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| ***Project Period****: November 1, 2025 – October 31, 2027****Total Award****: Two-Year Award of $400,000 inclusive of Indirect Costs of up to $9,524 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 |  |  |
|  |
| **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: |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| Telephone: |  |  | Telephone: |  |
| Email: |  |  | Email: |  |  |
| **CERTIFICATION**: By signing this Cover Sheet, 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 we accept the terms of the Smith Family Foundation: Odyssey Award 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:** |

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Make sure all pages in the uploaded PDF are numbered

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Applicant Biosketch

Addendum to Biosketch

Sponsored research office approval form to confirm eligibility, review, and approval of the submission

**Key Personnel**

Please list all key personnel 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 Foundation: Odyssey Award**

**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 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. Minimum font size within visuals is Arial 8.

**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 500 words, excluding references*. *Figures, graphs, tables, or pictures are not required, and if included must fit along with the <500 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?***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 this work. How will it generate new technologies or conceptual advances? *Up to 100 words*

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**Q5. How does this project depart from your current line of research?** Briefly describe your lab’s field of study and how this work diverges from your current research. *Odyssey projects should be conceptualized as a distinct and novel off-shoot from your current research.* The review committee weighs this criterion heavily in making final funding decisions. *Up to 100 words*

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**Q6. What about your outlook/background/training gives you insight into this problem?** *Up to 100 words*

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**Q7. Please provide a simple timeline graphic to map out your plans for this work over the two 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.

**Smith Family Foundation: Odyssey Awards Program
2025 Grant Cycle**

**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 the Smith Odyssey proposal.** Applicants should clearly indicate any potential research or budgetary overlap with the Smith Odyssey proposal. In cases of any potential overlap or duplication, a detailed explanation of project aims must be appended to this document to address any apparent overlap or lack thereof.

**IF SMITH APPLICANT HAS NEVER HAD EXTERNAL SUPPORT PLEASE CHECK BOX AND EXPLAIN WHY BELOW:** [ ]

**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:** |  |

**Sponsored Research Office Approval Form**

***By signing this form, I certify***

1. *the applicant is eligible to apply based on the eligibility criteria stated in the program Guidelines and below,*
2. *the statements contained in this Application are true and complete to the best of my knowledge, and*
3. *if awarded, the institution will accept the Terms of Award of the Smith Family Foundation: Odyssey Award as documented in the Initial Proposal Guidelines.*

**Applicant eligibility criteria:**

* Full-time, independent faculty.
* Based at a nonprofit academic, medical, or research institution in Massachusetts or at Brown or Yale University.
* Received their first independent faculty appointment (normally tenure-track Assistant Professor) on or between November 1, 2016 and November 1, 2021.
* Has less than $750,000 in combined federal and non-federal funding in direct costs per year, excluding the institutional start-up package and other intramural support.
* Has not applied for the Odyssey Award more than once previously.

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| **If the applicant’s eligibility requires confirmation of a leave of absence, the dates of the leave of absence must be stated and confirmed below** |
|  |

**Institutional Representative from the Office of Sponsored Research (or equivalent)**

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date**  |  |