

**Applications for Vouchers for Core Facilities**

The Great Plains IDeA-CTR is soliciting applications from clinical and translational researchers for vouchers to be used to access core facilities and/or fee-for-service resources to augment their current research, or to prepare pilot data for research applications. Applications for vouchers will require an abstract of the proposed project, information on the relevance of the request to the project, and a detailed budget. Awards are anticipated to range between $4,000 and $10,000 per application. A total of approximately $20,000 will be granted to investigators for this fiscal year, which ends on June 30, 2019.

Full-time faculty members from UNMC, UNL, UNK, UNO, Boys Town National Research Hospital, University of South Dakota, University of North Dakota or North Dakota State University may apply. The funds cannot be used to replace costs included in existing grants, and proposals must indicate how the results will be used to support new grant applications. The application form is attached. All applications must also be signed by the core director/service provider to indicate that the protocol has been reviewed and/or usage is feasible. Applicants are also required to submit a current NIH biosketch, a description of the relevance of the project to clinical and translational research and a description of the project that includes methods, measures and outcomes. As part of the outcome, information on sustainability of the research (e.g. support of grant submissions, please indicate type and agency) is expected.

Applications will be reviewed monthly by the Administrative Core of the GP IDeA-CTR until all funds have been granted. Review and due dates are as follows:

Due April 1, 2019; Review: April 2, 2019

Due May 6, 2018; Review: May 7, 2019

All funds must be expended by June 30, 2019.

Post Award Reporting: The PI will be required to submit a brief impact report by June 30, 2019, to include information on core facility use and grants/publications submitted, and general impact of the project on the PI’s research. These grants/publications must acknowledge support from the Great Plains IDeA-CTR(unless the award letter indicates funding from an alternate source or the grant application/publication does not allow such acknowledgements). Campus research offices will be responsible for providing any requested financial data; core facilities will report use-data in conjunction with their normal reporting cycle.

For additional information please contact:

Pamela Laws

402-559-4749

pamela.flaxlaws@unmc.edu

**GP IDeA-CTR Request for Core Facility Usage Funding**

**and/or Fee-For Service Funding**

Submit document pdf Pamela Laws (pamela.flaxlaws@unmc.edu)

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| **Date Submitted** |  |
| **Principal Investigator** |  | **Phone #:** |  |
| **Institution/School/Department** |  |
| **Relevant Co-Investigator(s)Name/Institution/School/Dept.** |  |
| **Project Title:** |  |

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| **IACUC Approval # (animal use):** |  | **Expiration of current approval:** |
| **IRB Approval #:** | **When does approval expire:**  |
| **Project Period in which core services are needed:** |  |
| **Core(s)/Service to be used:****(Please include institution where core/service is located)** |  |

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| --- | --- |
| **Are there additional supplies required for performance of service? (yes/no)**  | **If yes, please provide a budget and justification** |
| **Are the funds for this service included in any other budget for this research work? (yes/no)** |
| **If No:** | **Unfunded pilot data**  |
| **Assessment added after funding award**  |
| **Award had insufficient funding to meet aims of the study**  |
| **Other (specify)**  |  |
| **If Yes:** | **Requested funding cut by funding agency**  |
| **Other (specify)**  |  |

**NOTE: VOUCHER REQUESTS MUST BE REVIEWED BY THE APPLICABLE CORE DIRECTOR/SERVICE PROVIDER FOR VIABILITY AND SIGNED BY THAT CORE DIRECTOR/SERVICE PROVIDER PRIOR TO SUBMISSION.**

**Please provide the following:**

* Current NIH Biosketch
* Current Funded Grant Abstracts
* Supplies requested in association with the service
* All information in Request Justification below.

**PI Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Core Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Budget Details**

Complete the information for the Core/Services you are proposing to utilize for your study. If the Core/Service Provider sent documentation to you regarding pricing, please submit it with your application.

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| --- | --- | --- | --- |
| **Core Service** | **# of Services** | **Billing Rate($)** | **Total Funding ($)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Core-associated Supplies** | **# of Units** | **Cost/Unit ($)** | **Total Cost ($)** |
|  |  |  |  |
|  |  |  |  |

 (*Not to exceed $10,000*) **Total Request: $** \_\_\_\_\_\_\_\_

**Budget Justification:**

 **PI Request Justification (not to exceed 2 pages)**

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| 1. **Funding Overlap**
2. **What other funding is currently available for this project? If funding exists, explain why additional funding is needed and project specifics regarding funding source (i.e., internal, external, agency name, agency #, etc.).**

1. **Have you previously received any IDeA funding for this same project? (yes/no)**

**If yes, please explain**. |
| 1. **How will this GP IDeA-CTR subsidized service help you further your project (e.g., pilot data for grant submission, etc.)?**
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| 1. **Provide a description of the project, including applicability of the core/service(s) requested, methods, measures and outcomes.**
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| 1. **Please describe the relevance of your project to clinical and/or translational research.**
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