

CALL FOR PROPOSALS

**2009 SOUTH CAROLINA
NIH IDeA NETWORK OF BIOMEDICAL RESEARCH EXCELLENCE (INBRE) PROGRAM
ADMINISTRATIVE SUPPLEMENTS FOR ENHANCING NCRR PILOT PROJECT MECHANISM**

Program Solicitation

IMPORTANT DATES

Submission of Proposal: 5:00 P.M. on Monday, April 20, 2009 in the South Carolina EPSCoR/IDeA Office

Notification of Selection: Monday, April 27, 2009

Federal Submission: Monday, May 18, 2009

Anticipated Period of Performance: August 1, 2009 – April 30, 2010

Maximum Funding Request: \$48,000 total costs (direct and indirect)

INTRODUCTION

This solicitation is limited to four-year, predominately undergraduate institutions in South Carolina who are currently participating in the active INBRE grant. These institutions include Claflin University, College of Charleston, Furman University, and Winthrop University.

Each institution is limited to one (1) proposal under this solicitation.

The South Carolina EPSCoR/IDeA State Committee will be submitting a proposal in response to the American Recovery and Reinvestment Act (ARRA) funds for NCRR Administrative Supplements for Enhancing NCRR Pilot Project Mechanism. The purpose of this supplement is “to facilitate providing expertise, infrastructure and resources for collaborative research efforts enabled through the NCRR portfolio.”

PROJECT GOAL

Proposals in response to this solicitation should request funding for new, innovative studies to be conducted by one or more individual investigators that have not been previously supported through the parent INBRE award. Proposed research plans by these new target faculty need to state how they are directly related to the institutional aims in the parent INBRE award.

Specific examples of responsive projects include, but are not limited to:

- new research emphases by junior faculty;
- pilot and collaborative studies on new research methodologies and new technologies; and
- new projects in interdisciplinary, translational research.

Due to the short timeframe, projects supporting small equipment, materials and supplies, and student research support are encouraged.

Funded activities will be subjected to review by the SC INBRE External Advisory Committee. Funded applicants will also be required to respond to all requests for information regarding program process, outputs and impacts made by the SC EPSCoR/IDeA State Office.

PROPOSAL FORMAT AND SUBMISSION

All proposals must be assembled in the following sequence:

- **Cover Page:** Must use PHS 398 Form Page 1, provided as Appendix A.
- **Project Description (maximum of 3 pages):** A research plan should be included for each target faculty identified addressing how the supplement will accelerate the tempo of scientific research and/or allow for job creation and retention. The plans should contain specific aims, experimental design, methodology, consideration of alternatives, data analysis, scope, and timetable. The research plan should identify a mentor(s), with relevant expertise, to oversee the proposed training and career development of each target faculty.
- **Budget:** Must use program form, provided as Appendix B. Each proposal can request a maximum of \$48,000 in total costs (direct and indirect) for an anticipated nine-month effort. Matching funds (in-kind or cash) are not required, but clear evidence of institutional commitment should be included with the proposal. Designated target faculty may receive salary but must show equivalent course release time.
- **Budget Justification:** Provide a complete justification for all NIH funds requested. Include explanation of institutional and non-federal sources available to the project (maximum one page).
- **Biosketch:** A two-page biographical sketch, prepared in NIH format (see Appendix C), is required for each target faculty and mentor.
- **Checklist:** Must use PHS 398 Checklist Form, provided as Appendix D.

Proposals must be submitted as one signed original and two copies to the South Carolina EPSCoR/IDeA Program, 1330 Lady Street, Suite 504, Columbia, SC, 29201. Additionally, a single MS Word or PDF file must be emailed to sanchez@scra.org.

PROPOSAL REVIEW PROCESS

Using the criteria below, proposals will be selected for inclusion in the SC EPSCoR/IDeA proposal to go forward to the NIH in May 2009.

The selection criteria will include:

- Relevance of the proposed activities to the parent grant and determination that the proposed activities are within the existing peer-reviewed and approved scope of the project.
- Adequate progress of the parent grant appropriate to the current stage of the project.
- Appropriate and well-described plan to accomplish the goals within the timeframe proposed.
- Expertise of the research/scientific team proposed to conduct and achieve the goals of the supplemental study or accelerate the tempo of scientific research.
- Appropriateness of the request to achieve Recovery Act goals in promoting job creation, economic development, and accelerating the pace and achievement of scientific research.
- The relevance to the aims of the ARRA goals, the Administrative Supplement defined areas, and the NCRR Strategic Priorities.

CONTACT INFORMATION

General inquiries regarding this program should be made to:

SC EPSCoR/IDeA Program
Telephone: (803) 733-9060

Department of Health and Human Services Public Health Services Grant Application <i>Do not exceed character length restrictions indicated.</i>		LEAVE BLANK—FOR PHS USE ONLY.			
		Type	Activity	Number	
		Review Group		Formerly	
		Council/Board (Month, Year)		Date Received	
1. TITLE OF PROJECT <i>(Do not exceed 81 characters, including spaces and punctuation.)</i>					
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes," state number and title)</i> Number: _____ Title: _____					
3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR			New Investigator <input type="checkbox"/> No <input type="checkbox"/> Yes		
3a. NAME (Last, first, middle)			3b. DEGREE(S)		3h. eRA Commons User Name
3c. POSITION TITLE			3d. MAILING ADDRESS <i>(Street, city, state, zip code)</i> E-MAIL ADDRESS:		
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT					
3f. MAJOR SUBDIVISION					
3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i> TEL: _____ FAX: _____					
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes		4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes		If "Yes," Exemption No. _____	
4b. Federal-Wide Assurance No.		4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		4d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	
5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes			5a. Animal Welfare Assurance No. _____		
6. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i> From _____ Through _____		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
		7a. Direct Costs (\$)		7b. Total Costs (\$)	
				8a. Direct Costs (\$)	
				8b. Total Costs (\$)	
9. APPLICANT ORGANIZATION Name _____ Address _____			10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged		
			11. ENTITY IDENTIFICATION NUMBER DUNS NO. _____ Cong. District _____		
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name _____ Title _____ Address _____ Tel: _____ FAX: _____ E-Mail: _____			13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name _____ Title _____ Address _____ Tel: _____ FAX: _____ E-Mail: _____		
14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.			SIGNATURE OF OFFICIAL NAMED IN 13. <i>(In ink. "Per" signature not acceptable.)</i>		DATE

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY						FROM	THROUGH	
PERSONNEL <i>(Applicant organization only)</i>		Months Devoted to Project			INST.BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths		SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							
SUBTOTALS →								
CONSULTANT COSTS								
EQUIPMENT <i>(Itemize)</i>								
SUPPLIES <i>(Itemize by category)</i>								
TRAVEL								
PATIENT CARE COSTS		INPATIENT						
		OUTPATIENT						
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>								
OTHER EXPENSES <i>(Itemize by category)</i>								
CONSORTIUM/CONTRACTUAL COSTS					DIRECT COSTS			
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD <i>(Item 7a, Face Page)</i>								\$
CONSORTIUM/CONTRACTUAL COSTS					FACILITIES AND ADMINISTRATIVE COSTS			
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD								\$

Program Director/Principal Investigator (Last, First, Middle):

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME		POSITION TITLE	
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

Please refer to the application instructions in order to complete sections A, B, and C of the Biographical Sketch.

Program Director/Principal Investigator (Last, First, Middle): _____

CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

- NEW application. (This application is being submitted to the PHS for the first time.)
- RESUBMISSION of application number: _____
(This application replaces a prior unfunded version of a new, renewal, or revision application.)
- RENEWAL of grant number: _____
(This application is to extend a funded grant beyond its current project period.)
- REVISION to grant number: _____
(This application is for additional funds to supplement a currently funded grant.)
- CHANGE of program director/principal investigator.
Name of former program director/principal investigator: _____
- CHANGE of Grantee Institution. Name of former institution: _____
- FOREIGN application Domestic Grant with foreign involvement List Country(ies) Involved: _____

INVENTIONS AND PATENTS (Renewal appl. only) No Yes
 If "Yes," Previously reported Not previously reported

1. PROGRAM INCOME (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is request. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS (See instructions.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in Part III and listed in Part I, 4.1 under Item 14. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

3. FACILITIES AND ADMINSTRATIVE COSTS (F&A)/ INDIRECT COSTS. See specific instructions.

- DHHS Agreement dated: _____ No Facilities And Administrative Costs Requested.
- DHHS Agreement being negotiated with _____ Regional Office.
- No DHHS Agreement, but rate established with _____ Date _____

CALCULATION* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

a. Initial budget period:	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
b. 02 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
c. 03 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
d. 04 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
e. 05 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
TOTAL F&A Costs				\$

*Check appropriate box(es):

- Salary and wages base Modified total direct cost base Other base (Explain)
- Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.): _____

4. DISCLOSURE PERMISSION STATEMENT: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)? Yes No