

**Center for Gastrointestinal Biology and Disease**

###### Pilot/Feasibility Grant Application Face Page

|  |  |
| --- | --- |
| Name & position: |  |
| Department: |  |
| Address: |  |
| Email: |  |
| Institution: |  |
| Collaborator(s): |  |
| CGIBD Core Use |  |
| Dept. Contact Name & Email: |  |
| Eligibility Category: | 🞏 New investigator without current or past NIH research project support  🞏 Established non-digestive disease investigator proposing a digestive disease project  🞏 Established, supported digestive disease investigator proposing a project which constitutes a *significant* departure from ongoing research |
| Title of Project: |  |

**Approvals** Attach approval from IRB or IACUC, if available; approval must be complete prior to funding.

|  |  |  |  |
| --- | --- | --- | --- |
| Are human subjects used in proposed research? |  Yes   No | Are animals used in proposed research? |  Yes   No |

|  |  |
| --- | --- |
| Total Direct Funds Requested | $ |

**Non-UNC-CH Applicants (F&A Rate of 15% applies)**

|  |  |  |
| --- | --- | --- |
| Direct Funds Requested | $ |  |
| Indirect Funds Requested (15%) | $ | For Non UNCCH investigators |
| Total Funds Requested | $ | Cannot exceed $30,000 |

**Institutional Signature:**

Name:

Title:

Signature/Date:

**ABSTRACT**

DO NOT EXCEED 30 LINES USING ARIAL 11. Include: the project’s significance, innovation, specific aims, and a description of the research design and methods. Describe the impact or expected outcomes.

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| ABSTRACT  Ba  Ba |
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| Sp |
| **NARRATIVE**  DO NOT EXCEED 2-3 SENTENCES USING ARIAL 11   |  | | --- | |  | | NARRATIVE | |  | |  | |
|  |
|  |

**RESEARCH PLAN**

(Sections "1" through "7" should not exceed 4 pages in total)

1. Specific Aims
2. Significance
3. Innovation
4. Approach
5. Relevance of Proposed Project to the GI Field and CGIBD themes
6. Anticipated Use of DDRCC Cores (https://www.med.unc.edu/cgibd/cores/)
7. Future plans for funding

Additional materials such as reprints or figures, can be submitted as an appendix.

**NIH BIOSKETCH OF PI**

**NIH BIOSKETCHES OF CO-INVESTIGATORS AND/OR MENTORS**

**LETTERS OF SUPPORT (optional)**

**BUDGET**

**BUDGET JUSTIFICATION**

|  |  |  |
| --- | --- | --- |
|  | | |
| DETAILED BUDGET FOR BUDGET PERIODDIRECT COSTS ONLY | FROM | THROUGH |
| 08/01/2022 | 07/31/2023 |

List PERSONNEL *(Applicant organization only);* Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | **ROLE ON PROJECT** | **% Effort** | **INST.BASE SALARY** | **SALARY REQUESTED** | **FRINGE BENEFITS** | **TOTAL** | | |
|  | PD/PI |  |  |  |  |  | | |
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| **SUBTOTALS** | | | |  |  |  | | |
| SUPPLIES *(Itemize by category)* | | | | | |  | | |
| TRAVEL | | | | | |  | | |
| OTHER EXPENSES *(Itemize by category)* | | | | | |  | | |
| SUBTOTAL DIRECT COSTS FOR BUDGET PERIOD | | | | | | | $ |  |
| SUBTOTAL INDIRECT COSTS FOR BUDGET PERIOD (*Non-UNCCH Rate of 15% applies)* | | | | | | |  |  |
| TOTAL COSTS FOR BUDGET PERIOD *(Should not exceed $30,000)* | | | | | | | $ |  |

**BUDGET JUSTIFICATION**

**Personnel**

**Supplies**

**Travel**

**Other Expenses**