1. **SUMMARY SHEET (one page – use attached form)**
2. **PROJECT DESCRIPTION (one page – use attached form)**
3. **RESEARCH PLAN (maximum 6 pages including figures)**

**FORMATTING INSTRUCTIONS**: Use Arial 11 and at least 0.5 inch margins. Submit grant application as a single PDF file. No appendix material permitted. Provide the following components.

**Specific Aims**

**Significance**

**Innovation**

**Approach**

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

1. **BIOGRAPHICAL SKETCH FOR PI and KEY PERSONNEL
(Five-page NIH format). \* Indicate overlap of active funded projects or pending proposals with any or all of the Aims of the HMRF proposal.**
2. **BUDGET – Provide Year 1 and all 3 years (see provided budget templates, examples and special fringe calculations. Designate one FTE as Helis employee, and provide budget justification for each budget category. Also indicate the cost of rent and utilities to be paid by HMRF using the indicated formula of square footage of lab space dedicated to the project.**

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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 (2025)** |

# Summary Sheet

# BAYLOR COLLEGE OF MEDICINE

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Collaborator Name:       | Department:       | Degree:       |
| Academic Position:       |  \*Cancer Center Program:  |
| 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 the RFA means collaboration of BCM investigators with the HMRFs since at least one personnel on funded projects will be an HMRF employee and HMRFs will lease BCM research space.

|  |  |  |
| --- | --- | --- |
| Select Yes or No: | 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) 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 |
| 07/01/2023 | 06/30/2024 |
| 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%)  |  |
| TAKE SQ.FT OF LAB AND MULTIPLE BY $26 | RENT AND UTILITIES (ADD BLDG/ROOM NO) |  |
| TOTAL COSTS FOR INITIAL BUDGET PERIOD  | $ |  |
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| **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*. |  |  |  |  |  |
| 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**

**Other Expenses**

**Rent and Utilities**

**(EXAMPLE BUDGET Page 1)**

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| **TITLE OF PROJECT – Page 1** |
|  |
| **DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY** | FROM | THROUGH |
| 07/01/2023 | 06/30/2024 |
| 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**(EXAMPLE BUDGET Page 2)**

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| **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 deduct the Helis employee costs from your direct costs before calculating the indirects.**

**\*\*\*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**

**Other Expenses**

**Rent and Utilities**

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

**Helis Foundation Fringe Benefits Calculations**

