CCTSI Child and Maternal Health Pilot Program (CMH-Pilot)
Online Application Form and Proposal PDF Submission For Intent Number: CMH-X-17-2

Due Wednesday September 14, 2016 5:00pm MDT

1. The complete Application consists of the online Application Form and the Proposal PDF document.
2. The online Application Form below precedes with information submitted with the Intent to Apply, and requests additional detailed information for your Application. All information in this Form can be entered, revised and saved as often as needed before submission using the “Save and Return Later” button. All changes made to prepopulated Intent Information must be identified in the section “Updates to Intent to Apply Information”. The online Application Form will be automatically converted into a cover page for the application – please do NOT include a separate cover page.
3. The Proposal PDF document can be uploaded below, and can be reviewed, revised and reloaded as often as needed before submission using the “Save and Return Later” button.
4. The complete Application must be submitted using the “Submit Final Application” button by Wednesday September 14, 2016 at 5:00pm MDT. Applications that are not actively submitted will not be considered. You will receive a confirmation email shortly after successful submission with your submission timestamp. The online system will be deactivated on the deadline, and no exceptions will be made for late submission. Applications cannot be modified after submission.
5. Reminder: An individual may be included as a Principal or Co-Investigator ON ONLY ONE APPLICATION for award in 2017 between the CC-Pilot, CMH-Pilot, CNS-Pilot, and CE-Pilot Joint Programs. This restriction is not applicable to OSU-Pilot, NM-Pilot, and CE-Pilot Partnership Development programs.

Primary Principal Investigator *

*this individual will be the primary contact for application and award administration on applications with a Multiple PI Plan

First Name ** Last Name **
Jane Doe

Email Address **

Phone **

Degree(s) **

Primary Appointment **
*Select Primary Appointment*

Official School, Center or Institution. **
Enter N/A if not applicable.

Official Department. **
Enter N/A if not applicable.

Official Division. **
Enter N/A if not applicable.

Anticipated academic title at the time of selection **
(*Select Anticipated Academic Title*)
(Feb 2017)

Application Information

Application Title ** (50 words or less):
Junior - Keep for Testing

Number of words remaining: 45

Abstract ** (250 words or less):
Junior - Keep for Testing

Number of words remaining: 250

Application Amount **
20000

Application Category **
- Mentored Pilot Award $20,000
- Junior Pilot Award $20,000
**Primary Mentor**

If you are applying for a Mentored Pilot Award you are required to provide Primary and Secondary Mentor Information - additional Mentors are optional. Please provide full name and professional contact information of all included Mentors.

A person may serve as a Primary Mentor to only one PI on one application per year. To prevent disqualification, PIs should confirm that their Primary Mentor is not acting in this role on any other applications.

First Name **  
Email Address **  
Phone Number **  
Primary Appointment **

**Secondary Mentor**

If you are applying for a Mentored Pilot Award you are required to provide Primary and Secondary Mentor Information - additional Mentors are optional. Please provide full name** and professional contact information** of all included Mentors.

A person may serve as a Secondary Mentor on multiple applications in a given year, so long as there is no overlap between the projects and this is clearly indicated in the applications. To prevent disqualification, PIs should confirm that there is no overlap between projects sharing Secondary Mentors. Extra fields for entering mentor information will appear as needed, up to five mentors total.

First Name **  
Email Address **  
Phone Number **  
Primary Appointment **

**1st Co-Investigator**

Please provide the full name and professional email address of first Co-Investigator. Extra fields for entering co-investigator information will appear as needed, up to five co-investigators total.

First Name  
Email Address

**Possible Reviewer Information**

Reviewer Names **
Names of 3 potential reviewers (from local UC & related CCTSI Institutions). [Enter “Unknown” if no names are known]

**Updates to Intent to Apply Information**

The information above was prepopulated with information submitted with the Intent to Apply, which may be revised as needed. Any revisions to original Intent information must be identified in this section. If changes are not identified and any change results in unfundable ranking or ineligibility, the application will not be considered.

If changes have been made, please indicate which field has been modified and briefly how (ex: Application Category changed from Mentored to Junior; Primary Mentor changed from John Jones to Mike Mendez; or Title changed from “test A” to “test B”). If original intent information is correct and no changes have been made, please enter N/A. **

Number of words remaining 100
**Previous Award Information**

Please indicate if any CCTSI Pilot awards (CO-Pilot, CNS-Pilot, CMH-Pilot, CE-Pilot, or CSU-Pilot) have been awarded in 2015 or 2016 to any Principal Investigators or Co-Investigators of this application. Note that Principal Investigators with an award in the most recent cycle are ineligible to apply for the current cycle, and renewal or follow-on funding to any prior funded CCTSI Pilot Grants is not allowed.

Please indicate Investigator’s full name, year and type of award (ex. John Doe co-PI, 2015 CO-Pilot Team award).

**NEW** Human Subjects Research Information

Applications which include Human Subjects Research AND are selected for award will require review of Human Subjects documentation prior to award by our funding agency, the National Center for Advancing Translational Sciences (NCATS). Detailed requirements and instructions for NCATS review will be provided to investigators upon selection for award.

Will your project include Human Subjects Research?  
- [ ] Yes  
- [ ] No

Do you anticipate that your Humans Subjects Research be exempt from IRB review?  
- [ ] Yes  
- [ ] No

Please indicate the Institutional regulatory agency that will review your Humans Subjects Research (ex. COMIRB, WIRB)

Proposal PDF document

The Proposal PDF document is comprised of the Abstract, Research Plan, References, Multiple PI Plan (if applicable), Budget and Justification, Biosketches, Letters of Support, and Checklist. These components must be consolidated into a single PDF document, and uploaded using the [Browse] button to locate the file.

You may revise and reload the PDF document as often as needed using the "Save and Return Later" button. Once you use the "Submit Final Application" button, you will not be able to modify your Proposal PDF document.

Proposal PDF Document

[Browse]
Considerations

This application requires CCTSI Pilot Program Non-Affiliate pre-application budget review by September 9, 2016. **
If your application includes collaboration with a non-affiliate organization AND you intend to provide award funds to that organization, a pre-application budget review is required to evaluate budget caps and mandatory cost-share requirements for the non-affiliate organization.

☐ Yes  ☐ No

If yes, date of CCTSI review

Who is your non-affiliate organization?

This application includes a PI who qualifies for consideration as an underrepresented and minority researcher. **
Underrepresented and minority researchers may include African Americans, Hispanic Americans, Native American / Alaska Natives, U.S. Pacific Island Natives, individuals with disabilities, and individuals from socially, culturally, economically or educationally disadvantaged backgrounds that have inhibited their ability to pursue research careers.

☐ Yes  ☐ No

This application qualifies for consideration as Potential Product Development (TTO) - public disclosure, in either text or verbal form, may result in a lost opportunity to protect and commercialize your invention. **
If you think you have created an invention, contact the Technology Transfer Office before submitting either an abstract or a manuscript for publication. It is best to call and establish personal contact right away; submitting an Invention Disclosure Form is the first step in the process of protecting your invention.

☐ Yes  ☐ No

This application requires CCTSI membership for all Principal Investigators, Co-Investigators and Mentors. **
CCTSI membership has been verified for the PI, any Co-Investigators and any mentors.

☐ Yes

Application Submission Certification

This information in the above Application Form and Proposal PDF document is final for submission. I understand that by certifying and submitting below, I cannot make any modifications to my final Application. I also understand that Applications submitted below after Wednesday September 14, 2016 5:00pm MDT will not be considered.

☐ Yes