

**Pilot Grant Funding for Research in Preterm Birth**

**The March of Dimes Prematurity Research Center at Washington University in St. Louis** (the PRC) announces a **Transdisciplinary Developmental Funding Program** for investigators with a faculty appointment of Instructor and above to support early-stage, innovative research in preterm birth at Washington University. The PRC was established in November 2014 to study multiple aspects of preterm birth, including three thematic areas: Cervical Remodeling during Pregnancy, Electrical Maturation of Uterine Smooth Muscle, and The Role of Chronodisruption in Preterm Birth. **The PRC fosters discoveries in other novel areas of preterm birth research through this pilot grant-funding program**. Researchers in any discipline within the Washington University community are encouraged to explore high-risk ideas that **specifically investigate ways to detect or prevent preterm birth** that will generate preliminary data for subsequent extramural applications to the NIH or to non-governmental foundations.

Pilot grant funding will be for one year at $25,000 with matching funds of $25,000 expected from the Department Chair sponsoring the faculty member. A second year of support will be based on a progress report, yielding a potential for $100,000/grant.

**Application Due: May 1, 2017 by 5:00 pm**

Submissions will be reviewed for the hypothesis tested, the science and innovation of the proposal, the likelihood for translational research, and the potential for extra-mural funding.

1. Application Face Sheet1
2. Budget Page and Justification (Funding cannot be used to support faculty salary.)
3. NIH-formatted Biosketch and Other Support page
4. The Research Plan (not to exceed four pages excluding Appendices)
   1. Specific Aims
   2. Significance to Preterm Birth Research
   3. Innovation
   4. Approach
   5. Potential for progression to translational studies
   6. Plans for subsequent application for extramural funding
   7. Appendices
      1. References (maximum 1 page)
      2. Pertinent publications (maximum 3)
      3. A letter from the Department Chair committing to matching funds
      4. Letter of support from consultants, collaborators, or faculty advisors
5. Awardees will submit a progress report 10 months after initiation of grant funding. The second year of support will depend upon progress made.
6. Each awardee will present at the yearly meeting of the PRC’sinternal and external advisory committees and at the PRC’sannual retreat.

1Copies of approved compliance forms pertinent to the project are required before awards are released to successful applicants.

Internal OSRS Grants Office review and approval is not required.

Applicants should read and follow the instructions and guidelines carefully to avoid delays, misunderstandings, and the possible return of an application for clarification or changes.

The deadline for filing an application is 5:00 pm on the submission date. Please direct questions and submissions to:

Jessica Chubiz, Project Manager

Prematurity Research Center at Washington University

Department of Obstetrics and Gynecology

Phone: (314) 362-6746

Email: [chubizj@wudosis.wustl.edu](mailto:chubizj@wudosis.wustl.edu)

Awards will be announced by May 26, 2017, with funding to begin June 15, 2017.

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| ***Prematurity Research Center at Washington University***  **Pilot Grant Funding for Research in Preterm Birth** | | | | | | | | |
| **1.** **Title of Project** |  | | | | | | | |
| **2. Budget Period** | **June 15, 2017 – June 14, 2018** | | | | | | | |
| **3. Type of Grant** | One Year $25,000  Two-Year $50,000 (10-Month Progress Report Required) | | | | | | | |
| **4. Compliance** | | | | | | | | |
| Human Subjects  Yes  No Approval Date  Pending  IRB Approval #    Vertebrate Animals  Yes  No Approval Date  Pending  IACUC Approval #  ***Please note:***  If IRB/IACUC approval is applicable, PRC requires a copy of approval before awards can be issued to successful applicants. | | | | | | | | |
| **5. Applicant Information** | | | | | | | | |
| Name: (Last, First, MI) | | | | Degree(s) (e.g., MD, PhD, RN) | | Phone Number | Fax Number | |
| Title | | | | Applicant’s Mailing Address:    Applicant’s E-mail Address: | | | | |
| Applicant Organization | | | |
| Department | | Division | |
| **6. Grant Administrator Information** | | | | | | | | |
| Name: (Last, First, MI) | | | | Phone Number | | | | |
| Title | | | | E-mail Address | | | | |
| **7. Budget Justification**  *(not to exceed one page)* | | | The budget justification should describe your budget expenses. | | | | | |
| **8. Biosketch & Other**  **Support pages** | | | Attach current Biosketch in new NIH format and current Other Support page(s) for all Key Personnel. | | | | | |
| **9. Research Plan**  *(not to exceed four pages)* | | | The research plan should include a) Specific Aims b) Significance to Preterm Birth Research  c) Innovation d) Approach e) Potential for progression to translational studies f) Plans for subsequent application for extramural funding. | | | | | |
| **10. Appendices** | | | The appendices should include a) References (1 page max) b) Pertinent publications (3 page max) c) Letter from your Department Chair committing to matching funds d) Letter(s) of support from consultants, collaborators, or faculty advisors | | | | | |
| **11.** **Acceptance of Terms and Conditions**  I, the undersigned, certify that the statements herein are true and completed to the best of my knowledge. I agree to comply with all policies, terms, and conditions of the Prematurity Research Center at Washington University. | | | | | Principal Investigator/Program Director:  (Please Type or Print Name)  Name: | | | |
|  | | | | |
| Signature: | | | | | | | | Date: |

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| Applicant’s Name (Last, First, Middle): | | |  | | | | | | | |
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| DETAILED BUDGET FOR INITIAL BUDGET PERIOD | | | | | | FROM | | THROUGH | | |
|  | |  | | |
| 1. PERSONNEL | |  | | % | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | |
| NAME | ROLE ON PROJECT | Please Identify as WU or BJH Employee | | EFFORT ON PROJ. | SALARY REQUESTED | | FRINGE BENEFITS | | TOTAL | |
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| SUBTOTALS | | | | |  | |  | |  | |
| 2. CAPITAL EQUIPMENT *(Itemize)* | | | | | | | | |  | |
| 3. TRAVEL | | | | | | | | |  | |
| 4. PUBLICATIONS | | | | | | | | |  | |
| 5. CONSUMABLE SUPPLIES *(Itemize by category)* | | | | | | | | |  | |
| 6. COST SHARING *(Itemize by category)* | | | | | | | | |  | |
| 7. PATIENT CARE | | | | | | | | |  | |
| 8. STIPENDS *(Itemize by category)* | | | | | | | | |  | |
| 9. CONSULTANT(S) | | | | | | | | |  | |
| 10. CONSORTIUM | | | | | | | | |  | |
| 11. PC HARDWARE/SOFTWARE or SERVICE AGREEMENTS *(Specify and Itemize)* | | | | | | | | |  | |
| 12. OTHER EXPENSES *(Itemize by category)* | | | | | | | | |  | |
| 13. TOTAL COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | $ |  |

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| ***TWO-YEAR:*** A second year of support will be based on a 10-month progress report, and awarded depending upon progress made. Complete the estimated year two budget. | | | | | | | | | |
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| DETAILED BUDGET FOR SECOND YEAR BUDGET PERIOD Applicant’s Name (Last, First, Middle): | | | | | FROM | | THROUGH | | |
|  | |  | | |
| 1. PERSONNEL | |  | % | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | |
| NAME | ROLE ON PROJECT | Please Identify as WU or BJH Employee | EFFORT ON PROJ. | SALARY REQUESTED | | FRINGE BENEFITS | | TOTAL | |
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| SUBTOTALS | | | |  | |  | |  | |
| 2. CAPITAL EQUIPMENT *(Itemize)* | | | | | | | |  | |
| 3. TRAVEL | | | | | | | |  | |
| 4. PUBLICATIONS | | | | | | | |  | |
| 5. CONSUMABLE SUPPLIES *(Itemize by category)* | | | | | | | |  | |
| 6. COST SHARING *(Itemize by category)* | | | | | | | |  | |
| 7. PATIENT CARE | | | | | | | |  | |
| 8. STIPENDS *(Itemize by category)* | | | | | | | |  | |
| 9. CONSULTANT(S) | | | | | | | |  | |
| 10. CONSORTIUM | | | | | | | |  | |
| 11. PC HARDWARE/SOFTWARE or SERVICE AGREEMENTS *(Specify and Itemize)* | | | | | | | |  | |
| 12. OTHER EXPENSES *(Itemize by category)* | | | | | | | |  | |
| 13. TOTAL COSTS FOR SECOND YEAR BUDGET PERIOD | | | | | | | | $ |  |

**Section 7: Budget Justification**

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| **Applicant’s Name:** | **Budget Period:**       through |
| **Budget Justification --** *The budget justification should include a brief description of the outlined budget expenses.* | |
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**Section 9: Research Plan** *(not to exceed 4 pages)* **Applicant’s Name:**