**MCC | UTSA Cancer Moonshot Pilot Project Application Check list:**

\_\_\_\_\_**Cover Page**

\_\_\_\_\_**Project Summary and key personnel**

\_\_\_\_\_**NIH** **Biographical Sketches** of the PI and Key Personnel

\_\_\_\_\_**Budget and Justification** - itemized budget (on PHS398 form) and justification

*(separate budgets required for each institution)*

\_\_\_\_\_**Research Plan** (4 pages, single spaced)

\_\_\_\_\_**Literature Citations** (maximum 1 page)

\_\_\_\_\_ **Additional information regarding the project** (maximum 1 page)

* + Career development potential
	+ Prospects and specific plans for outside funding
	+ Collaborative, interdisciplinary, or community engagement features
	+ Provide a statement describing how the pilot project will interact with existing programs of the IIMS-CTSA, MCC, or UTSA, as appropriate.

\_\_\_\_\_**Letters of collaboration and justification from core directors** (Required if utilizing

a shared resource)

\_\_\_\_\_**Optional:** Letters of collaboration

|  |  |
| --- | --- |
| **MCC | UTSA****Cancer Moonshot Pilot Project**Grant Application |   |
| 1. TITLE OF PROJECT       |
| 1. INSTITUTION OF PRINCIPAL INVESTIGATOR

|  |  |
| --- | --- |
| [ ]  | UT Health SA |
| [ ]  | University of Texas San Antonio (UTSA) |
| [ ]  | University of Texas (Austin) |

  |
| 3. PRINCIPAL INVESTIGATOR  | 3a. Co-PI (required) |
| NAME *(Last, first, middle)* | NAME *(Last, first, middle)*      |
| POSITION TITLE/ACADEMIC RANK      | POSITION TITLE/ACADEMIC RANK      |
| DEPARTMENT      | DEPARTMENT      |
| EMAIL ADDRESS:      | EMAIL ADDRESS:      |
| TELEPHONE *(Area code, number and extension)*       | TELEPHONE *(Area code, number and extension)*      |
| 4. HUMAN SUBJECTS [ ]  No  [ ]  Yes (If yes, complete 4a and b) | 4a. Research Exempt [ ]  No [ ]  Yes | 5. VERTEBRATE ANIMALS [ ]  No [ ]  Yes (If yes, complete 5a and b) |
| 4b. IRB Approval Date and Protocol Number      | 5a. IACUC Approval Date      | 5b. IACUC Protocol Number |
|       |
| 6. TOTAL BUDGET REQUESTED | $       |  |
| 7. CONTACT INFORMATION |  |
| DEPARTMENT CHAIR | DEPARTMENT GRANTS ADMINISTRATOR: |
| Name:       | Name:       |
| Email address:       | Email address:       |
| Telephone:       | Telephone:       |
| INSTITUTIONAL GRANTS ADMINISTRATOR: Name:      Email address:      Telephone:       | Please indicate to which program you are applying:✓MCC UTSA Cancer Moonshot Pilot Projects |

**PROJECT SUMMARY** (use 11 pt font and fit within text box 7.5” wide X 6” high)

**KEY PERSONNEL**

Name eRA Commons Organization Role on Project

                  Principal Investigator

                  Co-PI

|  |
| --- |
|  |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY (MCC Budget) | FROM | THROUGH |
|   |  |
| PERSONNEL *(Applicant organization only)* | Months Devoted to Project |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | Cal.Mnths | Acad.Mnths | SummerMnths | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PI |  |  |  |  |  |  |  |
|       | Co-PI |  |  |  |  |  |  |  |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| **Note: Do not show faculty base salaries** |       |       |       |       |       |       |       |       |
| SUBTOTALS |       |       |       |
| CONSULTANT COSTS      |       |
| EQUIPMENT *(Itemize)*      |       |
| SUPPLIES *(Itemize by category)*      |       |
| TRAVEL      |       |
| PATIENT CARE COSTS | INPATIENT |       |       |
| OUTPATIENT |       |       |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)*Not allowed | 0 |
| OTHER EXPENSES *(Itemize by category)*      |       |
| CONSORTIUM/CONTRACTUAL COSTS | DIRECT COSTS | 0 |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD  | $ |       |
| CONSORTIUM/CONTRACTUAL COSTS | FACILITIES AND ADMINISTRATIVE COSTS | 0 |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD  | $ |       |

 **BUDGET JUSTIFICATION (MCC)**

PERSONNEL

CONSULTANT COSTS

EQUIPMENT

SUPPLIES

TRAVEL

PATIENT CARE COSTS

OTHER EXPENSES

|  |
| --- |
|  |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY (UTSA Budget) | FROM | THROUGH |
|   |  |
| PERSONNEL *(Applicant organization only)* | Months Devoted to Project |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | Cal.Mnths | Acad.Mnths | SummerMnths | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PI |       |       |       |       |       |       |       |
|       | Co-PI |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| **Note: Do not show faculty base salaries** |       |       |       |       |       |       |       |       |
| SUBTOTALS |       |       |  |
| CONSULTANT COSTS      |  |
| EQUIPMENT *(Itemize)*      |  |
| SUPPLIES *(Itemize by category)*      |       |
| TRAVEL      |       |
| PATIENT CARE COSTS | INPATIENT |       |       |
| OUTPATIENT |       |       |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)*Not allowed | 0 |
| OTHER EXPENSES *(Itemize by category)*      |       |
| CONSORTIUM/CONTRACTUAL COSTS | DIRECT COSTS | 0 |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD  | $ |       |
| CONSORTIUM/CONTRACTUAL COSTS | FACILITIES AND ADMINISTRATIVE COSTS | 0 |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD  | $ |       |

**BUDGET JUSTIFICATION (UTSA)**

PERSONNEL

CONSULTANT COSTS

EQUIPMENT

SUPPLIES

TRAVEL

PATIENT CARE COSTS

OTHER EXPENSES