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

**Full Proposal Cover Page**

**2023 Grant Cycle**

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| ***Project Period****: April 1, 2023 – March 31, 2026****Total Award****: Three-Year Award of $300,000 with Indirect Costs up to $4,762 per year* |

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| **TITLE OF PROJECT** | **KEY WORDS**  |
| **APPLICANT**  | **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 FACULTY APPOINTMENT***(refer to page 2 of Application Guidelines)* | Month/Year |  |  |
|  |
| **AUTHORIZED INSTITUTIONAL REPRESENTATIVE**  |  | **INSTITUTIONAL OFFICER TO RECEIVE FUNDS** |  |
| Name: |  |  | Name:  |  |  |
| Title: |  |  | Title: |  |  |
| Institution: |  |  | Institution: |  |  |
| Address: |  |  | Address: |  |  |
|  |  |  |  |  |  |
| Telephone: |  |  | Telephone: |  |  |
| Email: |  |  | Email: |  |  |
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| **CERTIFICATION**: By signing this Face Sheet, we certify: (1) the applicant is eligible to apply based on the eligibility criteria stated in the program Guidelines *(including requirement that external funding does not exceed $350,000 in direct costs per year for either of the first two years of this project period)*, (2) statements contained in this Application are true and complete to the best of our knowledge, and (3) we accept the terms of the Smith Family Awards Program for Excellence in Biomedical Research as documented in the Full Proposal Guidelines. The Applicant’s signature also confirms responsibility for obtaining any human subjects, animal use, and/or other required institutional approvals. |
| **Signature of Authorized Institutional Representative** |  | **Signature of Applicant**  |  |
|  |  Date: |  |  |  Date: |
|  |  |  |  |  |
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Research Design and Methods

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Letter(s) of Collaboration / Confirmation of Resources (*if applicable*)

**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. Applicants may copy and paste the information from the initial application.

|  |  |
| --- | --- |
| 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): |  |

**Research Project Summary**

State the project's broad, long-term objectives and specific aims (suggested length of 200 words). 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. ***The project summary should match the text in the corresponding field for online submission.***

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

**Performance Sites**

*(Institution, City, State):*

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**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? |

**Impact Statement**

Please describe how your work will lead to a fundamental advance in basic biology or a substantial advance in translational biology. Suggested length: 150-200 words. ***This statement should match the text in the corresponding field for online submission.***

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**Applicant Independence / Institutional Commitment Form**

*All sections must be addressed on this form by the Department or Division Chair. The completed form is then forwarded to the Applicant for upload. This information will be held in confidence and used in the
scientific review process only.*

***\*Note this is the same form used in the initial application. Please attach the completed form used during the initial application here.***

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| --- | --- | --- | --- | --- |
| **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, MD, PhD**Assistant Professor* | *September 1, 2016* | *$1,125,000 (inclusive of $150,000 salary)* | *1,200 square feet* | *Yes / 180 applications received* |
|  |  |  |  |  |

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. **If unsolicited information was provided in the preliminary application, please remove it and provide only the requested information**. 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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| Signature and Date: |

(Department or Division Chair)