|  |
| --- |
| **Greater Value Portfolio 2019** |
| **Section 1 Application Face Sheet**  |
| Principal Investigator: |  |  |
| Degree(s)/mo./yr.: |  |  |
| Title: |  |  |
| Institutional Dept.: |  | Institution: |  |  |
| Address: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Telephone: | ( |  | ) |  | Fax: | ( |  | ) |  |  |
| Email: |  |  |
| Assistant’s Name: |  |  |
| Email: |  | Telephone: | ( |  | ) |  |  |
| Title of research project |  |
|  |  |  |
|  | **Location(s) where research activities will be conducted:** |  |
|  | Site: |  | Contact: |  |  |
|  | Address: |  |  |
|  |  |  |
|  |  |  |
|  | Institution’s IRS Employer Identification Number: |  |  |
|  |

**Section 1 – Application Face Sheet, continued**

|  |
| --- |
| I, the undersigned, certify that the statements contained herein are true and complete to the best of my knowledge, and agree to and accept the terms of The Patrick and Catherine Weldon Donaghue Medical Research Foundation as set forth in its policies and in the program description (Greater Value Portfolio – 2015) which I have received and reviewed. |
| **Signature of Candidate** |  |  |
|  |
| **Date** |  |  |
|  |
| The application of the above Candidate for the Greater Value Portfolio has been reviewed on behalf of this Institution, which supports the candidacy and has provided to the foundations assurances with respect to institutional support.  |
| **Signature of Institutional Officer** |  |  |
| **Name** |  |  |
| **Title** |  |  |
| **Institution** |  |  |
| **Date** |  |  |
|  |  |  |

**Applicant Institution’s Mailing Address** (the address where the grant check should be sent)

**Section 2 - Project Summary**

**TOTAL PROJECT COST$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL LENGTH OF PROJECT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[Insert narrative]

**Section 3 – Project Description**

[Insert 8-10 page narrative]

**Section 4 – Project Milestones and Key Activities**

|  |  |
| --- | --- |
| **Principal Investigator:** |  |
| **Project Name:** |  |

|  |  |  |
| --- | --- | --- |
|  | **Year 1** | **Year 2** |
| **Research**  |  |  |
| **Knowledge Transfer and Implementation or Integration Activities** |  |  |

|  |  |
| --- | --- |
|  |  |
| **Notes:** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 5a- Annual** **Budget**

Complete this form showing the funds requested from the Donaghue Foundation according to the breakouts described below for each 12 month period of funding. Please copy this page and complete for all project years. Check one of the following to indicate the budget period for each sheet submitted: \_\_\_ Year 1 \_\_\_ Year 2

**(DIRECT COSTS ONLY)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSONNEL**(Name, Title) | ROLE | %EFFORT | SALARY | FRINGE | TOTALS |
|  |  |  |  |  |  |
| PERSONNEL SUBTOTALS |  |  |  |
| **EQUIPMENT** (Justify and requests in excess of $500) |  |
| EQUIPMENT SUBTOTAL |  |
|  |  |
| **SUPPLIES** |  |
| SUPPLIES SUBTOTAL |  |
|  |  |
| **TRAVEL** |  |
| TRAVEL SUBTOTAL |  |
|  |  |
| **PARTICIPANT COSTS** |  |
|  |  |
| PATIENT CARE COSTS SUBTOTAL |  |
| **OTHER EXPENSES** (Itemize by category, including subcontracts) |  |
|  |  |
| OTHER EXPENSES SUBTOTAL |  |
| **TOTAL DIRECT COSTS FOR FIRST 12-MONTH BUDGET PERIOD** |  |
| **INDIRECT COSTS (UP TO 10%)** |  |
| **TOTAL COSTS FOR 12-MONTH BUDGET PERIOD** |  |

## Total Cost for the Proposed Project

|  |  |
| --- | --- |
| PERSONNEL (The Donaghue Foundation does adhere to the NIH salary cap guidelines.) |  |
| EQUIPMENT |  |
| SUPPLIES |  |
| TRAVEL |  |
| PARTICIPANT COSTS |  |
| OTHER EXPENSES |  |
| TOTAL DIRECT COST |  |
| INDIRECT COSTS (10 %)  |  |
| TOTAL COSTS |  |

**Section 5b**-**Budget Justification**

[Insert narrative]

**Section 6-Current and Pending Support Description**

[Insert narrative]

**Section 7-Research Ethics**

1. In a brief statement, please provide evidence of specific education or training in research ethics, with specific attention to (1) protection of human research subjects, (2) avoidance of scientific misconduct, and (3) avoidance of conflicts of interest. If you are a clinician, please provide evidence of conversancy with health care ethics.
2. Briefly describe your data security and monitoring plan

**Section 8-Infomed Consent of Human Subjects**

[Attach draft of form to be signed by human subjects]

**Section 9-Letters of Support**

[Include in a separate PDF file]

**Section 10**- **Curriculum Vitae**

[Include in a separate PDF file]

**Section 11-Publications**

[Include in a separate PDF File]