

**Women’s Health Collaborative Grant**

Guidelines and Application 2018 WHC Foundation Special Sponsored Award

PROPOSAL DEADLINE – **Friday, March 30, 2018, 11:59 PM**

Proposals due: Friday, March 30, 2018, 11:59 PM Eastern

Awardees to be announced by: Tuesday, May 8, 2018

# **PURPOSE and OVERVIEW**

The Women’s Health Collaborative (WHC) Grants are available for new faculty collaborative teams who are pursuing research in any topic related to women’s health. The WHC Grant is intended to encourage interdisciplinary collaboration and leadership as well as mentorship and coaching opportunities. Junior faculty new researchers submitting in collaboration with experienced researchers will be given priority consideration.

**Collaborative Team:** Collaborative teams must be composed of a minimum of three eligible**\*** faculty members across USF, with at least two having primary appointments and payroll from USF Health. Faculty with joint appointments with USF Health will be counted as primary in their USF Health appointment and may not use joint appointment to make up the collaborative team requirement.

The grant program may fund pilot, draft, or preliminary studies/projects that will lead to published research/scholarship. These grants are intended to launch productive programs of research, scholarship, exhibition or performance that will ultimately result in successful grant proposals to agencies or foundations to support research at USF. Consequently, researchers who are serving in a post-doctoral capacity with short-term goals for employment at USF are not eligible for these grants.1

It is expected that the results of WHC projects will provide the basis for external grant proposals and publication or exhibition of the result. Consequently, a proposal plan (including funding source, type of grant and application deadline) and a publication plan (including name and address of potential publishers) must be submitted as part of the application for WHC Grants.

A Collaborative Team is comprised of at least three separate entities, two of which must be USF Health for budget purposes, and the PI must be USF Health. Preference is given to junior faculty PI with senior mentorship teams. The faculty member will be counted by their primary appointment, so please make sure you have three separate entities. If your PI and additional team member are both MCOM, for instance, you must have two additional team members from two different entities to make three different entities. Each team member must have a defined role and specified contribution to the proposed research. Reference chart below for team requirements.

|  |  |  |
| --- | --- | --- |
| **Team "PI"** must be from USF Health (the budget is assigned to the PI): | At least one additional team member must be from USF Health (this team member would be assigned the budget in the event of the PI's departure within the grant time-frame): | Other suggested affiliated entities for team members (CANNOT be PI; CANNOT be the one additional USF Health team member) |
| MCOM | MCOM | Moffitt |
| CON | CON | LVHN |
| COPH | COPH | VA |
| COP | COP | Non-Health USF Colleges |
| SPTRS | SPTRS |   |
| School of BioSci | School of BioSci |   |
| PA Program | PA Program |   |

**Primary Investigator:** The Primary Investigator must meet all eligibility criteria and have a USF Health faculty appointment as their main faculty appointment (for budget office purposes).

**GRANT AMOUNT**: $15,000 - for a 12-month grant period.

# **ELIGIBILITY CRITERIA**

**\***To be eligible **applicants** must:

• Be current faculty members employed by USF who have not received a terminal contract

• Be tenured, tenure earning, or in regularly renewable positions that require independent research1

• Have submitted final reports for all previous USF Internal Awards

• Be employed by USF in their current capacity during the entire term of the Internal Award2

• Be applying for only one WHC Grant in the current cycle3

• Not submit the same scope of work for any other Internal Award in the current cycle

1 Nontenure-track faculty must submit a letter from their department head or dean confirming that the applicant is employed in a regularly renewable position, is paid as a USF faculty member, is required to conduct independent research, and it is anticipated that the applicant will be regularly renewed upon satisfactory performance in terms of independent research accomplishment and other contractual obligations.

2 Faculty who leave the University or accept a position elsewhere during the term of the grant will forfeit the unspent portion of their grants.

3 Senior faculty (Professor level) may appear on more than one application in a current cycle; but, as with all other investigators, must have a defined role on the grant and only one award will be made per cycle.

To be eligible **projects** must:

• Not have overlapping funding for the scope of work described in this proposal from any other source before or during the term of the grant. All other grants, pending proposals, and other funding sources for this project must be listed on the History of Grants and Support (Form #9.1 & 9.2). If funding is obtained through another pending proposal for this scope of work, the applicant must notify the Internal Awards Coordinator to discuss a management plan.

• Provide the basis for external grant proposals, publications or exhibitions. The Internal Awards Program will not fund: the delivery or evaluation of services or courses as ends in themselves; research training; or the development / preparation of curricula, courses, textbooks or course materials.

* Involve cross-college, cross-rank, cross-disciplinary research by collaborative groups composed of at least three members from three different colleges/schools across USF Health or main campus. Faculty with joint appointments with USF Health will be counted as primary in their USF Health appointment. The PI must be USF Health.

# **EVALUATION CRITERIA**

Application competitiveness is strengthened by documentation of the following:

• Potential importance of the results to women’s health

• Potential to contribute to the applicants’ professional development

• Projects that are original and innovative in concept and/or approach

• Clarity and soundness of objectives/hypotheses, methods, budget justification

• Probability of success of the planned external grant proposal in this application

• Adherence to the application guidelines

• Collaborative groups that are innovative in concept or approach

* Interdisciplinary nature of the team – cross-rank, cross-role (clinician/researcher/educator)
* How expertise of group was foundational to the problem development
* Extra consideration is made to projects with PI who are Junior Rank
* Preference given to PI who have not had significant external funding

Note: The review committee may take into consideration the number of grants received by an applicant in the recent past or the current cycle when determining if a project will get funded. All things being equal, preference will be given to new faculty who do not have major start-up funds.

**Reviewer Recommendations**

Reviewers recommend that you limit the introduction/background section of your project description to approximately one page in order to allow more space for a fuller discussion of the core of the project. The remainder should be used to describe what you plan to do to produce valid, reliable, publishable, and fundable results.

## APPLICATION REVIEW PROCEDURES – All decisions of the WHC Grant Panel are final.

Proposals will be reviewed by the Women’s Health Collaborative Grant Panel comprised of faculty from the Colleges of Medicine, Nursing, Public Health, and Pharmacy. Proposals will be evaluated by faculty at USF Health and, in some cases, other institutions for relevant input into the selection/funding process.

The WHC panel will present recommendations and identify the projects to be awarded and determine the funding level. The WHC reserves the right to fund projects at any level up to $15,000.

Whenever possible, written comments from the reviewers and panelists will be made available to applicants after the close of the review cycle.

# **GRANT PERIOD**

Grants awarded are cost reimbursable. Those awarded in the 2018 – 2019 Academic Year must be used between July 1, 2018 and June 30, 2019. A no-cost extension of up to one year will be considered upon written request to the Internal Awards Coordinator prior to the end of the grant period. At the end of the grant period (or extension) unused funds will be “swept back” and used to fund future grants.

## FINAL REPORT

Within three months of the completion of the grant period, the PI must submit to the Internal Awards Coordinator a Final Report summarizing the project and work completed, and listing all personnel funded by this grant. A Final Report Form is available in the Grant Manual sent to awardees from LLowe1@health.usf.edu.

## ALLOWABLE COSTS

• Funds must be used during the 12-month grant period. Any remaining balance on the grant will not be available to the recipient unless a “no-cost extension” is granted (see Grant Period above).

• Equipment and supplies required for the project that are unavailable to the applicant. Software & equipment that is significantly more powerful than needed for the project will not be fully funded. Training & consultation for equipment and software are not allowable costs.

• Travel for the applicant, only if necessary to conduct the project (justification and documentation are required). Travel to attend conferences or to present the results of the work WILL NOT be funded under this grant.

• Operating expenses related specifically to the project. This grant does not include expenses for publishing the results of the project (for publication subventions see <http://web.usf.edu/FacultySenate/ay0809/committees/PUBCouncil.html>.)

• Student stipends to work on the applicant’s project (must include fringe benefits. Insurance is also required for graduate students). Stipend amount will be capped uniformly.

* Funding from this grant cannot be used to supplement regular salary over 100%. Extra compensation is not allowed.
* Faculty salary subsidy is not eligible under this grant.
* Amount awarded may, or may not, be amount of grant application. The final budget submitted as a result of an award must not be significantly different in content and nature to the application budget.
* Gift cards are NOT an allowable expense under the Foundation funding unless following the Foundation guidelines of requesting in advance with W9 form for recipient.

## RESEARCH INTEGRITY AND COMPLIANCE

The following conditions require special clearance before research may be undertaken. Please indicate on the first page of the application if your protocol will be submitted for approval by any of these compliance committees.

## HUMAN RESEARCH ACTIVITIES

Researchers proposing to use human participants in the course of their research are required to have **review and approval** by the USF Institutional Review Board (IRB) ***before initiating each project and before funding will be released***.  This requirement encompasses a variety of research activities that can range from the simple use of existing data collected from humans for purposes other than research, surveys or interview procedures, to more complex and invasive protocols such as clinical trials and treatment interventions.  Please consult with the IRB at 813-974-2043 or for more detailed information: <http://www.research.usf.edu/cs/>.

**USE OF PROTECTED HEALTH INFORMATION**

Researchers proposing to use Protected Health Information ‘PHI’ (any individually identifiable health information—including demographic information and biological specimens) in the course of their research must submit  for review and approval an Authorization for Use of PHI in Research (a template for Informed Consent form integrated with HIPAA language is available for convenience, unless the study site requires submission of  a stand-alone HIPAA Authorization) to the Research Privacy Officer in the Division of Research Integrity & Compliance for review **before initiating the research and before funding could be released.** *If the particular research qualifies for a Waiver of HIPAA Authorization, researchers may submit an Application for a HIPAA Waiver/Alteration to the USF IRB/Privacy Board concurrently with the IRB submission.*  Please consult the HIPAA homepage for contacts*, necessary forms* and more detailed information regarding HIPAA authorizations and HIPAA waivers at <http://www.research.usf.edu/cs/hipaa.htm> .

## USE OF LIVE VERTEBRATES IN YOUR RESEARCH

All vertebrate animal use (including field studies) conducted by University faculty, students, or staff, or supported by University funds, regardless of where it will be performed, must be proposed to, and approved by the Institutional Animal Care and Use Committee (IACUC*)* ***prior to the initiation of that activity and before funding will be released*.** Please consult the IACUC homepage for contacts or more detailed information: <http://www.research.usf.edu/cm/>.

**USE OF BIOHAZARDOUS MATERIAL IN YOUR RESEARCH**

If you will use infectious agents (including but not limited to bacteria, viruses, fungi, rickettsia, protozoa, or parasites), biological toxins, Select Agents, and/or recombinant deoxyribonucleic acid (rDNA) in your project, an explanation must be included in the proposal, and ***written approval must be obtained from the Institutional Biosafety Committee prior to commencing the work and before funding will be released*.** Please consult the IBC homepage for contacts or more detailed information: <http://www.research.usf.edu/cs/biosafety.htm>.

## INTELLECTUAL PROPERTY

Any inventions or copyrights resulting from activities supported by this program must comply with the Statement of Policy & Procedures for Inventions and Works (<http://www.research.usf.edu/pl/0_300_INVENTIONS_WORKS.pdf> ). For additional information and assistance please visit the USF Division of Patents & Licensing homepage at <http://www.research.usf.edu/pl/> or consult the Division by phone (813) 974-0994.

Awardees are expected to publish books, articles, programs, exhibition catalogs, etc., or otherwise make publicly available the results of the work conducted under this grant by including the following acknowledgement: “This work was supported, in part, by the University of South Florida Women’s Health Collaborative Grant Program under Grant Number\_\_\_\_\_\_\_.”

**FINANCIAL CONFLICT OF INTEREST RELATED TO THIS STUDY**

If you, your spouse or dependent children have a reportable financial interest in an entity related to this study you must include with your application a complete Financial Relationships Disclosure Form. Forms are available at (<http://www.research.usf.edu/sr/FinancialRelationshipReportingForm.doc>). This requirement also extends to anyone who is responsible for the design, conduct or reporting of the data for this study. A financial interest would include, among other things, royalties or consulting fees from, or equity in any entity having a financial interest in the intellectual property, products, or services that are the subject of the proposed research. An “entity” could be, but is not limited to, a supplier or business that would benefit financially from the results of this project. For more information on your responsibilities please go to <http://www.research.usf.edu/cs/coi.htm> .

## APPLICATION SUBMISSION PROCEDURES

Follow the specified application requirements and submission procedures closely and provide **ALL** the requested information. Failure to do so may result in the rejection of the proposal or will otherwise significantly reduce your chances of being awarded. Applications must be submitted electronically to: llowe1@health.usf.edu. It is the applicant’s responsibility to see to it that the proposal is received on time.

Questions regarding the forms or procedures should be directed to:

Leslie Lowe, llowe1@health.usf.edu

**To submit the proposal electronically**: upload the MSWord application to your computer, fill it out, print it, obtain all signatures, scan the document and allowable supporting documents as a PDF file, and e-mail it to llowe1@health.usf.edu by the deadline.

***DEADLINE FOR DELIVERY*** – Friday, March 30, 2018, 11:59 PM Eastern - Electronic or hard copy applications, signatures, and supporting documents delivered after 11:59 PM Eastern **WILL NOT BE ACCEPTED**.

***APPLICATION LIMIT***- Individuals may submit only one WHC proposal per cycle and may not receive more than one WHC grant per year.

***WRITING STYLE/FORMAT*** - Applicants are reminded that their proposals may be read by faculty outside their immediate disciplines. They should avoid jargon and write in terms and with detail that can be understood by an “**intelligent nonexpert**.” The proposal’s appearance and supporting documents should be such that they would be acceptable to external sponsors. A general format check of the draft proposal will be provided by the Internal Awards Coordinator if it is received no later than 3 working days prior to the submission deadline.

***GRAPHS, PHOTOGRAPHS, ILLUSTRATIONS, FIGURES*** – Your application will be submitted electroncially in a black and white PDF file (300 dpi) for transmission to reviewers. Many graphs, photos and illustrations do not show up well in PDF format. We recommend that you perform a test scan at 300 dpi to make sure that these items are clear.

***SIGNATURES*** - The electronic PDF application must include all required signatures by the deadline. Valid electronic signatures are acceptable.

***LENGTH OF APPLICATION*** - Limit identified sections of the application to the size or length indicated in the application. Failure to do so may result in rejection of the proposal.

## APPLICATION REQUIREMENTS

**Proposals that do not conform to these specifications will not be reviewed by the Research Council.**

NOTE: It is recommended that faculty without prior funding seek a review of the proposal from an experienced colleague before submitting it to the Division of Sponsored Research.

***1. Cover Page*** (Form #1) –

**•Title of proposal** – should be descriptive and concise

**•Names of Co Principal Investigator**(s) – The PI/Co-PI’s are the persons ultimately responsible for the grant project

**•College/School, Campus, Department name and ID number** – unit to which Co PI is assigned

**•Co PI’s e-mail address & campus phone number** – for correspondence with Co PI’s

**•Co PI’s rank/title, appointment date, tenure status & type of contract** – to determine eligibility for grants

**•Type of Submission** – to distinguish between new and revised proposals

**•Key words**– to help select appropriate reviewers

**•Desired Starting Date** – Date project will begin, if funded; must fall within the designated project period

**•Funds Requested** - Amount of funding requested; must match total on proposed budget, Form #5

**•Waiver** - applicants are asked to waive their right to learn the names of the persons reviewing the proposal to help ensure candor in the review process

**•Research Compliance Clearances** – Indicate if approval will be sought from compliance committees

**•Signatures** - PI: documents that the information provided is accurate and complete and that the PI will perform the duties as described; Department/Center Head & Dean: document that the applicant’s appointment meets the eligibility requirements to apply for this grant, verifies knowledge of the applicant’s percent of effort and that, where indicated in the proposal, space and supplies are available for this project in the department or college.

***2. Proposal Revision***, for revised submission (Form #2) – **Limit: one page, 12-point font**

The WHC limits the number of revised applications to two and these must be submitted within two years of the original version of the application.

There must be substantial changes in the application and the changes, additions, or deletions must be summarized on the Revision Form (limit 1 page). In addition, the form must include responses to the criticisms and issues raised in the proposal reviews and panel summary. Changes in the research plan or budget must be clearly marked by appropriate bracketing, indenting, or font changes (do not use color or underlining) unless changes are so extensive as to include most of the text. This exception must be explained on the Revision Form. The applicant should also update the CV and grant history sections of the application if they have changed since the original application.

Applicants should keep in mind that revised proposals may, or may not, be reviewed by the same reviewers. Reviewers in future cycles will receive the previous reviews and the applicant’s response to them, but may choose to evaluate the revision on other relevant criteria not discussed in the original reviews. In addition, revisions will be judged in the context of proposals received at the later date. This may affect the funding priority of the revised proposal.

***3. Project Summary/Abstract*** (Form #3) – Limit**: 200 words, double-spaced**. This should provide an overview of the project’s significance in your field and to your professional development. Include objectives/hypotheses, methodology, and anticipated results. ***N.B*., this word limit is strictly enforced.**

***4. Expected Outcomes of Project*** (Form #4)–**No word limit,** single-spaced outline format is permitted.

1. Publication/Presentation Plan – Briefly describe the tangible results you expect from your project and how you plan to publish/disseminate the results of your project. Include name and web address of potential journals/publishers or venues/media for exhibition/performance/presentation and the reasons for selecting them.
2. Proposal Plan - Briefly describe how the results of this project might develop into proposals for external funding. Include the name and web address of potential funding mechanisms and agencies/foundations and submission timelines. Higher priority will be given to plans that show how this study might fit published funding priorities of agencies/foundations.

***5. Proposed Budget*** (Form #5) – Request the minimum amount of funding that will permit you to conduct the project. This scope of work should be independent from projects that already have funding, with assurances as to the absence of overlapping funding. Funds are cost reimbursable and must be used during the 12-month grant period. Any remaining balance on the grant will not be available to the recipient unless a “no-cost extension” is granted. Extension requests must be submitted to the Internal Awards Coordinator prior to the end of the grant period.

**ALL BUDGET ITEMS MUST BE CLEARLY JUSTIFIED ON A SEPARATE SHEET INCLUDED WITH THE BUDGET**

Include all expenses required for the project and how they will be covered. For items supported by this grant include the amount requested in the right column - all others in the left. Please be aware that due to limited availability of funds, some grants may receive only partial funding.

1. Salaries & Benefits. List the names and positions of all personnel to be funded by the project. Funding from this grant cannot be used to supplement regular salary over 100%. Faculty compensation is not eligible. Extra compensation is not allowed. Fringe benefits WILL BE DEDUCTED from the grant for all employees hired on it. Benefits MUST BE included in the proposal budget. For current fringe benefit rates consult your Senior Grants Specialist in the Division of Sponsored Research or go to <http://www.research.usf.edu/sr/dsrfs.htm#FBR>. If you will be paying a stipend to a graduate student you must also cover his/her medical insurance premium (see <http://www.grad.usf.edu/health-insurance.asp>).
2. Graduate Student Tuition. If you are planning to hire a graduate student at least 25% FTE for the duration of a semester/term please contact the Graduate School for information on tuition subsidies (see <http://www.grad.usf.edu/tuition-payment-eligibility.asp>).
3. Equipment. List separately each piece of equipment requested. Equipment requested must be otherwise unavailable to the PI and must be justified on the basis of a specific need defined by the project proposed. Equipment and software that are significantly more powerful than needed for the project will not be fully funded. All equipment purchased under this grant is the property of USF.
4. Supplies. Identify expendable supplies to be used by the project.
5. Travel. Where appropriate and necessary, requests to fund travel will be considered if they are central to a specific goal of the project (this does NOT include travel to present the results of the work). Include name and location of destination and specific purpose of the trip.
6. Operating expenses. Itemize all expense groups, e.g., specimen testing, animal maintenance, subject compensation. This grant does not include expenses for publishing the results of the project (for publication subventions see <http://web.usf.edu/FacultySenate/ay0809/committees/PUBCouncil.html>.)
7. Other. Any additional costs not listed above. Provide specific descriptions. Gift cards are NOT an allowable expense under the Foundation funds.

***6. Budget Justification*** (Form #6) – **No word limit.** Single-spaced outline format is permitted. Explain the relevance of each budget item to the outcomes of the project. Include all expenses for the project and indicate how those not funded by this grant will be covered. Discuss any other support awarded or pending for this scope of work (e.g., grants, startup funds, overhead rebate accounts) and show that funding from various sources will not overlap with this project. Include amount, source, funding period and expected notification date of grants (if pending). If unrestricted funds are available to you (e.g., start-up or overhead rebate) discuss why they are not being used for this project.

For large expenditures the proposal will be strengthened by demonstrating that competitive quotes have been obtained. Software and equipment that are significantly more powerful than needed for the project will not be fully funded.

**7.** ***Project Description*** (Form #7– Limit: 5 typed, double-spaced pages *inclusive* of tables, figures, and explanatory footnotes; use 12-pt. font; maximum 26 lines/page (Times New Roman, 12 pt. allows the most words/inch under these format requirements). Page limit does not apply to literature references at the end of the project description, but does include explanatory footnotes within the text.

Description should include a brief literature review discussing the state of the art, how this study will build on it, and the significance of the project to the discipline. Describe your broad objectives, specific aims, a research plan (including data analysis), and a timeline for implementation. Also address the significance of this project to your professional development and identify future research projects or scholarly activities that might stem from these results. Do not include supporting addenda, surveys, slides, audio-visual materials, appendices, general letters of recommendation, manuscript submissions, reprints, etc. You are encouraged to include letters from collaborators or research sites confirming participation in the project, if applicable.

***8. Abbreviated CV*** (Form #8)– Limit: 2 pages per person for PI and key personnel (single-spaced outline format is permitted). Include: name; role in project; education (baccalaureate to last degree awarded) including institution, discipline, degree and year; relevant professional positions held including institution and years of service; publications, projects, and/or presentations related to this topic including title, date and name of publication. Two-page Biographical Sketch in NIH or NSF format is recommended for applicants in fields that apply to these federal funding agencies.

## *9. History of Grants and Support* (Form 9.1, 9.2)

# **Externally Funded Projects**

Describe all of your external grants **funded** during the last three years (whether at USF or another institution), including those on which you provided a percentage of effort but were not the Principal Investigator. Indicate the source of funding and title of project, your role in the project (e.g., PI, co-PI) and your stated percentage of effort. Also include the amount of the grant (or amount allocated for your part of the project, if you were not the PI), the current balance on the grant (or your allocation), and the project start and end dates. Briefly discuss the extent to which there is overlap in the goals of these funded projects and the current application and how you will eliminate it.

# **Pending External Projects**

Describe all of your external grant **proposals** that are still pending a decision including those on which you are offering a percentage of effort but are not the Principal Investigator. Indicate the source of funding and title of project, your role in the project (e.g., PI, co-PI) and your stated percentage of effort. Also include the amount of funding requested (or amount requested for your part of the project, if you will not be the PI), the expected notification date, the proposed start and end dates, and the date proposal was submitted. Briefly discuss the extent to which there is overlap in the goals of these pending external projects and the current application and how you will eliminate it.

# **Internal Funding Received**

Describe all of your internally **funded** USF grants, startup funds, supported leaves, research overhead (RO) funds, etc. received during the last three years from the Internal Award program, your department, or other USF source, including those on which you provided a percentage of effort but were not the Principal Investigator. Indicate the type of grant, title of project, your role in the project (e.g., PI, co-PI) and your stated percentage of effort. Also include the amount of the grant (or amount allocated for your part of the project, if you were not the PI), the current balance on the grant (or your allocation), the project start and end dates, and the semester and year it was funded. In addition**, for each grant list the works published, grant proposals submitted and/or awarded, presentations or other recognition received as a result of the project.**

# **Pending Internal Funding**

Describe all of your active proposals for internal USF grants, supported leaves, expected research overhead (RO) funds, etc. (from the Internal Award program, your department, or other USF sources) that **are pending a decision**, including those on which you are offering a percentage of effort but are not the Principal Investigator. Indicate the type of grant, title of project, your role in the project (e.g., PI, co-PI) and your stated percentage of effort. Also include the amount of funding requested (or amount requested for your part of the project, if you are not the PI), the expected notification date, and the proposed start and end dates of the project. Briefly discuss the extent to which there is overlap in the goals of these pending projects and the current application and how you will eliminate them.

### Women’s Health Collaborative Grant

### University of South Florida Women’s Health

##### **Application for Academic Year 2018 – 2019 WHC Foundation Spring**

Title of Proposal:

Type of Submission: new revised

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Must be USF Health | Must be USF Health | Required | Required or Optional |
|  | \*PI - Investigator 1 | Co Investigator 2 | Co Investigator 3 | Co Investigator 4 |
| Investigator Name |  |  |  |  |
| USF College |  |  |  |  |
| Department Name |  |  |  |  |
| Faculty Rank/Title |  |  |  |  |
| Phone |  |  |  |  |
| Email |  |  |  |  |
| Mo/Yr appointed to this rank |  |  |  |  |
| Tenure Status (tenured/tenure earning/non-tenure track) |  |  |  |  |
| Type of Contract (9 mo / 12 mo) |  |  |  |  |
| Describe Defined Role on Project |  |  |  |  |
| \* PI and at least one additional investigator must be USF Health for budget office purposes. If both USF Health investigators are from the same College, a fourth investigator is required to meet the Collaborative Team requirement. |

(For additional investigators, use additional page) **Investigator Page \_\_\_ of \_\_\_**

|  |
| --- |
| Total Funds Requested: **$**  **Keywords describing the project:**   |

|  |
| --- |
| **Research Integrity & Compliance**If your project will include the use of human subjects, protected health information, live vertebrates, or biohazardous materials you must receive approval from the relevant research compliance office prior to initiating the study. **Check all that apply**: IRB (humans)  HIPAA (health information)  IACUC (live animals)  IBC (biohazards)**If this scope of work is already approved attach copy of the approval letter. If pending, give application number:**   |

**Waiver**

I,, with full knowledge of my right of access to any public record made or received in connection with official public business granted by the Florida Constitution (article I, section 24) and Florida Statutes (chapter 119), expressly waive all rights whatsoever that I have to request records containing the identity of the individuals who provide written feedback on this proposal. I voluntarily agree to this waiver of my right of access to these records because I believe it will help ensure a truly candid review of my proposal by my academic peers.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Signatures are required:**

**Signatures:** Principal Investigator1: Date: \_\_\_\_

 Principal Investigator2: Date: \_\_\_\_

 Principal Investigator3: Date: \_\_\_

 Principal Investigator4: Date: \_\_\_\_

(Add numbered signatures below as needed)

 Dept. Chair/Center Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ \_

 Dean of College/School:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date: \_\_\_\_\_

1 Nontenure-track faculty must submit a letter from their department head or dean confirming that the applicant is employed in a regularly renewable position is paid as a USF faculty member, is required to conduct independent research, and it is anticipated that the applicant will be regularly renewed upon satisfactory performance in terms of independent research accomplishment and other contractual obligations.

Form #2

**PROPOSAL REVISION FORM**

Summarize the changes, additions or deletions made to this revision of your previous proposal. Respond to the criticisms and issues raised in the reviews and panel summary of the original proposal. Changes in the research plan or budget must be clearly marked by appropriate bracketing, indenting, or font changes (do not use color or underlining) unless the changes are so extensive as to include most of the text. If the latter is the case, indicate below.

**This box may be removed to provide additional space.**

Form #3

PROJECT SUMMARY/ABSTRACT

Limit: 200 words, double-spaced

**NOTE: This word limit is strictly enforced!**

Co Principal Investigator:

Title of Proposal:

Word Count:

Provide an overview of project’s significance in your field and to your professional development. Include objectives/hypotheses, etc., methodology and anticipated results.

Form #4

EXPECTED OUTCOMES OF PROJECT

No word limit. Single-spaced outline format is permitted

a. **Publication/Presentation Plan** – Briefly describe the tangible results of your project and how you plan to publish/disseminate the results of your project. Include name and Web address of potential journals/publishers or venues/media for exhibition or performance and the reasons for selecting them.

b. **Proposal Plan** – Briefly describe how the results of this project might develop into a proposal for external funding. Include the names and Web addresses of potential funding mechanisms and agencies/foundations and submission timelines. Higher priority will be given to plans that show how this study might fit published funding priorities of agencies/foundations.

Form #5

PROPOSED BUDGET

Use separate sheet for justification of items.

List all expenses for the project in left column. For items supported by this grant include amount requested in right column.

**SALARIES & WAGES**

It is the responsibility of the Co P.I. to include the current fringe benefit rates for each type of personnel. For assistance consult your Senior Grants Specialist in the Division of Sponsored Research or go to DSR’s Web site at <http://www.research.usf.edu/sr/dsrfs.htm>.

Graduate students employed on the grant a minimum of.25 FTE for the duration of a funded semester/term may be eligible for a tuition subsidy. Contact the Graduate School for additional information (<http://www.grad.usf.edu/tuition-payment-eligibility.asp> )

|  |  |
| --- | --- |
| **Graduate Students** (List each individual/position with percentage of effort as FTE & length of employment.You must also include fringe benefits and health insurance.) | Amt. Requested |
|   |   |

|  |  |
| --- | --- |
| **All other Personnel** (List each individual/position separately, include length of employment) | Amt. Requested |
|   |   |
|  **SUBTOTAL OF “SALARIES & WAGES”** | **$**  |

**OTHER BUDGET ITEMS**

|  |  |
| --- | --- |
| **Equipment** (list each item separately) | Amt. Requested |
|   |   |
| **Supplies** | Amt. Requested |
|   |   |
| **Travel** (must be necessary to conduct the study; may not include travel to attend conferences) | Amt. Requested |
|   |   |
| **Operating Expenses** | Amt. Requested |
|   |   |
| **Other** | Amt. Requested |
|  (Gift cards are allowable expense only when meeting USF Foundation gift card guidelines.) |   |
|  **SUBTOTAL OF “OTHER BUDGET ITEMS”** | $  |

|  |  |
| --- | --- |
|  **TOTAL AMOUNT REQUESTED** | **$**  |

**Department/College staff member who will assist PI with financial paperwork:**

Name and contact information of business manager who will assist you

Name:

Phone number:

Campus mail address:

E-mail address:

Form #6

**BUDGET JUSTIFICATION**

No word limit. Single-spaced outline format is permitted.

Clearly explain the relevance of each budget item to the outcomes of the project. Discuss any other support awarded or pending for these items and this scope of work. Include amount, source, funding period and expected notification date (if pending) and show that funding from various sources will not overlap. If unrestricted funds are available to you (e.g., start-up or overhead rebate) discuss why they are not being used for this project.

Include all expenses required for the project indicating how those not funded by this grant will be covered. Please be aware that due to limited availability of funds, some grants may receive only partial funding.

For large expenditures the proposal will be strengthened by demonstrating that competitive quotes have been obtained. Software and equipment that are significantly more powerful than needed for the project will not be fully funded.

 **The box may be removed to provide additional space.**

Form #7

**PROJECT DESCRIPTION**

**Limit: five typed, double-spaced pages inclusive of tables, figures, and explanatory footnotes.**

Use 12 point font; maximum 26 lines/page (Times New Roman 12 pt. allows the most words/inch in this font size). Page limit does not apply to literature cited as endnotes. See Section 8 of the Guidelines for additional details.

The shaded text form field below is set for 12-point Times New Roman, double spaced. If your project description includes figures or graphs you may need to adjust the font size and spacing functions for those sections. Be sure that they scan clearly into a PDF file.

**This box may be removed to provide additional space.**

 Form #8

**ABBREVIATED CURRICULUM VITA**

**Limit: 2 pages per person, single-spaced outline format is permitted.** For the Co P.I. and all key personnel include an abbreviate CV with name; clearly define and justify role in project; education (baccalaureate to last degree awarded) including institution, discipline, degree, and year; relevant professional positions held including institution and years of service; publications, project, and/or presentations related to this topic including title, date, and name of publication. Two-page Biographical Sketch in NIH or NSF format is recommended for applicants in fields that apply to these federal funding agencies. **This box may be removed to provide additional space.**

Form #9.1

HISTORY OF EXTERNAL GRANTS AND SUPPORT

**Externally Funded Projects**

Describe all of your external grants **funded** during the last 3 years (whether at USF or another institution), including those on which you provided a percentage of effort but were not the Principal Investigator. Indicate the source of funding and title of project, your role in the project (e.g., PI, co-PI) and your stated percentage of effort. Also include the amount of the grant (or amount allocated for your part of the project, if you were not the PI), the current balance on the grant (or your allocation), and the project start and end dates. Briefly discuss the extent to which there is overlap in the goals of these funded projects and the current application and how you will eliminate it.

**Pending External Projects**

Describe all of your external grant **proposals** that are still **pending a decision** including those on which you are offering a percentage of effort but are not the Principal Investigator. Indicate the source of funding and title of project, your role in the project (e.g., PI, co-PI) and your stated percentage of effort. Also include the amount of funding requested (or amount requested for your part of the project, if you will not be the PI), the expected notification date, the proposed start and end dates, and the date proposal was submitted. Briefly discuss the extent to which there is overlap in the goals of these pending projects and the current application and how you will eliminate it.

Form #9.2

**HISTORY OF INTERNAL GRANTS AND SUPPORT**

**Internal Funding Received**

Describe all of your internally **funded** USF grants, startup funds, supported leaves, research overhead (RO) funds, etc. received from the Internal Award program, your department, or other USF source during the last three years, including those on which you provided a percentage of effort but were not the Principal Investigator. Indicate the type of grant, title of project, your role in the project (e.g., PI, co-PI) and your stated percentage of effort. Also include the amount of the grant (or amount allocated for your part of the project, if you were not the PI), the current balance on the grant (or your allocation), the project start and end dates, and the semester and year it was funded. In addition**, for each grant list the works published, grant proposals submitted and/or awarded, presentations or other recognition received as a result of the project.**

**Pending Internal Funding**

Describe all of your active **proposals/requests** for internal USF grants, supported leaves, expected Research Initiative Account funds, etc. (from the Internal Award program, your department, or other USF source) that **are pending a decision**, including those on which you are offering a percentage of effort but are not the Principal Investigator. Indicate the type of grant, title of project, your role in the project (e.g., PI, co-PI) and your stated percentage of effort. Also include the amount of funding requested (or amount requested for your part of the project, if you are not the PI), the expected notification date, and the proposed start and end dates of the project. Briefly discuss the extent to which there is overlap in the goals of these pending projects and the current application and how you will eliminate it.

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GIFT CARDS & GIFT CERTIFICATES

**Philosophy**

USF Foundation funds may be used to reimburse individuals for expenses incurred that support the mission of University of South Florida (USF). All such expenses paid from USF Foundation funds must be in accordance with donor restrictions on the specific fund from which they are to be paid, and must comply with IRS regulations and USF policy as it applies to the activities of Direct Support Organizations.

**Process**

IRS Publication 525, Taxable and Nontaxable Income, and IRS Reg. 1.132-6(c) state the provision of any cash or cash equivalent such as a gift certificate or gift card are never excludable as a de minimis fringe benefit, thus must be included in the gross income of the recipient of the gift card/certificate. A voucher that may only be redeemed for one particular item may be considered non-cash and is tax-exempt as a de minimis benefit. Whether a voucher is equivalent to cash depends on all the facts and circumstances and must be reviewed by Foundation staff prior to purchase. Gift cards or certificates redeemable at a store selling a significant variety of items such as Target, Publix, Wal-Mart, the USF Bookstore, a restaurant, etc. are considered a taxable benefit.

Therefore, USF Foundation funds may not be used to purchase gift cards or certificates, unless the following information is obtained on the recipient of the gift card/certificate IN ADVANCE and submitted along with the check request for payment:

 For each gift card/certificate:

1.    Recipient’s name and address

2.    Recipient’s social security number (SSN) or if a USF employee their Employee ID

3.    Business Purpose of the distribution of the gift card to the recipient.

The USF Foundation will submit this information to the USF Payroll Department if the recipient is a USF employee. If the recipient is not an employee this information will be retained for 1099-Misc. reporting purposes.

 PROCEDURE:

| Responsible Office |   |
| --- | --- |
|  DEPT orDO  |  FDN |  STEPS TO COMPLETE PROCESS |
| √ |   | For Vouchers obtain approval from the USF Foundation Accounts Payable Supervisor for treatment as a tax-exempt de minimis benefit prior to purchase of vouchers. |
| √ |   | For purchases of gift cards/certificates obtain recipient’s SSN or Employee ID at time of distribution. For non-employees, please have the recipient complete IRS Form W-9.  |
| √ |   | Complete Check Request/Transfer form and attach appropriate supporting documentation: Original receipts are required for purchase of gift cards/certificates or vouchers. If purchase is for taxable gift cards /certificates attach recipient’s tax information for each card purchased. Reimbursement requests will not be processed without recipient information if considered taxable. |
|   | √ | Review information submitted by the department to determine if sufficient to complete processing.  |
|   | √ | For gift cards/certificates distributed to USF employees provide tax information to the USF Payroll Department. |
|   | √ | For gift cards/certificates distributed to non-USF employees maintain tax information for 1099-Misc. reporting. Issue 1099-Misc. as appropriate. |
|  |  |  |  |

**USF Foundation Contact List for the Accounts Payable Supervisor** [**FOUNDATION CONTACT LIST**](http://usfweb2.usf.edu/proced/Foundation/FBO%20CONTACT%20LIST%20%282%29.doc)