**Instructions for Preparing Your AHPRC Pilot Funding Application**

**Submission Instructions and Deadline:** Please complete the application by typing in the required information on the form. Send the document electronically as **one pdf** in the order indicated below to melody.baker@marquette.edu (Office of Research and Innovation) no later than 4:00 PM CDT on **Friday, June 28th, 2024**. *Put the last name of the Contact PI in the file name followed by AHPRC Application. i.e. Last Name\_AHPRCApp*.

**If any portion of the application exceeds the provided page limit or text box, the application will be ineligible for consideration. Please use Arial 11-point font.**

**Eligibility Requirements:**

* The project must be consistent with the goals of the pilot funding opportunity.
* Any PI or Co-PI with previous support from AHPRC pilot funding must show that an external grant was submitted based on the previously supported AHPRC pilot project.

A complete AHPRC Pilot Funding application consists of the following items in the order listed below.

1. **AHPRC Pilot Funding Cover Sheet(s)** (First pages of the application).
2. **Abstract (separate page)**

Provide an abstract within the designated text box that presents an overview of your proposal using terms appropriate for the broad academic community. State clearly what work will be done and why this work is important.

1. **Project Description (limit - 2 pages)**

The Project Description must be **no more than two single-spaced pages** using 0.5" margins and 11-point Arial font. The project description must be written in such a way that scholars outside of your immediate discipline can readily understand it. The overall impact and feasibility of the research will be scored based on the sections below. The **impact** of the proposal is an assessment of the *likelihood for the project to exert a sustained, powerful influence on the research field involved*. Use the below headings in order:

* 1. **Specific Aims & Hypotheses**

State and elaborate on the specific aims of the proposed work with a summary of why this work is important and how it is related to the goals of the AHPRC as detailed in the guidelines. Include at least one hypothesis for each specific aim. Describe how this project differs from, or extends, currently funded work (*if applicable*).

* 1. **Significance and Innovation**

*Significance:* Provide a short literature review and a clear and concise explanation of the project and its possible impact on the field. Discuss why this project is significant and how it is appropriate to meet the goals of the AHPRC. Does this study address an important problem? State how knowledge or practice in your area will be advanced if the project objectives are achieved.

*Innovation:* Consider how this work is original and innovative. For example: Does the project challenge existing paradigms or clinical practice; address an innovative hypothesis or critical barrier to progress in the field? Does the project develop or employ novel concepts, approaches or methodologies, tools, or technologies for this area?

* 1. **Approach: Research Plan** (Grant period activities)

Summarize the methods you will employ in this project. Describe how the central research question(s) will be approached and how potential difficulties will be resolved. State the expected outcomes.

1. **Project Timeline, Future Plans, and Resources (1-page limit)**

a) **Timeline** – Provide a detailed timeline for your project and demonstrate its ability to be completed within a maximum of 8 months. Project extensions will not be given; all costs related to the study must be incurred by Friday, **May 23, 2025.**

b) **Future Plans** – Briefly explain how completing this project will position you to be competitive for extramural funding.

c) **Facilities and Resources** – Provide a description of the AHPRC facilities and resources that will be used to complete the pilot project, if any. Usage of the AHPRC facilities and equipment is encouraged but not required.

1. **References**

Provide a bibliography of any references cited in the Project Description. This section is not included in the page limit.

1. **Project Budget and** **Budget Justification** (limit – 1 page).

Each component of the budget request must be explained with the amount and a total presented. Include as subheadings: personnel, equipment, supplies, travel, and other if applicable.

1. **Current NIH or NSF Biosketch for each PI; limit 5 pages per individual**.

Each biosketch should be according to NIH or NSF standards that highlight the investigators professional growth, publications, current and pending funding.

Refer to: <https://grants.nih.gov/grants/forms/biosketch.htm> and <https://www.nsf.gov/funding/preparing/>

**Application Checklist**

[ ] AHPRC Pilot Funding Cover Sheet(s)

[ ] Abstract

[ ] Project Description (2 page limit): Arial 11-point font and 0.5" page margins.

[ ] Timetable, Future Plans and Facilities, and Resources

[ ] References

[ ] Project Budget and Justification (1 page limit)

[ ] Biosketch for the PI and Co-PI(s)

**AHPRC PilOT Award COVER SHEET**

*(This should be the top page)*

*(Please type)*

*Application Receipt Deadline:* ***4:00 PM CDT Friday, June 28th, 2024***

**Project Title** (Limited to 120 characters, including spaces)

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| **Contact Principal Investigator (PI):** |

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| **Department at Marquette:** |

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| **Phone:**  | **Email:** |

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| Academic Rank: [ ] Assistant Professor  [ ] Associate Professor  [ ] Full Professor | MU Hire Date:

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Does the project involve a need for **data science services collaboration** (e.g., data engineering, data exploration, data analysis)? Explain the kinds of services needed.

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What **other internal and external research support** is this proposed project receiving (e.g., external grants, start-up funding, etc.)? Please list any **pending** applications for this proposed work.

*\*In your application indicate how the current proposal is distinct from funded aims from other sources. If there is perceived overlap you will not receive AHPRC funding*

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Does the project have **Institutional Review Board (IRB) approval**? If ‘Yes’, please indicate the Marquette reference number. If ‘No’, then outline a timeline for submission to the IRB or why IRB approval is not needed.

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**Contact PI signature and date**

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**Chair/Unit Administrator signature and date** [Signing indicates your support for the proposed work and the PI]

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**Additional PIs or Co-Investigators:**

Please complete the following on a separate page for each Co-Investigator

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| **Role (PI, Co-PI, or Co-I):****Investigator Name:**  |

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| **Department:** **Institution (if not Marquette):** |

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| --- | --- |
| **Phone:**  | **Email:**  |

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| --- | --- |
| Academic Rank: [ ] Assistant Professor (or clinical)  [ ] Associate Professor [ ] Full Professor  [ ] Research Associate  |  |

**Applicant signature and date**

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**Additional PIs or Co-Investigators:**

Please complete the following on a separate page for each Co-PI or Co-Investigator

|  |
| --- |
| **Role (Co-PI, or Co-I):****Investigator Name:** |

|  |
| --- |
| **Department:****Institution (if not Marquette):** |

|  |  |
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| **Phone:** | **Email:** |

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| --- | --- |
| Academic Rank: [ ] Assistant Professor (or clinical)  [ ] Associate Professor [ ] Full Professor  [ ] Research Associate  |  |

**Applicant signature and date**

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*Duplicate this page if needed for more PIs or Co-Is.*