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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| University of Cincinnati CCTST Pilot and Innovative Core Grant Program *Grant Application* | | | | | | | | | | | | | | |
| 1. TITLE OF PROJECT *(Do not exceed 56 characters, including spaces and punctuation.)* | | | | | | | | | | | | | | |
| 1a. Type of application:  Pilot Translational Research proposal  Mentored Pilot Translational Research proposal  Innovative Core | | | | | | | | | | | | | | |
| **2. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR** | | | | | | **New CCTST Investigator  No  Yes** | | | | | | | | |
| 2a. NAME *(Last, first, middle)* | | | | | | 2b. DEGREE(S) | | | | | | |  | |
|  | | |  | | |  |  | |
| 2c.ORCID NUMBER | | | | | |  | | | | | | | | |
| 2e. POSITION TITLE | | | | | | 2d. MAILING ADDRESS *(Street, city, state, zip code)* | | | | | | | | |
| 2f. DIVISION | | | | | |
| 2g. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | | | |
| 2h. TELEPHONE AND FAX *(Area code, number and extension)* | | | | | | E-MAIL ADDRESS: | | | | | | | | |
| TEL: | | FAX: | | |  | | | | | | | | | |
| **3. OTHER INVESTIGATOR  CO-I  CO-PI**  If you have more than one other investigator, email Venois Peebles at peeblevj@ucmail.uc.edu. | | | | | | **New CCTST Investigator  No  Yes** | | | | | | | | |
| 3a. NAME *(Last, first, middle)* | | | | | | 3b. DEGREE(S) | | | | | | |  | |
|  | |  | | |  | |  | |
| 3c. POSITION TITLE | | | | | | 3d. MAILING ADDRESS *(Street, city, state, zip code)* | | | | | | | | |
| 3e. DIVISION | | | | | |
| 3f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | | | |
| 3g. TELEPHONE AND FAX *(Area code, number and extension)* | | | | | | E-MAIL ADDRESS: | | | | | | | | |
| TEL: | | | FAX: | |  | | | | | | | | | |
| 4. Human Subjects Research  No  Yes | | | 4a. Research Exempt  No  Yes  If “Yes,” Exemption No. | | 4b. Human Subjects Assurance No.    4c. NIH-Defined Phase I Clinical Trial  No  Yes | | | | | | | | | 5.Human Subjects Protection Certification:  No  Yes  5a. Certification Date: |
| 6. Vertebrate Animals  No  Yes  6a. If “Yes,” IACUC Approval Date    6b. Animal Welfare Assurance No. | | | 7. IBC Protocol  No  Yes  7a. If “Yes,” Approval Date:    7b. Approval Number: | | | | | | 8. Radiation  No  Yes  8a. If “Yes,” Approval Date | | | | |  |
| 9. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | | | | 1. COSTS REQUESTED   Direct Costs ($) | | | | | 11a. Name of Business Manager: | | | | | |
| From | Through | | |  | | | | | | 11b. Business Manager’s email address: | | | | |
|  |  | | |
| 12. The undersigned reviewed this application for a CCTST research award and are familiar with the policies, terms, and conditions of UC and/or CCHMC concerning research support and accept the obligation to comply with all such policies, terms, and conditions. | | | | | | | | | | | | | | |
| Primary Applicant: | | | | | | | Division Chair of Primary Applicant: | | | | | | | |
| Signature of Primary Applicant | | | | Date: | | | Signature of Division Chair of Primary Applicant | | | | | | Date: | |
| Affiliate applicant: | | | | | | | Division Chair of Affiliate Applicant | | | | | | | |
| Signature of Affiliate Applicant | | | | Date: | | | Signature of Division Chair of Affiliate Applicant: | | | | | | Date: | |
| Date Application Received by CCTST: | | | | | | | Received By: | | | | | | | |

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 01/31/2026)

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

| INSTITUTION AND LOCATION | DEGREE  *(if applicable)* | Completion Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

**B. Positions, Scientific Appointments, and Honors**

**C. Contributions to Science**

|  |  |
| --- | --- |
|  | **Center for Clinical & Translational Science & Training**  240 Albert Sabin Way  Location S, 2nd Floor, Suite 200, ML 11028  Cincinnati, OH 45229  Email: cctst@uc.edu | Web: cctst.org |

**Center for Clinical and Translational Science and Training**

**LOI Application Checklist for TRG and MTRG Proposals ONLY**

|  |  |
| --- | --- |
| **Please check each box to certify that you have included each item in your proposal** |  |
| 1. Face Page |  |
| 2. PI and Co-PI/Co-I biosketches |  |
| 3. This checklist |  |
| 4. Background |  |
| 5. Hypothesis |  |
| 6. Specific aims of the project |  |
| 7. Statement of how the project is translational |  |
| 8. Statement of extramural funding plan |  |
| 9. Statement of community engagement |  |
| 10. Letter of Support from division director or department chairperson |  |
| 11. Letter of Support from the PI’s mentor (only for MTRG applicants) |  |

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**Center for Clinical and Translational Science and Training**

**LOI Application Checklist for ICG Proposals ONLY**

|  |  |
| --- | --- |
| **Please check each box to certify that you have included each item in your proposal** |  |
| 1. Face Page |  |
| 2. PI and Co-PI/Co-I biosketches |  |
| 3. This checklist |  |
| **For new or unfunded applications only** |  |
| 4. Background |  |
| 5. Description of the Core |  |
| 6. Project goals |  |
| 7. Specific aims of the Core |  |
| 8. Letter of Support from division director or department chairperson |  |
| **For 2nd year renewal applications only** |  |
| 1. A one-page progress report justifying the need for continued support |  |
| 5. Letter of Support from division director or department chairperson |  |