**Pathology, Microbiology, & Immunology Grant Application Checklist**

Please complete the following form and submit it to the PMI Grants Office via email: kara.shellmankuhns@unmc.edu.

The PMI Grants Office will notify you of the grant coordinator assigned to your proposal, as well as notify SPA of your upcoming grant submission.

For general questions, please contact Kara or one of our grant coordinators:

Liz VanRoekel | Chloe’ Garcia  | Lyssa White | Melissa Chadwell

For specific information (including departmental deadlines), visit the Pathology, Microbiology, & Immunology

[Grant Administration page.](https://www.unmc.edu/pathology/research/resources/grants.html)

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| **Faculty’s name:**Click here to enter text. |
| **Faculty’s contact email and phone number:**Click here to enter text. |
| **Status of Grant Submission:**[ ]  New [ ]  \*Resubmission [ ]  Renewal [ ]  Pre-App \**For NIH Resubmissions, you must provide original Grant ID found on eRA commons:* Click here to enter text. |
| **Funding Agency (NIH, DoD, Internal, Foundation, etc.):**Click here to enter text.**If NIH:****Provide the awarding component (NIAID, NCI, NINDS, etc.):** Click here to enter text.**Provide the Study Section (optional):** Click here to enter text.**Provide the list of individuals that should not review application (optional):**Click here to enter text. |
| **Please provide Request for Application (RFA) or Program Announcement (PA) #:** Click here to enter text.**If other, please specify:** Click here to enter text.  |
| **Provide the link to the (grant/announcement) or attach the instructions with your email:**Click here to enter text. |
| **Grant Title:**Click here to enter text. |
| **Role of Faculty Member:**[ ]  PI [ ]  Multi-PI [ ]  Co-I [ ]  Collaborator [ ]  Contractor[ ]  Check here if salary support is being requested. % of Effort: Click or tap here to enter text. |
| **Funding Agency Submission Deadline:**Click here to enter text. |
| **Department Submission Deadline (three working days less than above date):**Click here to enter text. |
| **Number of Years:**Click here to enter text. |
| **Start Date of Award:**Click here to enter text. |
| **Budget Type:**[ ]  Modular [ ]  Detailed  |
| **Subcontract:**[ ]  Yes [ ]  No  |
| **International Collaboration:** International Project Questionnaire required 1 month in advance as per Office of Vice Chancellor for Research: [ ]  Yes [ ]  No Please provide contact information and any additional pertinent details you deem important at this time:Click or tap here to enter text. |
| **Human Subjects:**[ ]  Yes [ ]  No If yes, has your protocol been submitted to IRB?[ ]  Yes [ ]  No If yes, include IRB #: Click or tap here to enter text.  |
| **Clinical Trials:**[ ]  Yes [ ]  No |
| **Vertebrate Animals:**[ ]  Yes [ ]  NoIf yes, has your protocol been submitted to the IACUC?[ ] Yes [ ]  No If yes, include IACUC #: Click or tap here to enter text. |
| **Biosafety approval?**[ ]  Yes [ ]  No If yes, has your protocol been submitted to IBC? [ ]  Yes [ ]  No If yes, include IBC #: Click or tap here to enter text. |
| **Personnel or send personnel justification document:**

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| Name: Click here to enter text. | Name: Click here to enter text. |
| Position/Role: Click here to enter text. | Position/Role: Click here to enter text. |
| Dept: Click here to enter text. | Dept: Click here to enter text. |
| % of Effort: Click here to enter text. | % of Effort: Click here to enter text. |
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| If known at this time, please provide:**Operating Expenses:** $ Click here to enter text. (i.e. animal per diems, core facility usage, etc.)**Supplies:** $ Click here to enter text.**Travel:** $ Click here to enter text.**Major Equipment:** [ ] Yes [ ]  No$ Click here to enter text. |
| **Consultant(s):**Name: Click here to enter text.Institution Name and Address: Click here to enter text.Phone No.: Click here to enter text. email: Click here to enter text.Amount: $ Click here to enter text. |
| **Subcontracts: Required information due 2 weeks prior to sponsor’s due date:**Name Investigator: Click here to enter text.Institution Name and Address: Click here to enter text.Administrative contact info: Click here to enter text.Amount: $ Click here to enter text.  |
| **Does this application require the use of any of the following major instrumentation or specialized technology, as required by the Vice Chancellor of Research Office:**

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| [ ]  Not Applicable | [ ]  Electron Paramagnetic Resonance (EPR) Spectroscopy | [ ]  Mouse Genome Engineering |
| [ ]  Advanced Microscopy (Confocal) | [ ]  Elutriation | [ ]  Multiomics Mass Spectometry (MMS) |
| [ ]  Animal Behavior | [ ]  Flow Cytometry | ☐ Multiphoton Intravital Tissue Imaging (MITI) |
| [ ]  Bioimaging (Small animal MRI, SPECT/CT) | [ ]  Genomics | [ ]  Nanomaterials Characterization |
| [ ]  Bioinformatics and Systems Biology | [ ]  Image Guided Radiation | [ ]  Physiological Environment Research Facility (PERF) |
| [ ]  Biological Irradiation | [ ]  In Vivo Imaging (IVIS) | [ ]  READI (Research, Education, Administration, and Development in Health Informatics) |
| [ ]  Biosafety Level 3 (BSL-3) Facility | [ ]  Magnetic Resonance Imaging, Human (MRI) | [ ]  Research IT (RITO)[ ]  Spectral AmiHT Imager |
| [ ]  Clinical Research Supercomputer (CIHC) | [ ]  Magnetoencephalography, Human (MEG) | [ ]  Tissue Sciences |
| [ ]  Echocardiography Imaging Facility (Echo) | [ ]  Monoclonal Antibody Production |  |
| [ ]  Electron Microscopy |  |  |
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