dollar amount for salary and note whether salary is included within the start-up package.

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4. Was the Applicant promoted internally? If so, please clarify why a national search was not conducted. (Maximum 200 words, preferably fewer.)

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|  |

**Your signature below affirms the Applicant’s eligibility per the Application Guidelines:** *Full time tenure-track (or equivalent) Assistant Professor appointment on or between October 1, 2020 – April 1, 2024, and has less than $350,000 in combined federal and non-federal funding in direct costs per year for the first two years of the award, excluding the institutional start-up package and other intramural support***.**

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| --- |
| Signature and Date: |

(Department or Division Chair)