**Charles A. King Trust**

**Postdoctoral Research Fellowship Program**

***October 1, 2024 – September 30, 2026***

***Project Application Cover Page***

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| **TITLE OF PROJECT**: | | | | **KEY WORDS**: | | |
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| **Application for:** | | Basic and Preclinical Science Program  Clinical and Implementation Research Program | | | | |
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| **APPLICANT** | | | | **MENTOR** | | |
| **Name, Degree(s):** |  | |  | **Name, Degree(s):** |  |  |
| **Academic/ Research Title:** |  | |  | **Full Academic Title:** |  |  |
| **Department:** |  | |  | **Department:** |  |  |
| **Institution:** |  | |  | **Institution:** |  |  |
| **Email:** |  | |  | **Email:** |  |  |
| **Telephone:** |  | |  | **Telephone:** |  |  |
| **Signature:** | X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | **Signature:** | X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Date:** |  | |  | **Date:** |  |  |
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| **AUTHORIZED INSTITUTIONAL REPRESENTATIVE** | | |  | **INSTITUTIONAL OFFICER TO RECEIVE FUNDS** | |  |
| **Name:** |  | |  | **Name:** |  |  |
| **Title:** |  | |  | **Title:** |  |  |
| **Institution:** |  | |  | **Institution:** |  |  |
| **Email:** |  | |  | **Email:** |  |  |
| **Signature:** | X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |  |
| **Date:** |  | |  |  |  |  |
| **CERTIFICATION**: *By signing this Cover Page, the Applicant, Mentor, and the submitting Institution certify that the statements contained in this application are true and complete to the best of their knowledge, that eligibility requirements have been met, and that the Institution has reviewed the application and approved it for submission. They also certify that the terms of the Charles A. King Trust Postdoctoral Research Fellowship Program as documented in the 2024 Application Guidelines and Terms of the Award are understood and agreed upon, and that the Institution will commit to appropriate oversight if the project is funded, including obtaining any animal use, human subjects, and/or other required institutional approvals.* | | | | | | |

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| **Applicant Eligibility and Research Experience** | | | | | |
| **Years of full-time postdoctoral (or equivalent) research experience completed by October 1, 2024:** | | | | 0  1  2  3  4  5  6 | |
| **Date of completion of doctoral degree (month/day/year)** | | | |  | |
| **For Clinician Scientists: Date of clinical training completion. (month/day/year)** | | | |  | |
| **Protected time for research (percent):** | | | |  | |
| **Education, Training and Career History:** Please provide a brief timeline of your clinical and/or research training experience. Include all relevant experience since completion of your doctoral degree, as this information will be used to help determine eligibility and stipend level. Pauses in research experience should be confirmed by the mentor. ***Please highlight time spent in post-doctoral research training (or equivalent) with an asterisk (\*)*.** | | | | | |
| **Start Date** | **End Date** | **% Research Effort** | **Position/Degree** *(e.g., graduate school [PhD], medical school [MD, DO, etc.], Postdoctoral fellowship, Residency, Clinical Fellowship, Research Internship)* | | **Institution** |
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| **Career Trajectory Section** (optional, 100 words or less)  *Briefly explain any life events or circumstances that you feel are relevant to defining your career path/trajectory. This section will be shared with reviewers and is included in recognition that inequities in access to research resources, including time, may not otherwise be apparent to reviewers and could help provide context as they evaluate an applicant’s professional trajectory and achievements. Do not share any sensitive or personal health information. Examples include but are not limited to; being a member of a community underrepresented in biomedical research, having experienced a life event that impacted career trajectory (such as parenthood, family or medical leave, caretaking responsibilities), COVID-19 pandemic-related effects, military service, having a learning or other disability, coming from a low-income family, and being the first in your family to go to college.* |
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| **Contributions to the Wider Research Community** (200 words or less)  *For example, this may include but is not limited to:*   * *Editing, reviewing, refereeing, contributing to the evaluation of other researchers and projects* * *Organization of conferences or knowledge sharing activities* * *Mentorship roles, teaching, or education* * *Appointments to positions of responsibility or leadership within your organization* |
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| **Promotion of Positive Research Culture** (200 words or less)  *Briefly describe your commitment and approach to improving research culture (research integrity, diversity, equity, inclusion, and recognition of researchers’ various activities).* |
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| **Project Title and Summary** | |
| **Project Title** |  |
| **Project Summary** *(300 Words)*  *This is a scientific abstract stating the project’s broad, long-term objectives and specific aims. Describe the research design and methods for achieving these goals. The section 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.* ***This statement should match the text in the corresponding field for online submission.*** | |
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| **Non-Technical Summary** (150 words or less)  *Prepare a lay-language description of the proposed research plan in terms that can be understood by the general public. Avoid technical jargon; use simple terms; define all essential terms.*  ***This statement should match the text in the corresponding field for online submission.*** |
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| **Project Ownership Plan** (350 words or less)  *To support the career development and transition of the Applicant into an independent research position, the Mentor and the Applicant should agree upon the ownership for the project and resources generated therein. Please describe what part of the proposed project belongs to the Applicant, and whether the Applicant has overall responsibility for and ownership of this portion of the project. Describe what portions (materials, resources, tools, etc.) of the project the Applicant will take to an independent research position and use to pursue additional grant funding.* |
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*Please include the following sections. Any Instructions provided should be removed from the final pdf application.*

**Applicants Biosketch**

*6 page maximum, use the latest non-fellowship NIH format.*

**Research Proposal**

*Maximum of 6 pages, not including References. Arial 11 font and size must be used in the text of the research proposal section. Use single spacing within paragraphs, double spacing between paragraphs and ½ -inch margins on all four sides. Any figures, graphs, tables or images, including their legends must fit within the indicated page limit. For these visuals, the minimum is an 8 point-font size. Supplementary material (e.g. reprints of publications, appendices, and additional data) are not permitted.*

*Within the page limit, include these sections in the order listed below:*

1. **Background**
2. **Specific Aims**
3. **Preliminary Data** *(if available)*
4. **Research Design, Experimental Methods and Analytical Plan**
5. **Research Limitations and/or Potential Pitfalls**
6. **Human Subjects** *(if applicable, maximum 3 pages, not included in the page limit)*
   1. *Research involving Human Subjects must include the possible risks of the study as well as steps planned to protect patient safety. Justification for the sample size included in the research design must be provided. Consistent with current NIH policies, funded clinical research must include women and minority groups as well as a rationale that speaks to composition of the study population. Any exclusions within the study population need to be described and scientifically justified.*
7. **References** *(not included in page limit)*

**Research and Career Development Plan**

*Maximum of 1 page, not included in Research Proposal page limit. Create a table that outlines the project timeline, milestones, related research/career development activities, and mentor(s) contributions associated with the proposed specific aims, overall project goals, and other activities.*

**Mentor’s Biosketch and List of Trainees**

*Use the current NIH Biographical Sketch form. A maximum of 3 co-mentor biosketches will be allowed. Biosketches should include a listing of previous trainees with their current positions (maximum 6 pages each, including trainee list).*

**Program Budget and Other Support**

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| **Applicant Name (PI)** | | |  | |
| **Current Salary –** *Please report the Applicant’s current total compensation. We request this information to fully understand the institutional commitment to the applicant.* | | |  | |
| **Additional Mentor Support –** *Please describe if and how the mentor will supplement the Applicant’s salary and/or research related costs if awarded.* | | |  | |
| **Flexible Allowance Justification** – *Please provide detailed explanation for the proposed use of the $25,000 flexible allowance per year of support.* | | | | |
| **Item** | **Budgeted Amount** | | | **Justification** |
| **Year 1** | **Year 2** | |
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| **Applicant’s Current and Pending Support** – *Applicant should list all active and pending support, addressing potential overlap (if any) associated with the current proposed project. If the research project is supported by other funding sources, a plan must be provided outlining how duplication of funding will be avoided. List N/A if Applicant has no other active or pending support.* | | | |
| **Funding Source, Project Title, Funding Period, and Status** *(e.g. Organization Name, “Project Title” XX/XX/XXXX – XX/XX/XXXX, Approved. Include date of notification if status is pending)* | **Total Amount and Annual Direct Costs** | **Role on the Project and Percent Effort** *(e.g. PI/Postdoc, 80% effort)* | **Describe any scientific or budgetary overlap with this proposal and outline how duplication of funding will be avoided.** |
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| **Mentor’s Current and Pending Support** – *Mentors should list all active and pending support, addressing potential overlap (if any) associated with the current proposed project. List N/A if Mentor has no other active or pending support.* | | | |
| **Funding Source, Project Title, Funding Period, and Status** *(e.g. Organization Name, “Project Title” XX/XX/XXXX – XX/XX/XXXX, Approved. Include date of notification if status is pending)* | **Total Amount and Annual Direct Costs** | **Role on the Project and Percent Effort** *(e.g. PI/Co-I, 80% effort)* | **Describe any scientific or budgetary overlap with this proposal and outline how duplication of funding will be avoided.** |
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