

**GRANT APPLICATION PROPOSAL (GAP) – COVER FORM**

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Investigator Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University affiliation: ☐ UTHSC ☐ U. Memphis ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a student, postdoc or other trainee? ☐ no ☐ yes

**Co-investigator Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Working Title of Proposed Grant** (please provide information on primary measures within your title):

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

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**Will the research proposed in this grant be supported by existing funds?** ☐ yes ☐ no

**If yes, what funds are available for this project?** $\_\_\_\_\_\_\_\_\_\_\_ **Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If no, this grant proposal will be submitted to:**

☐ NIH (if so, type: ☐ R01 ☐ R21 ☐ K award ☐ U ☐ P ☐ other: \_\_\_\_\_\_\_\_\_\_\_\_ )

☐ NSF ☐ University/Internal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Foundation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Other Agency/Entity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deadlines:** Please be aware that requests will not be expedited—allow 2 weeks for LOI review and up to 6 weeks for the GAP review.

Does this grant have a one-time-only deadline (e.g. one-time RFA)? ☐ NO ☐ YES

Date you hope to submit the grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is this proposal for (check all that apply):**

☐ Funds to conduct Secondary Data Analyses (of existing CANDLE data)

☐ Funds to Score or Assay Existing CANDLE data or specimens

☐ Funds to Add Additional Measures to current protocol (within ongoing, funded assessments)

☐ Funds to Follow the Cohort (a portion or all) beyond the currently-funded CANDLE protocol

**This proposal supports analyses or follow-up on:**

☐ the full CANDLE cohort (all available subjects)

☐ a subsample of the cohort (list proposed sub-pop and size): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your proposal request the use of CANDLE biospecimens:**

☐ prior to grant submission for preliminary analyses? ☐ after the grant is awarded?

 If Yes to either, please describe type of specimen requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, quantity \_\_\_\_\_\_\_\_\_

**Do you intend to request data prior to submitting your grant proposal** (this includes descriptive data)**:**

☐ No ☐ Yes

NOTE: All data requests must be for preliminary analyses to support the grant application—any intentions to publish results from any analyses must be approved via the “Manuscript Analysis Plan Proposal” (MAPP) process, which is separate from this “grant” process. PIs will be granted “first rights” to analyses proposed within their grant proposals, but once funding is acquired and prior to commencing analyses, investigators must submit a MAPP in order for his or her analyses to be tracked.

**In conjunction with this cover form, please also submit a Letter of Intent (LOI) to the Emerging Science Coordinator.** The LOI document should be no longer than 1 page and should include clearly articulated Specific Aims and Hypotheses. Also include 2-4 sentences summarizing how the CANDLE cohort will be used to meet your data requirements (e.g. will new data be collected, what additional burden will subjects experience, etc.). If you checked the box above requesting preliminary data for your grant submission, please provide a brief description of the data requested and proposed analyses in your LOI.

The letter of intent will be reviewed by the Emerging Science Coordinator to assess overlap with existing projects, and the extent to which the project addresses UCI priority research areas. If the content area described in the LOI is found to be unique and within CANDLE research priorities, the investigator will be asked to submit a full Grant Application Proposal (GAP). Investigators will receive a response to their LOI and Cover Form within 2 weeks of submission, informing the applicants of whether they should provide further detail in a full Grant Application Proposal.

**Attestation Statement:**

***“I understand that I am requesting permission to write a grant based on the CANDLE study’s data and/or participant pool. I have read carefully the “Guidelines for Collaboration” related to grants and I understand that submitting this grant does not guarantee me “ownership” over the research question or additional data collected, as substantial quantities of time, money, and expertise have gone into the CANDLE study to date and that my application benefits from this effort. If funded, implementation of this grant will require collaboration with existing CANDLE investigators and funders.***

***I attest that all co-investigators have read and approved this proposal.”***

**Primary Investigator Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_