

**INSTRUCTIONS FOR COMPLETING THE
APPLICATION FOR RESEARCH SUPPORT
TO THE HEALTH SCIENCES RESEARCH GRANT COMMITTEE OF THE ACADEMIC SENATE
SAN DIEGO DIVISION**

- Applications must be typewritten (i.e. not handwritten) and completed in full and require the signature of the Department Chair.
- *All questions should be answered.* If a question does not apply to you, type "NOT APPLICABLE." Incomplete applications will be returned to the applicant.
- **Project descriptions should be written in general terms and comprehensible to non-experts in your field.**
- Submit the completed application to mnull@ucsd.edu, including supporting documents as 1 file in PDF format.
- Please sign page 1 of the application.
- If your research project involves the use of human subjects (including the use of questionnaires, interviews, body fluids, and tissues), approval from the Human Subjects Committee must be obtained before it can be initiated. Application forms and assistance in filling them out are available in the Human Subjects Committee Office.
- If your research project involves the use of animal subjects, approval from the Animal Subjects Committee must be obtained before it can be initiated. Animal Use Protocol forms and assistance in filling them out are available in the Animal Subjects Committee Office.
- If your research project includes recombinant DNA research or biohazards, University policy requires that you have project approval from the Biosafety Committee.
- If radioactive materials are going to be used, you must receive approval from the Environmental Health and Safety Office. Applications are available from the EH&S Office.
- Please be aware when submitting this application that funds awarded by the Research Grant Committee *must be expended one year from the inception date of the grant.*

NOTE: *Inadequate responses to questions will invariably lead to delay in review.*

ACADEMIC SENATE: SAN DIEGO DIVISION
HEALTH SCIENCES RESEARCH GRANT COMMITTEE
RESEARCH / BRIDGE GRANT APPLICATION
 (Rev. 5/17)

Date _____

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Name of Investigator(s) _____	Title _____	Mail Code _____
Department _____	Email _____	Ext. _____
Dept Fund Manager _____	Email _____	Ext. _____
Fund Manager Mail Code _____	Dept or Div Organization No. _____	
Funds to be Used (from) _____	(to) _____	
Research is: <input type="checkbox"/> New <input type="checkbox"/> Continuing		
Title of Project: _____		

Budget: (Funds must be expended one year from inception date of the grant.)

GRADUATE STUDENT RESEARCHER (GSR): (Sub 0) (half-time rate)

Name of Student _____

Degree Status: Masters Ph.D.

Other (please specify): _____

Duties _____

Rate of Pay _____ Step _____ %time _____ \$ _____

GSR TUITION REMISSION (include benefits): (Sub 6)

Benefits: _____ \$ _____ (Total-Salary & GSRT)

Quarters Applicable: Summer Fall Winter Spring \$ _____

GENERAL ASSISTANCE: (Sub 2) (staff personnel only.)

Title _____

Duties _____

Rate of Pay _____ \$ _____ (Total-Assistance)

Benefits (if applicable) rate: _____ % \$ _____ \$ _____

SUPPLIES AND EXPENSE: (Sub 3)

Expendable Supplies. Itemize: _____

_____ (Total-S&E)
 \$ _____

PERMANENT EQUIPMENT (NONRECURRENT): (Sub 4) Itemize:

(vendor price quotation required)

_____ (Total-Equipment)
 \$ _____

TRAVEL: (Sub 5)

Field Expense (library study, museums, microfilm and photostats, etc.- not travel to conferences)

Itemize: _____ \$ _____

Travel to: _____ \$ _____

(aircoach fare/domestic travel; APEX fare/foreign travel- written quotation from agency required)

Per diem: \$ _____/day for _____ days (max of 15 days) \$ _____

(UC approved per diem rates)

Other Expenses. Itemize: _____ \$ _____ (Total-Travel)

_____ \$ _____

Signature of Applicant _____ **TOTAL REQUEST** \$ _____

Signature of Department Chair _____

HEALTH SCIENCES RESEARCH GRANT COMMITTEE
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1. Does this project involve the use of human subjects (including the use of questionnaires, interviews, body fluids, and tissues?)

Yes No

If so, approval from the Human Subjects Committee must be obtained and a copy of the approval letter must be submitted.

No. _____ Date _____

2. Does this project involve the use of animal subjects? Yes No

If so, approval from the Animal Subjects Committee must be obtained and a copy of the approval letter must be submitted.

No. _____ Date _____

3. Does this project include recombinant DNA research or biohazards? Yes No

If so, it must be reviewed by the Biosafety Committee and it is the responsibility of the applicant to provide a copy of the proper authorization form required by Environmental Health and Safety.

4. Does this project involve the use of radioactive materials? Yes No

If so, it must be approved by the Environmental Health and Safety. Please provide the RUA No. _____

5. List research grants received from the Academic Senate in the past 5 years:

6. Future support will be influenced by successful use of previous funds. If you have received an Academic Senate grant in the past, indicate the title of the project and describe the progress made. **Please provide evidence that the monies received resulted in tangible benefits to your research (e.g., list of publications, citations, new extramural support, and specific performances).**

7. Submit your c.v. in the current NIH "Biographical Sketch" format for sections on Personal Statement, Research and Professional Experience, Honors and Awards, and Contributions to Science – maximum five (5) pages. Please do not include current support as these are in other parts of the application.

8. Have you applied to extramural funding agents in support of this particular research project?

Yes - Please give details, including name of agency, amount of grant applied for, and expected date of grant announcement.

No – Please explain why you have not applied.

HEALTH SCIENCES RESEARCH GRANT COMMITTEE
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9. Give a list of (a) and (b) below irrespective of the relationship to the work proposed here. In each case, indicate how the grant or application is not related to this application.
- a. **Current:** all other grants or contracts (extra- or intra-mural, including start-up funds). Give title, source, amount and funding period presently funding your work.

 - b. **Pending:** All extra- or intra-mural research grant or contract applications pending (title, source, amount, and funding period).
10. Please select carefully the appropriate category. Bridge funding is restricted to faculty who, after several years of demonstrated research productivity, have lost extramural research grants, and although they have proposals in the review cycle, bridge funds would support continued research activities in the short term - \$25K max. An application for seed money, or for a project leading the investigator in a new direction, should represent innovative currently unfunded projects or pilot studies that are likely to lead to extramural support - \$10K max. (check one):

- bridge funds
- seed money/new direction [spell out strategy plan for funding]
- other

Please justify:

11. The research plan should include a detailed description of the project, including: (1) a precise statement of the problem and key objectives, (2) the relation of this work to other research in the field, (3) the plans for the procedures, and (4) what kind of publication or creative contribution you would expect from the project. **On a separate page**, include literature cited and the justification for ALL budget items is required indicating your priority for the items requested if only partial support can be granted. The description of the proposal must provide/include:

The description of the proposal must provide/include:

- Statement of hypothesis
- Description of sample size including a power analysis calculation, if appropriate
- Description of methods of statistical analyses
- Description of the role of PI

The research plan is limited to 2 separate pages in NIH format (i.e. single-spaced, ½ inch margins, scalable font 11) plus an additional page for literature cited and budget justification.
