|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Form Revised 10/01/2007 1 | | | | | | | | | | | | | | | | | |
| OhioState-VetMedCollege-4C-Horiz-CMYK | | | | | | | | | **Application Deadline Date**        **Mark L. Morris**  **Veterinary Clinical Nutrition**  **Research & Education Fund** | | | | | | | | |
| Intramural Grant Application **Mark L. Morris Funds**  Do not exceed character length restrictions indicated. | | | | | | | | | **LEAVE BLANK—FOR CFR USE ONLY**. | | | | | | | | |
| Grant Number | |  | | | | | Meets Guidelines | |
| Grant Funded Yes  No | | | | | | |  | |
| Score | | | Range | | | | Date Received | |
| 1. TITLE OF PROJECT *(Do not exceed space provided.)* | | | | | | | | | | | | | | | | | |
| 2. INDICATE TYPE OF GRANT  **MARK L. MORRIS VETERINARY CLINICAL NUTRITION RESEARCH AND EDUCATION FUND** | | | | | | | | | | | | | | | | | |
| 3**.** PRINCIPAL INVESTIGATOR | | | | | | | | | | | | | | | | | |
| 3a. NAME (Last, first, middle) | | | | | | | | | 3b. DEGREE(S)/BOARD CERTIFICATION | | | | | | | | |
|  | | | | | | | | |  |  | | |  | |  | | |
| 3c. POSITION TITLE | | | | | | | | | 3d. MAILING ADDRESS *(Street, city, state, zip code)* | | | | | | | | |
| 3e. DEPARTMENT | | | | | | | | |
| 3f. TELEPHONE AND FAX *(Area code, number and extension)* | | | | | | | | | 3g. E-MAIL ADDRESS: | | | | | | | | |
| TEL: |  | | | | FAX: |  | | |  | | | | | | | | |
| 4. HUMAN SUBJECTS  RESEARCH  No  Yes | | | | 4b. Human Subjects Assurance No. | | | | | 5. Is this a Clinical Trial or are client owned animals being utilized?  No  Yes  If yes, requirement for CTO Consultation for Trial Design and Budget Formulation; Signature sign off below | | | | | | | | |
| 6. VERTEBRATE ANIMALS  No  Yes | | | | | | | | |
| 4a. Research Exempt  No  Yes | | | | If “Yes,” Exemption No. | | |  | | 6a. IACUC Approval and Date | | | | | 5b. ILACUC Approval Number | | | |
| 7. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | | | | | | | | 8. COSTS REQUESTED FOR  FIRST YEAR | | | | | 9. COSTS REQUESTED FOR TOTAL  PERIOD OF SUPPORT | | | | |
| From | | | Through | | | | | 7a. Direct Costs ($) | | | | | 8a. Direct Costs ($) | | | | |
|  | | |  | | | | |  | | | | |  | | | | |
| 10. Checklist:  10. | | | | | | | | | | | | | | | | | |
|  | | Page 1 (*Form - Cover Page*)  Page 2 *(Form – Technical & Lay Abstracts and Personnel)*  Page 3 (*Form - First year Budget*)  Page 4 (*Form – Total Budget and Justification*)  Page 5 (*Form - Resources*)  Research Plan (*Sections A through E – 3 page limit)*  Letter(s) of Cooperation  Curriculum Vitae *(use 5 page NIH biosketch)*  Packet contains Original and 3 copies turned into the College Research Office  ILACUC and BBVCTO approval when applicable/client consent form  Submitted electronic version to [Morscher.1@osu.edu](mailto:Morscher.1@osu.edu) | | | | | | | | | | | | | |  | |
| 11. CLINICAL TRIALS OFFICE: I certify that the Principle Investigator has met with the Blue Buffalo Clinical Trials Office to discuss the clinical trial work outlined in this grant application and that the proposed trial is feasible and budget for trial work is accurate. | | | | | | | | | SIGNATURE OF CTO REPRESENTATIVE  (*In ink. “per” signature not acceptable*.) | | | | | | | | DATE |
| 12. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that if a grant is awarded as a result of this application I will accept responsibility for the scientific and technical conduct of the research project; provide an annual and final report to the College Research Office; present the results of this project at the next College Research Day; submit a grant application based on this work to an extramural funding agency | | | | | | | | | SIGNATURE OF PI/PD NAMED IN 3a.  *(In ink. “Per” signature not acceptable.)* | | | | | | | | DATE |
| 13 DEPARTMENT CHAIR I certify that the Principal Investigator has approval to conduct the research described in this grant, and will be provided with adequate research space. I also agree to monitor expenditures charged against said grant and to cover any overage charged to the grant account. | | | | | | | | | SIGNATURE OF DEPARTMENT CHAIR.  *(In ink. “Per” signature not acceptable)* | | | | | | | | DATE |

CVM-CFR Grant Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Principal Investigator (Last, First, Middle): | | |  | | |
|  | | | | | |
| **Abstract and Key Personnel**  **Intramural Grant Application**  **College of Veterinary Medicine** | | | | | |
| TECHNICAL ABSTRACT: See instructions. Provide a concise summary of the proposal, including, but not limited to specific aims, methods and procedures, expected outcomes and significance.  **DO NOT EXCEED THE SPACE PROVIDED (300 words).** | | | | | |
|  | | | | | |
| LAY ABSTRACT: See instructions. Provide a summary of the proposal in layman’s terms. Do not exceed the space provided.  **Limited to 150 words.** | | | | | |
|  | | | | | |
| KEY PERSONNEL. See instructions.  Start with Principal Investigator. List all other key personnel in alphabetical order, last name first. Do not include technician or other support personnel. In general, graduate student stipends are not supported with out compelling justification (see Budget page and justification) | | | | | |
| Name | Department | Time Commitment to Project | | Signature |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |

CVM-CFR Grant Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator (Last, First, Middle): | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODYear 1INTRAMURAL GRANT APPLICATION **COLLEGE OF VETERINARY MEDICINE** | | | | | | | FROM | | | THROUGH | | |
|  | | | | | | |  | |  | | | |
|  | | | | | | |  | | | | | |
| PERSONNEL | |  | % | |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | | |
| NAME | ROLE ON PROJECT |  | EFFORT ON PROJ. | |  | SALARY REQUESTED | | FRINGE BENEFITS | | | | TOTAL |
|  |  |  |  | |  |  | |  | | | |  |
|  |  |  |  | |  |  | |  | | | |  |
|  |  |  |  | |  |  | |  | | | |  |
| SUBTOTALS | | | | | |  | |  | | | |  |
| ANIMALS AND PER DIEM (*Provide price justification below*) | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize and provide justification below)* | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category and show estimated cost for individual items)* | | | | | | | | | | | |  |
| VTH SUPPLIES & SERVICES *(Itemize costs to be charged to the Veterinary Teaching Hospital)* | | | | | | | | | | | |  |
| OTHER EXPENSES *(See instructions; Itemize by category; include services to be purchased)* | | | | | | | | | | | |  |
| COST JUSTIFICATION (*See instructions: where partial support is requested for personnel, please provide source for the remainder of the salary; provide justification for the per cent effort of including graduate students if applicable; justify animal purchase price [conditioned vs unconditioned]; justify equipment purchase if applicable* *Use continuation pages as needed)* | | | | | | | | | | | |  |
| SUBTOTAL DIRECT COSTS FOR BUDGET PERIOD | | | | | | | | | | | $ |  |

CVM CFR Grant Form

CVM CFR Grant Form

|  |  |
| --- | --- |
| Principal Investigator (Last, First, Middle): |  |
|  | |
| RESOURCESINTRAMURAL GRANT APPLICATION **COLLEGE OF VETERINARY MEDICINE** | |
| FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Under “Other,” identify support services and specify the extent to which they will be available to the project. Use continuation pages if necessary. | |
| Laboratory: | |
| Clinical: | |
| Animal: | |
| Computer: | |
| Office: | |
| Other: | |
| MAJOR EQUIPMENT: (*List the most important equipment items already available for this project, noting the location and pertinent capabilities of each).* | |

CVM CFR Grant Form

|  |  |
| --- | --- |
| Principal Investigator (Last, First, Middle) |  |
| **I. RESEARCH PLAN** (*limited to 3 pages for sections A through F. Font to be used is Arial 11 point with margins in all directions of at least ½ inch.)* | |

|  |
| --- |
| **A. Specific Aims:** |

|  |
| --- |
| **B. Significance:** |

|  |
| --- |
| **C. Species/Program Relevance:** |

|  |
| --- |
| **D. Preliminary Data:** |

|  |
| --- |
| **E. Experimental Plan:** |

|  |
| --- |
| **F. Time Line for Experimental Plan:** |

|  |
| --- |
| **G. Literature Cited** |

|  |
| --- |
| **II. INVESTIGATOR INFORMATION** |

|  |
| --- |
| **A. Plan for Future Support:** |

|  |
| --- |
| **B. Role of Investigators:** (*Describe roles of PI and Co-investigators, including descriptions of graduate student roles, the relationship of this proposal to their achieving their degree and time schedules for the graduate student*) |

|  |
| --- |
| **C. Project Integration:** (*Describe how this project integrates with and facilitates collaboration among other programs in the College and/or University*) |

|  |
| --- |
| **D. Letters of Cooperation:** (*List name(s) of individual(s) providing letters of cooperation; attach letter(s) to the end of the document*) |

|  |
| --- |
| **E. Biosketch Forms:** (*Attached biosketch forms for each key personnel; use the* ***CURRENT*** *NIH Biosketch format) NIH Website:* <https://grants.nih.gov/grants/forms/biosketch.htm> |

|  |
| --- |
| **III. APPENDICES** (*List Appendice items [not to exceed 10]; appendices shall be limited to manuscripts accepted for publication or published, data collection forms or statistical calculations in direct support of the grant proposal. Include here ILACUC approval letter and Owner Consent Form(s). Appendices should be attached to the end of the application after the Biosketch Forms.* |