

Pilot Research Grant Application

Dr. Douglass L. Morell Dentistry Research Fund

(Email the application to the School of Dentistry Office of Research, dentres@uw.edu)

****Required format: Margins: 0.50; Font: Arial 11 pt regular****

Type of Research (see guidelines for definitions). Check all that apply.

☐ Pilot Research

☐ New Investigators

☐ Emerging Opportunities

☐ Interim Support *

☐ Repair/Replacement of research equipment *

** (See guidelines for additional materials required for this type of application)*

Application Title:

Project Summary/Abstract: *In the space below, summarize the specific aims, the research design, and methods for achieving the stated goals, using language that is understandable to a scientifically or technically literate reader not in your field.*

Relevance: Using no more than two or three sentences, describe the relevance of this research to public health. In this section, be succinct and use plain language that can be understood by a general, lay audience.

**Human
Subjects**

☐ Pending Date Submitted: _____
☐ Approved Date Approved: _____ IRB #: _____ From: _____ To: _____

Animal Use

☐ Pending Date Submitted: _____
☐ Approved Date Approved: _____ IACUC #: _____ From: _____ To: _____

**Environmental
Health & Safety**

EHS-1. Will this project involve pathogenic agents, potential biohazards, recombinant DNA, human tissues or cells, hazardous materials in animal studies or highly toxic chemicals?

☐ Yes ☐ No

EHS-2. Will this project involve the acquisition, possession, use, transfer or shipping of Select Agents, Exempted Select Agents or Toxins?

☐ Yes ☐ No

EHS-3. Will the proposed project generate either hazardous waste without disposal options or mixed waste (both radioactive and hazardous components) or multi-hazard waste (biological and chemical and radioactive components)?

☐ Yes ☐ No

EHS-4. Does the proposed project involve any of these specialized uses of radiation: transuranics, gaseous alpha-emitters, or intentional release of radionuclides to the atmosphere?

☐ Yes ☐ No

Principal Investigator:

Academic Rank:

Department:

Telephone:

Email Address:

Co-Investigator(s) Names and Departments:

Note – Original or electronic signatures are required

PI Signature

Department Chair Signature

_____ Date _____ _____ Date _____

The PI affirms that all Investigators on the project have ☐ or have not ☐ read the UW Investigator Significant Financial Interest Disclosure Policy for Sponsored Projects, and that the proposed project does ☐ or does not ☐ require Investigators to complete the UW Significant Financial Interest Disclosure Form. (Attach the completed form if applicable).

Aims, Significance, and Methods (limit—5 pages)

Include the following sections:

Introduction (include this section only if this is a resubmission. Limit is ½ extra page, for 5-1/2 pages total.)

Specific Aims- List the broad, long-term objectives and what the specific research proposed is intended to accomplish. State the hypotheses to be tested.

Significance- Briefly sketch the background leading to the present application, critically evaluate existing knowledge, and specifically identify gaps that the project is intended to fill. State concisely the importance of the research in terms of: 1) the problem or critical barrier to progress in the field that the proposed project addresses; 2) how the proposed project will improve scientific knowledge, technical capability, and /or clinical practice; 3) how the concepts, methods, technologies, or interventions that drive this field will be changed if the proposed aims are achieved.

Innovation – Explain how the application challenges and seeks to shift current research or clinical practice guidelines. Describe any novel theoretical concepts, approaches or methodologies, instrumentation or interventions to be developed or used.

Approach- Describe the research design and procedures. Include how data will be collected, analyzed, and interpreted.

Future Plans / Timetable (limit—1 page)

Explain how pilot funding will be used for conducting research activities designed to prepare and support full-scale research funding. Include a timetable for the proposed project and planned submissions.

Literature Cited (limit—2 pages)

Biosketch (limit —5 pages each)

Use NIH Biosketch form (<https://grants.nih.gov/grants/forms/biosketch.htm>)

Keywords and Reviewers

Include the following sections:

1. List 3-5 keywords:

2. Provide the names and contact information (email address, phone, institution, department) for at least 3 possible reviewers who would be qualified to provide a review of your application:

3. Previous Support

List **previous grants** received from Morell Research Fund (title, dates, and amounts). Final reports for previous Morell Research Fund grants must have been submitted before a new application is considered. All grants or publications resulting from previous Morell funding should be listed on a final report or on an addendum to it; the results of previous Dentistry research will be an important factor in funding decisions.

If the project you are proposing is partially supported by other sources, please specify source and amount of support.

Budget & Budget Justification—Direct Costs

01 Salaries Faculty, Staff & Student, % FTE or Hourly (Salaries or wages, unless directly related to the proposed biomedical or health-related research, are not allowable . Only under exceptional circumstances will support for salaries for faculty and scientists of equivalent rank be permitted.)	\$
02 Contract Personal Services Research Subjects, Outside Consultants	\$
03 Other Contractual Services Telephone, Postage/Freight, Membership Dues, Conference Registration, Campus Services (ex: copying, printing), Outside Services	\$
04 Travel (Use of funds for travel expenses is not allowed unless the travel is directly and solely related to the conduct of health-related research as described in the application. Conference Travel is not allowed .) See guidelines for details. If allowable, expenses may include: Per Diem Lodging/Meals/Expenses, Air Fare, Mileage, Car Rental	\$
05 Supplies and Materials List by major types, i.e., glassware, chemicals, etc. and give estimated cost of each major type. Equipment Under \$5,000	\$
06 Equipment Equipment Over \$5,000. List all items of equipment and the cost of each item. Equipment will be supported only if tied to a research project and not available elsewhere on campus. A budget consisting solely of equipment will be funded only in exceptional circumstances.	\$
07 Benefits Fringe Benefits based on Payroll Load Rate in effect. Must be included if requesting salaries.	\$
Total Budget—Direct Costs Only	\$

Note—limit is \$6,000, unless strong justification is provided.

Budget Justification

Provide a detailed justification explaining how the funds listed above will be used. Be sure to address any overlap between funds requested and any funding already received for the research. Additional justification is required if the \$6,000 funding level is exceeded. You must detail why the additional funds are being requested.