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**Pop-Up COVID-19 Grant Application**

**West Virginia Clinical and Translational Science Institute**

Principal Investigator’s Information

|  |  |
| --- | --- |
| PI |  |
| Name |  |
| Title |  |
| College |  |
| Department/ Division |  |
| Email Address |  |
| Phone |  |
| Co-I’s |  |
| Name |  |
| Name |  |
| Name |  |
| Name |  |
| Name |  |

**TITLE OF APPLICATION**:

**Reminders:**

* **ATTACH NIH Style Biosketch for Principal Investigator and Key Personnel.**
* **A Letter of Support is not required, but Department Chair should be made aware of investigator’s intent to apply for funding, and copied on email submission.**
* **Due to the timeline of this funding opportunity, proof of IRB/IACUC submission is NOT REQUIRED to apply. However, please INCLUDE the Human Subjects Template or Vertebral Animal section as applicable.**

**PROJECT ABSTRACT** *(30 Lines or Less)*

1. **SPECIFIC AIMS** *(1 page max)*
2. **RESEARCH STRATEGY** *(5 pages max)*

Must be included and clearly labeled:

1. Background
2. Hypothesis
3. Significance
4. Innovation
5. Approach

**REFERENCES**

**BUDGET**

**NO Student Support, Conference Travel, or Indirect Costs allowed.**

**See full details in RFA.**

 List PERSONNEL *(Applicant organization only)* Use Cal, Acad, or Summer to Enter Months Devoted to Project

 Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ONPROJECT | Cal.Mnths | Acad.Mnths | SummerMnths | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PD/PI |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
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| SUBTOTALS |       |       |       |
| CONSULTANT COSTS      |       |
| EQUIPMENT *(Itemize)*      |       |
| SUPPLIES *(Itemize by category)*      |       |
| TRAVEL      |       |
| INPATIENT CARE COSTS       |       |
| OUTPATIENT CARE COSTS       |       |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)*      |       |
| OTHER EXPENSES *(Itemize by category)*      |       |
| TOTAL DIRECT COSTS  | $ |       |

**BUDGET JUSTIFICATION**

**VERTEBRATE ANIMALS** *(as applicable)*

Must be included and clearly labeled:

* Description of Procedures
* Justifications
* Minimization of Pain and Distress
* Method of Euthanasia

**HUMAN SUBJECTS TEMPLATE** *(as applicable)*

Please download the template from the WVCTSI website. Link included in the RFA.