** R3 Application Form**

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| **R3 *Making research relevant & ready***  **Section One**  **FACE SHEET** | |
| **R3 Project Title (Max 56 char.)**   |  | | --- | |  | |  |
| **Principal Investigator:**  Name:   |  | | --- | |  |   Title:   |  | | --- | |  |   Address:   |  | | --- | |  |   **Applicant Organization:**  Name:   |  | | --- | |  |   Address:   |  | | --- | |  | | Degree(s) month/year   |  | | --- | |  |   Institutional Dept:   |  | | --- | |  |   Email:   |  | | --- | |  |     Telephone:   |  | | --- | |  |   **Project Terms:**  This R3 award is an 18 month grant with a maximum award of $55,000. Extensions to this grant term will only be considered in extraordinary circumstances.  **Does this project require IRB approval?**  YES\_\_\_ NO\_\_\_  The Donaghue Foundation does not anticipate that the activities funded through this grant program will require institutional review board approval, but it is always the principal investigator’s responsibility to ensure that all institutional requirements are upheld. |
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| **Signature of Principal Investigator**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature/Date**  **Institution’s IRS Employer Identification Number:**   |  | | --- | |  | | **Signature of Institutional Officer**  Name:  Title:  Telephone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature/Date** |

Certification: We, the undersigned, certify that the statements contained herein are true and complete to best of our knowledge, and agree to accept the terms of The Patrick and Catherine Weldon Donaghue Medical Research Foundation.

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**SECTION 2**

**Project Description (Maximum 4 pages)**

Please include the numbered sections 1-6 below when completing this section.

1. Describe the original Donaghue funded project. (100 words max)
2. Describe the clinical/health intervention that you will use the R3 funds to advance. (100 words max)
3. Describe the current barriers to implementing your clinical/health intervention and how this project will help to address these barriers.
4. Describe the proposed R3 project. Include how this project fits with work that you have already done or plan to do to increase adoption.
5. Describe the resources or expertise needed to complete this project. Include a description of resources other than the R3 grant that will support this project.
6. State explicitly what you expect to accomplish at the end of the project, how you will assess what you accomplished, and how it will advance your work.

**SECTION 3**

**Internal Team (attach BIOSKETCHES In Section 6)**

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| Please include the following information for each internal team members:  Name  Degree(s)  Organization  Address  Email  Title  Role in Project |

# SECTION 4 External Consultant(s) (attach BIOSKETCHES or CVs In Section 6)

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| Please include the following information for each external consultant:  Name  Degree(s)  Organization  Website  Address  Email  Title  Role in Project |

**SECTION 5**

**Estimated Proposed Budget**

**A. Budget for 18-Month Period**

**(Direct Costs Only)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERSONNEL  (NAME, TITLE) | ROLE | %EFFORT | SALARY | FRINGE | TOTALS |
|  |  |  |  |  |  |
| PERSONNEL SUBTOTALS | | |  |  |  |
| EXPENSES RELATED TO EXTERNAL CONSULTANT(s) (i.e. personnel costs and estimated budget total) | | | | |  |
| OTHER EXPENSES  CONSULTANT AND OTHER EXPENSES SUBTOTAL | | | | |  |
| TOTAL DIRECT COSTS (cannot exceed $55,000) | | | | |  |
| INDIRECT COSTS (10% of grant award) | | | | |  |
| TOTAL | | | | |  |

# B. Other Support

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| Describe any other resources (including in-kind) that will support the project. Include detail such as hours, salary, and any additional project costs that will be provided through this additional support. |

# SECTION 6

# Biosketches and CVs (for Principal Investigator, Internal Team AND EXTERNAL CONSULTANTS)