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| **CO-PRINCIPAL INVESTIGATOR** | | | | | | | | | |  |  |  |
| NAME (Last, first, middle) | | | | | | DEGREE(S) | | | |  |  |  |
|  | | | | | |  | | | |  |  |  |
| POSITION TITLE | | | | | | MAILING ADDRESS *(Street, city, state, zip code)* | | | |  |  |  |
| DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | | | |  |  |  |
| MAJOR SUBDIVISION | | | | | |  |  |  |
| TELEPHONE AND FAX *(Area code, number and extension)* | | | | | | E-MAIL ADDRESS: | | | |  |  |  |
| TEL: |  | | FAX: |  | |  | | | |  |  |  |
| HUMAN SUBJECTS RESEARCH | | | | | Research Exempt | If “Yes,” Exemption No. | | Federal-Wide Assurance No. | |  |  |  |
| No  Yes | | | | | No  Yes |  | |  | |  |  |  |
| Clinical Trial  No  Yes | | | | | VERTEBRATE ANIMALS  No  Yes | | | Animal Welfare Assurance No. | |  |  |  |
| COSTS REQUESTED PER INSTITUTION  (if applicable) | | | | | | | | | |  |  |  |
| Moffitt Cancer Center (Direct Cost):    $ | | University of Florida (Direct Cost):  $ | | | | | Sylvester Comprehensive Cancer Center (Direct Cost):  $ | | Total Direct Costs:  $ |  |  |  |



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| Program Director/Principal Investigator (Last, First, Middle): | | | | | | | |  | | | | | | | |
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| PROJECT SUMMARY: | | | | | | | | | | | | | | | |
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| **PROJECT/PERFORMANCE SITE(S)** | | | | | | | | | | | | | | | |
| **Project/Performance Site Location** | | | | | | | | | | | | | | | |
| Organizational Name: | | |  | | | | | | | | | | | | |
| Street 1: | |  | | | | | | | Street 2: | |  | | | | |
| City: |  | | | | | County: | | |  | | | | | State: | |
| Zip/Postal Code: | | | | | | | | | | | | | | | |
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| **Project/Performance Site Location** | | | | | | | | | | | | | | | |
| Organizational Name: | | |  | | | | | | | | | | | | |
| Street 1: | |  | | | | | | | Street 2: | |  | | | | |
| City: |  | | | | | County: | | |  | | | | | State: | |
| Zip/Postal Code: | | | | | | | | | | | | | | | |
| **Project/Performance Site Location** | | | | | | | | | | | | | | | |
| Organizational Name: | | |  | | | | | | | | | | | | |
| Street 1: | |  | | | | | | | Street 2: | |  | | | | |
| City: |  | | | | | County: | | |  | | | | | State: | |
| Zip/Postal Code: | | | | | | | | | | | | | | | |
| Program Director/Principal Investigator (Last, First, Middle): | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |
| SENIOR/KEY PERSONNEL  Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first. | | | | | | | | | | | | | | |
| Name | | | | Organization | | | | | | Role on Project | | |
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| OTHER SIGNIFICANT CONTRIBUTORS | | | | | | | | | | | | | | |
| Name | | | | | Organization | | | | | | | Role on Project | | |
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BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | Completion Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**NOTE: The Biographical Sketch may not exceed five pages. Follow the formats and instructions below.**

**A. Personal Statement**

Briefly describe why you are well-suited for your role in the project described in this application. The relevant factors may include aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and your past performance in this or related fields (you may mention specific contributions to science that are not included in Section C). Also, you may identify up to four peer reviewed publications that specifically highlight your experience and qualifications for this project. If you wish to explain impediments to your past productivity, you may include a description of factors such as family care responsibilities, illness, disability, and active duty military service.

**B. Positions and Honors**

List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

**C. Contribution to Science**

Briefly describe up to five of your most significant contributions to science. For each contribution, indicate the historical background that frames the scientific problem; the central finding(s); the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and your specific role in the described work. For each of these contributions, reference up to four peer-reviewed publications or other non-publication research products (can include audio or video products; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware) that are relevant to the described contribution. The description of each contribution should be no longer than one half page including figures and citations. Also provide a URL to a full list of your published work as found in a publicly available digital database such as SciENcv or My Bibliography, which are maintained by the US National Library of Medicine.

**D. Research Support**

List both selected ongoing and completed research projects for the past three years (Federal or non-Federally-supported). *Begin with the projects that are most relevant to the research proposed in the application.* Briefly indicate the overall goals of the projects and responsibilities of the key person identified on the Biographical Sketch. Do not include number of person months or direct costs.

*For the purposes of this competition only, please also include pending research projects.*

*Please submit one budget per institution of up to $50,000.*

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| Program Director/Principal Investigator (Last, First, Middle): |  | | |
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| **DETAILED BUDGET FOR** **DIRECT COSTS ONLY** | | FROM | THROUGH |
|  |  |

List PERSONNEL *(Applicant organization only)*

Use Cal, Acad, or Summer to Enter Months Devoted to Project

Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

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| NAME | ROLE ON PROJECT | Cal.  Mnths | Acad.  Mnths | Summer  Mnths | | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | | TOTAL | |
|  | PD/PI |  |  |  | |  |  |  | |  | |
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| SUBTOTALS | | | | | | |  |  | |  | |
| CONSULTANT COSTS | | | | | | | | | |  | |
| EQUIPMENT *(Itemize)* | | | | | | | | | |  | |
| SUPPLIES *(Itemize by category)* | | | | | | | | | |  | |
| TRAVEL | | | | | | | | | |  | |
| INPATIENT CARE COSTS | | | | | | | | | |  | |
| OUTPATIENT CARE COSTS | | | | | | | | | |  | |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | |  | |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | |  | |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | DIRECT COSTS | | | | |  |
| TOTAL DIRECT COSTS FOR BUDGET PERIOD | | | | | | | | | $ |  | |

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| Program Director/Principal Investigator (Last, First, Middle): |  |

**BUDGET JUSTIFICATION**

|  |  |
| --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): |  |

**RESEARCH PLAN:**

1. **Face page and Abstract**
2. **Research Plan – Maximum 5 page total to include the following:**
3. Specific Aims
4. Background and Significance
5. Preliminary Data
6. Research Designs and Methods
7. Collaboration Plan
8. References:  Provide relevant citations for the proposal. Remember to include any manuscript and/or abstract that the members of the research focus group have published together (References are not considered in the page limitations)

**c. Formatting:**

* Use NIH format Arial 11 black font, single spaced with all text showing and 0.5 inch margins (all sides).
* The Principal Investigator’s name should be shown in the header of all application pages.

**Research Plan Continued (attach pages as necessary)**

Please designate a submitting PI and submit only one application. Applications must be submitted via e-mail as a single PDF file. Your completed application package must be submitted as one PDF email attachment to Moffitt’s Office of Sponsored Research at [intramuralprograms@moffitt.org](mailto:intramuralprograms@moffitt.org) b**y** **4:00 pm of the application due date.**