



SCCM-Weil Research Grant and Discovery Research Grant Application Checklist

NOTE: This document is a checklist of the online application portal for your reference. All proposals must be submitted via the online application portal. Email or printed applications will not be accepted or reviewed. All applications are due August 1.

The SCCM funding opportunities for 2022-20223 are as follows:

SCCM-Weil Research Grant (Weil Grant): Two SCCM-Weil Research Grants of up to \$50,000 each are awarded annually to SCCM members for research to be carried out in basic, translational, or clinical research.

Discovery Research Grant (Discovery Grant): Discovery Research Grants of a total of \$100,000 will be awarded annually to SCCM members. Special eligibility criteria:

- Required to have a timeline for completion within 12 months
- Collaboration between at least 2 institutions (multi-institutional studies).
- Submission of a plan for engagement of junior investigators (if applicable), Plan for future extramural funding for the study and how this proposal would facilitate extramural funding for future multicenter studies involving Discovery. Discovery proposals that engage Discovery resources (such as data coordination, clinical site coordination, project management, etc.) will be prioritized.

Title

| | | | ssion Application Title (100 characters): grant is this proposal applicable to: Weil or Discovery | | | |
|----------------------|-------|---|--|--|--|--|
| Αр | plica | ant | | | | |
| | | Confirm applicant information | | | | |
| Category/ Competency | | | | | | |
| | | Please choose the categories/subcategories that describe the present work | | | | |
| | | 0 | General Principles | | | |
| | | 0 | Basic science/cellular research | | | |
| | | 0 | Translational research | | | |
| | | 0 | Clinical research | | | |
| | | 0 | Health service and delivery research | | | |
| | | 0 | Education research | | | |
| | | 0 | Patients and Families: Survivorship and Recovery | | | |

Proposal Information

☐ Abstract (brief description – 2500 characters limit)

| | | Institution(s) for proposed research | | |
|-----|------|--------------------------------------|---|--|
| | | Has oth | ner funding been secured or applied for in support of this research? | |
| | | 0 | Yes | |
| | | | If yes, please indicate source and amount of funding | |
| | | 0 | No | |
| | | What le | evel of investigator are you? | |
| | | 0 | Established investigator | |
| | | 0 | Junior (no prior independent NIH funding – RO1 or equivalent and within 10 years of | |
| | | | having completed training) (see optional documents to upload) | |
| | | 0 | Junior Applicant requesting independent support | |
| | | 0 | Junior Applicant who is including an SCCM member research mentor | |
| | | Was th | is grant proposal previously submitted to SCCM within the past 5 years? | |
| | | 0 | Yes (see documents to upload) | |
| | | | If yes – type in year | |
| | | 0 | No | |
| | | Applicar | nt's present research (any currently funded research the applicant is a principal or co-investigator) | |
| | | 0 | Project Title | |
| | | 0 | Source | |
| | | 0 | Years | |
| | | 0 | Amount | |
| | | Study t | ype: (drop down) | |
| | | 0 | Single-institutional | |
| | | 0 | Multi-institutional | |
| | | Does th | nis research require institutional approvals (human investigations and/or animal studies) | |
| | | 0 | Yes | |
| | | 0 | No | |
| | | Attesta | tion – I attest that there is nothing to disclose that would be a conflict of interest to the | |
| | | applica | tion – drop down | |
| | | 0 | Yes | |
| | | 0 | No | |
| | | | If conflict, specify | |
| | | Adminis | trative official to notify | |
| | | | | |
| | | | ACHMENTS : All attachments should be in PDF format. Failure to attach any of the | |
| req | uire | ed attach | ments will result in incomplete proposal submission and will not be reviewed. | |
| | Res | earch Ap | oplication (not to exceed 6 pages, Arial font, size 11pt or larger) | |
| | • | Study F | Purpose and Specific Aims | |
| | • | • | ound and Significance | |
| | • | _ | inary Data (if any) | |
| | • | | ch Design/ Methods (design, setting, sample [size, inclusion/exclusion criteria, and | |
| | | | stification], methods to achieve each specific aim, evaluation plan) | |

• Status of IRB

| | Curriculum Vitae /Biographical Sketch (not to exceed 3 pages). Please describe the following: | | | |
|-----------|--|--|--|--|
| | Education and training | | | |
| | Research experience | | | |
| | Relevant publications of applicant and mentor, where applicable | | | |
| | Personal statement (why your experience and qualifications make you particularly well- | | | |
| | suited for your role) | | | |
| | Positions and honors | | | |
| _ | Selected peer-reviewed publications (published or in press only, no more than 15 citations) | | | |
| | 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | |
| | budget template in the application portal. The grant review committee will entertain up to 10% indirect costs. | | | |
| | Bibliography - Please upload bibliography (not to exceed 75 citations) | | | |
| | For those resubmitting a previous grant application - Please upload a one page overview of the | | | |
| | recommended grant proposal changes and modifications made to the grant proposal. | | | |
| <u>AD</u> | DITIONAL ATTACHMENTS: | | | |
| | Publications (optional) - Please upload up to 5 publications from applicant or mentor's previous | | | |
| | work. | | | |
| | IRB Letter (if applicable)- Please upload an IRB letter | | | |
| | For Junior Investigator (optional if you are submitting as a Junior independent researcher and | | | |
| | required if you are applying as a junior researcher who is including an SCCM member as research | | | |
| | mentor): | | | |
| | • Letter from mentor indicating: that the mentor is prepared to provide adequate time to | | | |
| | personally train you in the methods of scientific research (if applicable), that the mentor has | | | |
| | prior experience with research fellows, that the mentor has subsequent achievements as an independent investigator (if possible) | | | |
| | • statement from department/division head indicating that sufficient time to perform the | | | |
| | proposed work will be protected from other clinical or administrative responsibilities | | | |
| | • 2 – 4 letters of recommendation from current or prior mentors, research advisors, or clinical professors | | | |
| | Discovery Grant Eligibility | | | |
| | ☐ To be eligible for a Discovery grant, include plan of engagement of junior investigator in the | | | |
| | and the engineer of a biscovery brainty morage plant of engagement of james investigator in the | | | |
| | study. (only required for senior investigators to complete [limit 250 words] | | | |
| | | | | |