

**SIGNATURE COVER PAGE** **(FORM A)**

**INTRAMURAL GRANT APPLICATION**

Research Funding Committee (RFC)

**LU#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**P.I.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Date: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Date: \_\_\_\_\_\_\_\_\_\_

(Signature)

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title** (type or print)**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CO.P.I.(s):** Include all co.P.I.'s - if none apply, check box below.

**NONE** [ ]

**1.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**COVER LETTER FORM** **(FORM B)**

**PURPOSE/REASON FOR APPLYING TO THE RFC**

WHAT TYPE OF A PROJECT IS YOUR INTRAMURAL GRANT PROPOSAL? (You must check a category)

[ ] Bridge Funding [ ] Pilot Project [ ] New Investigator

[ ] Translational Project [ ] Programmatic Enhancement Award

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This cover letter should be a **very detailed** explanation of the specific type of request, the need for funding and what efforts have been made or are planned for external funding. The role of any co-P.I.'s should also be identified. Bridge funding requests with multiple aims must identify the specific areas that will be addressed during the bridge period.

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**BUDGET JUSTIFICATION (FORM C)**

**Detailed Budget**

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**NOTE**: This Form must be filled-out in its entirety before the application can be reviewed. Please give a total in each category that applies.

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**PERSONNEL** (Applicant organization only)

NAME DEGREE ROLE ON TYPE % EFFORT FRINGE SALARY

PROJECT APPT. on PROJECT BENEFITS REQUESTED

(faculty salary

not allowed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SUPPLIES** (detailed and itemized by category)

GENERAL SUPPLIES

**BUDGET JUSTIFICATION CONTINUED ON NEXT PAGE**

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**BUDGET JUSTIFICATION CONTINUED**

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LAB FEES (Core Facilities; Transgenic, FACS, etc)

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ANIMAL CARE COSTS

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PATIENT COSTS

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NURSING COSTS

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PHARMACY COSTS

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**EQUIPMENT** (Detailed letter of explanation must be included)

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**TOTAL (Direct Costs For 12 Month Budget Period)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTRAMURAL GRANT PROPOSAL ABSTRACT** **(FORM D)**

**(**Abstract needs to be submitted via e-mail to sbynum1@luc.edu)

Type text in space below. **NOTE**: Abstract not to exceed this page.

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**PI:**

**OTHER SUPPORT** **(FORM E)**

Information on all other support (active and pending) including scientific and budgetary overlap **must** be provided.

**NOTE**: On separate page include past 10 years of funding history.

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**SAMPLE** Active or Pending

Name of PI Dates of Approved/Proposed Project Percent Effort

Source Annual Direct Costs

Title of Project

The major goals of this project are...

Overlap (please summarize for each)

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**Note:** With the exception of Veterans Administration grants and awards, future extramural funding directly related to previous RFC support must be administered through Loyola University Chicago/SSOM.

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**PI Signature required**

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