|  |  |
| --- | --- |
| **Greater Value Portfolio 2022**  **Section 1: Face Sheet** | |
| **Title (Max 90 characters)**   |  | | --- | |  | | |
| **Principal Investigator:**  Name:   |  | | --- | |  |   Title:   |  | | --- | |  |   Address:   |  | | --- | |  |   Degree(s) month/year   |  | | --- | |  |   Institutional Dept:   |  | | --- | |  |   E-mail:   |  | | --- | |  |     Telephone:   |  | | --- | |  |   **Applicant Host Organization:**  Name:   |  | | --- | |  |   Contact Name & Address (the mailing address where the grant check should be sent):   |  | | --- | |  |   **Institution’s IRS Employer Identification Number:**   |  | | --- | |  |   Length of project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Budget $\_\_\_\_\_\_\_\_\_  Will this project require IRB approval? \_\_\_\_ YES \_\_\_\_ NO | **Project Terms:**  Each application must include evidence that the applicant has the unrestricted right to publish the results of the study regardless of the nature of the findings.  For example, if an applicant is relying on another organization to supply data or access to participants or other resources that represent a source of data, as a condition to having the application reviewed, the applicant must provide a letter from at least two legally authorized individuals from that organization, attesting to the applicant’s right to publish or disseminate results regardless of findings.  The other organization may ask to review those results for no longer than 30 days after they have been submitted to that organization for review if desired by that organization but may not in any way impede the publication or dissemination of those results.  Each application acknowledges that it is the intent that the findings be published or otherwise made public within 12 months after the study is completed.  **Certification:**  We, the undersigned, certify that the statements contained herein are true and complete to the best of our knowledge, and agree to accept the terms and all policies of The Patrick and Catherine Weldon Donaghue Medical Research Foundation.  **Principal Investigator**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature/Date**  **Institutional Officer**  Name:  Title: Telephone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature/Date** |

**Section 2: Project Summary (250-word limit)**

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

**Section 2a: Glossary of Research Terms, Acronyms, and Abbreviations (list)**

**Section 3: Project Description (13-page limit)**

* **Introduction, background, and research question**
* **Description of dataset**
* **Collection of new data**
* **Research plan, including all methods, and analyses**
* **Limitations of chosen research methodology and strategies for mitigating them (500-word maximum) (i.e., data collection/analysis method, sample size, the scope of research aims and objectives, gaps in field data, biases)**
* **References & citations**

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

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

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

**Additional Notes (Optional)**

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

**Section 5: Annual Budget(s)**

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 it for both project years. Check one of the following to indicate the budget period for each sheet submitted: \_\_\_ Year 1 \_\_\_ Year 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personnel** (Name, Title) | **Role** | **% Effort** | **Salary** | **Fringe** | **Totals (Year 1)** |
|  |  |  |  |  |  |
| PERSONNEL SUBTOTALS | | |  |  |  |
| **EQUIPMENT** | | | | |  |
|  | | | | |  |
| STAKEHOLDER ORGANIZATION EXPENSES TOTAL | | | | |  |
| **SUPPLIES** | | | | |  |
|  | | | | |  |
| DATA COSTS SUBTOTAL | | | | |  |
| **TRAVEL** | | | | |  |
|  | | | | |  |
| TRAVEL SUBTOTAL | | | | |  |
| **PARTICIPANT COSTS** | | | | |  |
|  | | | | |  |
| PATIENT CARE COSTS SUBTOTAL | | | | |  |
| **OTHER EXPENSES (I.E SUBCONTRACTOR EXPENSES)** | | | | |  |
|  | | | | |  |
| OTHER EXPENSES SUBTOTAL | | | | |  |
| **TOTAL DIRECT COSTS FOR 12-MONTH BUDGET PERIOD** | | | | |  |
| **INDIRECT COSTS (UP TO 10%)** | | | | |  |
| **TOTAL COSTS FOR 12-MONTH BUDGET PERIOD** | | | | |  |

**Section 5a: Total Cost for Proposed Budget**

|  |  |
| --- | --- |
| **Category** | **Cost** |
| 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**

Please provide a concise explanation to justify all significant expenses in the budget.

**Section 6: Research Ethics Preparation**

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 7: Description of Current and Pending Support**

**Section 8: Informed Consent of Human Subjects**

Please insert a draft of the form to be signed by human subjects.

**Section 9: Supplemental Materials**

Please attach the following supplemental materials to this application in **PDF** format. Failure to do so will result in an incomplete application, which could deter further consideration of your **Greater Value Portfolio** grant program application.

**1. Letters of Support**

All letters of support should be housed in one **PDF file** labeled **“PILast Name\_df\_letters of support.”** Letters should contain signatures.

**2. Principal Investigator(s) & Stakeholder Curriculum Vitae/Resume(s) or Biosketch(s)**

All CVs and or biosketches should be housed in one PDF file labeled **“PILastName\_df\_CVandbiosketches”**

**3. Publications**

All publications should be housed together in one PDF file labeled **“PILastName\_df\_publications.”**