**Application for Research Acceleration Program Funding**

**(Tier III)**

Carilion Clinic has designated funds for the Research Acceleration Program (RAP) to provide seed money for pilot research projects. This seed funding will enable Carilion faculty to conduct preliminary research in order to develop and enhance pilot projects into competitive candidates for external funding and publication opportunities.

Tier III Applications will be reviewed according to the following criteria:

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| * Significance |
| * Dissemination |
| * Collaboration Building Potential |

The RAP funding cycle is annual. The average project period will be one year, and funds must be spent within that one-year period. The deadline for submitting an application and all supporting documentation will be announced on the Department of Research & Development’s (R&D) webpage and via a general email announcement. The original signed and completed application packet must be delivered to R&D no later than **5:00 pm on the November 22, 2021**.

If your project involves any outside person or organization, if funded, your project will require a collaborative agreement, which will be negotiated by R&D and will need to be approved by the VP of Academic Affairs. Should you have any questions about the process, please contact R&D at [research@carilionclinic.org](mailto:research@carilionclinic.org).

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| 1. **General Project Information**   **NOTE: Once you enter the application process your project PI & Title MUST remain the same** | | | | | | | | | | | |
| Carilion Principal Investigator/Program Director: | | | | |  | | | | | | |
| Department& Address: | | |  | | | | | | | | |
|  | Telephone: | | |  | | | | Email: | |  | |
|  | | | | | | | | | | | |
| Contact Person (if other than PI): | | | | | | |  | | | | |
|  | Telephone: | | | | | |  | Email: | |  | |
|  | | | | | | | | | | | |
| Project Title: | |  | | | | | | | | | |
| 1. **Co-PI Information** | | | | | | | | | | | |
| Co-Principal Investigator/Program Director: | | | | |  | | | | | | |
| Department& Address: | | |  | | | | | | | | |
|  | Telephone: | | |  | | | | Email: | |  | |
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| **III. Personnel & Time and Monthly Effort on Project of Carilion Employees** | | | | | | | | | | | |
| **Name** | | | | | | **Role &Responsibility** | | | **Percent Effort**\* | | **Signature** |
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| **\*Please enter the total monthly percentage of effort each individual will spend on the duration of the project. As an example, if a full-time investigator will work one day a week on the project, the percent effort would be 20%.** | | | | | | | | | | | |

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| **IV. Non-Carilion Collaborator Contribution, including Students (see details below)** | | | |
| **Name** | **Role &Responsibility** | **Institution** | **In-Kind Contribution** |
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| If your project has any non-Carilion collaborator or team member, including students and faculty from other institutions such as VT (including VTCRI & VA-MD Vet Med), VTCSOM, VCOM, LTC/Nursing facilities, etc. Please include a Letter of Intent and a Statement of Work, which can be downloaded at [here.](http://insidecarilion.org/system/files/Statement_of_Work_SAMPLE.DOC) **NOTE:** Additional agreements may be required. | | | |

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| **V. Required Attachments** |
| The following documents must be attached to this form in order for your application to be considered complete. |

1. **Research Acceleration Application**

Must be complete with all signatures.

1. **Biograhical Sketches of PI and co-PI**Must be in NIH format, no more than 4 pages each.  
   The biosketch form is available on Inside Carilion Research RAP Info and Forms
2. **Completed Budget Request and Justification**

Complete the budget request in Section VII (page 4). Include a justification of each expense in the space provided in Section VIII (page 5).

1. **Completed Project Narrative**

See Section VIII (page 6) for required outline

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| **VI. Signatures & Certification** |

**Your application will not be deemed complete without all appropriate department chair or designee signatures. Once you enter the application process your project PI & Title MUST remain the same.**

**By signing below, PI/PD certifies that:**

1. The information submitted within the application is true, complete and accurate to the best of the PI’s knowledge;
2. Any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties;
3. The PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application;
4. The proposal complies with federal regulations including standards for integrity of research, RFP/ Announcement requirements, and Carilion's Policies and Procedures;
5. The principal investigator, co-investigators, or anyone involved in the sponsored activity is not presently debarred, proposed for debarment, suspended, declared ineligible, or voluntarily excluded from transactions by the federal department, or agency; and are aware of no circumstance invalidating the legal certifications in the proposal to be made on behalf of the Carilion Clinic.

Principal Investigator/PD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**By signing below, management certifies that:**

The following have reviewed and approved this application, and by signing, certify that:

1. The proposed activities are appropriate to the research, instruction or public service mission of Carilion;
2. It is believed that the project aligns with Carilion’s organizational values.
3. The necessary resources for the project, including percent of investigator(s) effort and space and/or facilities are committed and/or budgeted in the RAP grant application.

Chair/Vice President/Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

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| **VII. Requested Budget [not to exceed $2,000]** | | | | |
| Please fill out all applicable areas. Salary funds may be requested for support positions. These include students, Research Coordinators, Statisticians and other support staff. Note that the fringe benefit rate for Carilion staff varies by department; please contact R&D for rates. Additional areas of support include supplies, ancillary services, and subcontractors/consultants. As RAP funds are intended to underwrite research conducted by Carilion medical staff, overhead costs (F&A) will not be included. | | | | |
| **Other Personnel** | | | | |
| ***Name and/or Role*** | ***Percent Time*** | ***Salary Requested*** | ***Associated Fringe Benefits*** | ***Total Request*** |
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| **Other Personnel Total** | | | |  |
| **Materials and Supplies** (Itemize below) | | | |  |
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| **Materials and Supplies Total** | | | |  |
| **Consultant** | | | |  |
|  | | | |
| **Consultant Total** | | | |  |
| **Subcontracting Institution** | | | |  |
|  | | | |
| **Subcontracting Institution Total** | | | |  |
| **Other Expenses** (itemize below) | | | |  |
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| **Other Expenses Total** | | | |  |
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| **TOTAL REQUEST** | | | |  |

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| **VIII. Budget Justification** |

On this page, justify each of the line items in the budget above. For support personnel, give a description of what their roles will be in the project.

**Personnel**

**Materials and Supplies**

**Consultants**

**Subcontracting Institution**

**Other Expenses (Travel, Equipment, Education, etc)**

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| **IX. Research Topic** |

Carilion Clinic Research Topic

**Carilion Clinic Protocol Template Version Date: 2016**

**Title: *{Complete Title of Study}***

**Principal Investigator: *{Include credentials, e.g. MD, PhD, MSN, etc. Include mailing address, phone number, and Carilion Department/affiliation, e.g. Department of OB/GYN or JCHS Department}***

**Other Investigators: *{List names, credentials and affiliations of other researchers}***

**Study Abstract**

***{Provide a brief, non-technical summary of the research topic/question}***

**Background**

***{Summarize background information about the research topic/question. State why the research topic/ question should be addressed and include the relevance to the organization. Also, provide references to relevant articles in the literature.}***

**Objectives**

***{State expected outcome(s), e.g., education, awareness, collaboration. A primary outcome or objective must be identified. After the statement of the primary objective, secondary objectives may be listed. Objectives should be simple and specific.}***