**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

                 

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| 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 ON PROJECT | | Cal.  Mnths | Acad.  Mnths | Summer  Mnths | | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | | | TOTAL |
|  | | PI | |  |  |  | |  |  |  | | |  |
|  | | Co-PI | |  |  |  | |  |  |  | | |  |
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| **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 ON PROJECT | | Cal.  Mnths | Acad.  Mnths | Summer  Mnths | | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | | | TOTAL |
|  | | PI | |  |  |  | |  |  |  | | |  |
|  | | Co-PI | |  |  |  | |  |  |  | | |  |
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| **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