INSTRUCTIONS FOR SUBMITTING A RESEARCH SEED GRANT APPLICATION

When completing and submitting a Research Seed Grant Application, keep in mind the following requirements:

1. Documents must be on formatted for 8.5" x 11" paper.
2. Margins must not be smaller than 0.5".
3. Arial is the preferred font and must be at least 11 point font.
4. The Application/Cover Page should be the first page of the document. This should be followed by the Abstract/Project Summary, Health Relevance, Specific Aims, Research Strategy, Cited References, Biosketch, Budget, and Budget Justification, in that order.
5. Application/Cover page—1 page limit.
6. The Abstract/Project Summary page is limited to 30 lines.
7. Health Relevance is limited to 3 sentences (note that the Abstract/Project Summary and Health Relevance can be on the same page).
8. Specific Aims—1 page limit.
9. Research Strategy—6 page limit.
10. Cited References. Appendices will not be accepted.
11. Biosketch (NIH format)—5 page limit per investigator.
12. A one-year itemized budget for a maximum of $15,000. Salary support for post docs, residents, researchers, and graduate students is acceptable with justification. Budget cannot support faculty salaries. Travel and publication costs are not allowable. Equipment (defined as durable items costing over $5,000 is not eligible for funding).
13. Budget Justification—--1 page limit.
14. The above documents should be collated in the order noted above into one document. Scan the document into 1 pdf and email it to Kristi Katcher, kkatcher@siumed.edu
15. Late applications not accepted and applications that do not adhere to the directions will not be reviewed.

APPLICATION FOR RESEARCH SEED GRANTS

Final Submission Deadline: Tuesday, March 12, 2019 by 4:00 p.m.

Directions: ALL of the information requested must be supplied. Electronic submission of all parts of the application is required (in one, collated pdf file) and must be sent to Kristi Katcher, at kkatcher@siumed.edu.

PRINCIPAL INVESTIGATOR:

Typed Name:	*PI Signature:*	*Chair's Signature:*

DEPARTMENT: **% of time devoted to this project:**

MAIL CODE & PHONE NUMBER (if Springfield or COMPLETE ADDRESS IF CARBONDALE/DECATUR/QUINCY):

TITLE OF PROJECT/PROPOSAL:

CO-INVESTIGATORS:	DEPARTMENTS:	CHAIR'S SIGNATURE
A.		
B.		
C.		
D.		

TOTAL BUDGET AMOUNT REQUESTED:

All Applicants:

- By submitting this proposal, the PI agrees to provide grant proposal reviews at the request of the GRC chair for the next two (2) years (not to exceed 2 proposals per calendar year).
- You have the option of naming one person to exclude as a reviewer from your application. Please check the box below if you would like to exercise this option. If "yes" is checked, Kristi Katcher will contact you prior to the making of reviewer assignments.

YES   NO

1/23/19