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| **DIANA HELIS HENRY AND ADRIENNE HELIS MALVIN****MEDICAL RESEARCH FOUNDATIONS****APPLICATION FOR CANCER RESEARCH COLLABORATIVE PROJECTS AT****BAYLOR COLLEGE OF MEDICINE (2022)** |

# SUMMARY SHEET

# BAYLOR COLLEGE OF MEDICINE

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| PI Name: | Department:  | Degree: |
| Academic Position:  | \*Cancer Center Program: Choose one |
| Phone:  |  | Email:  |

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| Collaborator Name\*\*:  | Department:  | Degree: |
| Academic Position:  | \*Cancer Center Program: Choose one |
| Phone:  |  | Email:  |

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| --- | --- | --- |
| Collaborator Name:  | Department:  | Degree: |
| Academic Position:  | \*Cancer Center Program: Choose one  |
| Phone:  |  | Email:  |

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| --- | --- | --- |
| Collaborator Name:  | Department:  | Degree: |
| Academic Position:  | \*Cancer Center Program: Choose one |
| Phone:  |  | Email:  |

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| --- | --- | --- |
| Collaborator Name:  | Department:  | Degree: |
| Academic Position:  | \*Cancer Center Program: Choose one |
| Phone:  |  | Email:  |

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| Collaborator Name:  | Department:  | Degree: |
| Academic Position:  | \*Cancer Center Program: Choose one |
| Phone:  |  | Email:  |

**\* Membership in Dan L. Duncan Comprehensive Cancer Center (DLDCCC) is not a requirement. However,
members should indicate primary DLDCCC program affiliation from the pull down box.**

**\*\*Collaborators are not a requirement. However, if you have any please list. Only collaborators at BCM are eligible for funding. Please note the term collaborative research in RFA means collaboration of BCM investigator with HMRF.**

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| Type X in applicable boxes: | Yes | No |
| 1. Are human subjects or human tissues/fluids being used? |  |  |
| 2. Are animals or animal tissues/fluids being used? |  |  |
| 3. Are radioactive materials being used? |  |  |
| 4. Is recombinant DNA being used? |  |  |

Project Title (Do not exceed 56 characters, including the spaces between words and punctuation.)

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Project Description

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| State the application’s broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This description is meant to serve as a succinct and accurate description of the proposed work when separated from the application. **DO NOT EXCEED ONE PAGE FOR PROJECT DESCRIPTION.** |

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1. **SUMMARY SHEET (one page)**
2. **PROJECT DESCRIPTION (do not exceed one page)**
3. **RESEARCH PLAN (maximum 6 pages including figures)**

**FORMATTING INSTRUCTIONS**: Use font and margins as indicated on this form. Submit grant application as a single PDF file. No appendix material permitted.

**Specific Aims**

**Significance**

**Innovation**

**Approach**

**Bibliography and Literature Cited (excluded from six page limit)**

1. **BIOGRAPHICAL SKETCH FOR ALL KEY PERSONNEL
(maximum five pages each; NIH format)**
2. **BUDGET (use attached budget form for all three years. Designate one FTE as Helis employee, and provide budget justification for each budget category.**

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| **EXHIBIT A**

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| **(1) TITLE OF PROJECT – Page 1** |

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| **TITLE OF PROJECT – Page 1** |
| DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY | FROM | THROUGH |
| 07/01/2022 | 06/30/2023 |
| PERSONNEL *(Applicant organization and Foundation)* | Effort Devoted to Project |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | Perc. |  |  | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|  |  | % |   |   |  |  |  |  |
|  |  | % |   |   |  |  |  |  |
|  |  | % |  |  |  |  |  |  |
|  |  | % |   |   |  |  |  |  |
|  |  | % |   |   |  |  |  |  |
|  |  | % |  |  |  |  |  |  |
|  |  | % |   |   |  |  |  |  |
| SUBTOTALS |  |  |  |
| ANIMAL COSTS |  |
| EQUIPMENT *(Itemize)* |  |
| SUPPLIES *(Itemize by category)* |  |
| TRAVEL |  |
| OTHER EXPENSES *(Itemize by category)* |  |
|  |  |   |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | $ |  |
|  | ADMINISTRATIVE COSTS (15%)  |  |
| RENT AND UTILITIES: TAKE SQ.FT. OF LAB AND MULTIPLE BY $26 | LIST LAB AND ROOM NO.  | **$** |
| TOTAL COSTS FOR INITIAL BUDGET PERIOD  | $ |  |
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**EXHIBIT A**

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| **(1) TITLE OF PROJECT – Page 2** |
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| BUDGET FOR ENTIRE PROPOSED PROJECT PERIODDIRECT COSTS ONLY |
| BUDGET CATEGORYTOTALS | INITIAL BUDGETPERIOD*(from Form Page 1)* | ADDITIONAL YEARS OF SUPPORT REQUESTED |
| 2nd | 3rd | 4th | 5th |
| PERSONNEL: *Salary and fringe benefits. Applicant organization*. |  |  |  |  |  |
| PERSONNEL: *Salary and fringe benefits. Foundation*. |  |  |  |  |  |
| ANIMAL EXPENSES |  |  |  |  |  |
| EQUIPMENT |  |  |  |  |  |
| SUPPLIES |  |  |  |  |  |
| TRAVEL |  |  |  |  |  |
| OTHER EXPENSES |  |  |  |  |  |
| SUBTOTAL DIRECT COSTS |  |  |  |  |  |
| **INDIRECT COSTS** | **15%** |  |  |  |  |  |
| RENT AND UTILITIES (BLDG/ROOM NO) |  |  |  |  |  |
| TOTAL COSTS |  |  |  |  |  |
| TOTAL COSTS FOR ENTIRE PROPOSED PROJECT PERIOD | $ |  |

**BUDGET JUSTIFICATION (Please use additional page, if needed)**

**Personnel**

**Supplies**

**Travel**

**Equipment**

**Other Expenses**

**Rent and Utilities**

**EXHIBIT A (EXAMPLE BUDGET)**

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| **(1) TITLE OF PROJECT – Page 1** |
|  |
| **DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY** | FROM | THROUGH |
| 07/01/2022 | 06/30/2023 |
| PERSONNEL *(Applicant organization and Foundation)* | Effort Devoted to Project |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | Perc. |  |  | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
| XXXXX | PI | 20% |   |   | 120,000 | 24,000 | 5,308 | 29,308 |
| XXXX | Co-Investigator | 10% |   |   | 110,000 | 11,000 | 2,541 | 13,541 |
| \*XXXXX (HIGHLIGHT HELIS EMPLOYEE(S) | Research Coordinator | 100% |   |   | 42,500 | 42,500 | 16,416\* | 58,916 |
| XXXX | Sr. Research Assistant | 25% |  |  | 50,000 | 12,500 | 3,933 | 16,433 |
| XXXX | Collaborator | 0% |  |  | 0 |  |  |  |
| XXXX | Consultant | 0% |   |   | 0 |  |  |  |
|  |  |  |   |   |  |  |  |  |
| **SUBTOTALS** | 90,000 | 28,198 | 118,198 |
| ANIMAL COSTS | 10,000 |
| EQUIPMENT *(Itemize)* | 0 |
| SUPPLIES *(Itemize by category)* | 3,7006,0005,00021,000 |
| TRAVEL | 1,500 |
| OTHER EXPENSES *(Itemize by category)* | 5003,70013,00016,950 |
|  |  |   |
| **SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** | **$** | **199,548** |
|  | **ADMINISTRATIVE COSTS (15%)**  |  **$21,094** |
|  | **TOTAL COSTS FOR PROJECT** | **$220,642** |
| Example: BCM, DeBakey, Room M111; 150 sq. ft. x $26 = $3,900 | **RENT AND UTILITIES (DeBakey, Room No. M111)** |  **$4,358** |
| **TOTAL COSTS FOR INITIAL BUDGET PERIOD**  | **$** | 225,000 |

\*Designated as Foundation personnel**EXHIBIT A (EXAMPLE BUDGET)**

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| **(1) TITLE OF PROJECT – Page 2** |
|  |
| **BUDGET FOR ENTIRE PROPOSED PROJECT PERIODDIRECT** **COSTS** **ONLY** |
| BUDGET CATEGORYTOTALS | INITIAL BUDGETPERIOD*(from Form Page 1)* | ADDITIONAL YEARS OF SUPPORT REQUESTED |
| 2nd | 3rd | 4th | 5th |
| PERSONNEL: *Salary and fringe benefits. Applicant organization*. | 118,198 | 118,198 | 118,198 |  |  |
| **\*PERSONNEL: *Salary and fringe benefits. Foundation*.** | 58,916 | 58,916 | 58,916 |  |  |
| ANIMAL EXPENSES | 10,000 | 10,000 | 10,000 |  |  |
| EQUIPMENT | 0 | 0 | 0 |  |  |
| SUPPLIES | 14,700 | 14,700 | 14,700 |  |  |
| TRAVEL | 1,500 | 1,500 | 1,500 |  |  |
| OTHER EXPENSES | 34,150 | 34,150 | 34,150 |  |  |
| **SUBTOTAL DIRECT COSTS** | **199,548** | **181,598** | **181,598** |  |  |
| **\*\*INDIRECT COSTS** | **15%** | **21,094** | **21,094** | **21,094** |  |  |
| **TOTAL COSTS FOR PROJECT** | **220,642** |  **220,642** | **220, 642** |  |  |
| \*\*\*RENT AND UTILITIES (BLDG/ROOM NO) | 4,358 | 4,358 | 4,358 |  |  |
| **TOTAL COSTS** | 225,000 | 225,000 | 225,000 |  |  |
| **TOTAL COSTS FOR ENTIRE PROPOSED PROJECT PERIOD** | **$** | **675,000** |

**\*PLEASE DESIGNATE HELIS EMPLOYEE**

**\*Please use Helis fringe rate sheet for designated Helis employee (see below).**

**\*\*Please deduct the Helis employee costs from your direct costs before calculating the indirects. If you plan to give your Helis employee a merit increase in years 2 and 3, please budget for it.**

**\*\*\*Rent - estimate only a portion of lab space that will be used to conduct research for the Helis project. Multiply this sq. ft by $26**

**BUDGET JUSTIFICATION**

**Personnel**

**Supplies**

**Travel**

**Equipment**

**Other Expenses**

**Rent and Utilities**

Example: Baylor College of Medicine, Room 111D, DeBakey Building, 167 sq. ft @ $26 = $4,358

