

## Clinical and Translational Science Bridging Fund

RELEASE DATE: February 11, 2008

APPLICATION RECEIPT DATE: June 1, 2008 at 4:00 p.m. (Hawai'i time)

SUBSEQUENT APPLICATION RECEIPT DATES: June 1, 2009; June 1, 2010

### PURPOSE OF THE FOA

This FOA is intended to encourage the submission of applications from faculty engaged in clinical and translational science. The primary goal is to provide bridging support, as a means of successfully transitioning faculty from career-development grant support to independent investigator-initiated research grant support.

### OBJECTIVES

By taking full advantage of various NCCR- and other NIH-funding opportunities, the University of Hawai'i has made tremendous progress in expanding the critical number of faculty engaged in biomedical and biobehavioral research. However, a long-neglected need of growing concern has been a mechanism to effectively transition junior faculty from career-development support to independent funding. That is, because of individual differences in progress toward independence and the sometimes lengthy grant application process, some faculty find themselves at the end of their period of career-development support with no salary support and no recourse but to terminate their employment and/or to suspend their studies, while awaiting funding decisions on their pending R-series grant applications. As such, the "payoff" from the enormous investment made to junior faculty through these career-development awards is jeopardized. Moreover, with the increasingly competitive climate for R-series funding, faculty members are unable to sustain their research effort while having also to revise and resubmit their R-series applications. In response to this need, a Clinical and Translational Science Bridging Fund is being established, through the Research Centers in Minority Institutions (RCMI) Program, to provide modest, short-term bridging funds to deserving faculty, based on their need and likelihood of securing independent R-series grant support.

### MECHANISM OF SUPPORT

The support for this FOA derives from funding from the RCMI Program (G12RR003061) of the Division of Research Infrastructure, National Center for Research Resources, National Institutes of Health. Through this mechanism of support, the RCMI Program aims to significantly expand the number of R-series funded faculty engaged in clinical and translational science at the University of Hawai'i. The applicant will be solely responsible for planning, directing, and executing the proposed project. The total requested period for an application submitted in response to this FOA should not exceed one year. The earliest anticipated award date for the 2008-2009 grant year is August 1, 2008, with an end date of July 31, 2009, to coincide with the RCMI funding cycle. Submission deadlines for subsequent grant years will be on June 1, with an award date of August 1.

### APPLICANT ELIGIBILITY

Any faculty member of the UH System, who has a *scored* R-series NIH grant application which is being revised for resubmission or which has been resubmitted, may apply for support from the Clinical and Translational Science Bridging Fund. In particular, faculty members who do not currently hold an R-series award or those who have never been principal investigator on a funded R-series NIH grant are encouraged to apply.

### FUNDS AVAILABLE

A total of \$100,000 is available annually to fund two or more new or competing grants. An applicant may request a budget with direct costs of up to \$50,000. However, because the nature and scope of the requests will vary from application to application, it is anticipated that the size of each award will also vary. Continuation of support for a second year will be provided in rare instances, on a competitive basis. In all cases, support will be limited to two years. Grant support through the Clinical and Translational Science Bridging Fund may be used for salary, equipment, supplies, travel and other expenses.

## APPLICATION PROCESS AND REVIEW

Applicants seeking support from the Clinical and Translational Science Bridging Fund must use the application form provided as a Word file with this FOA. Since this is an internal granting mechanism, no ORS forms are necessary. The completed application must be *received* electronically, as a single pdf file, on or before 4:00 p.m. (Hawai'i time). Late submissions will not be considered for review.

The application form requests the following information: applicant name, title, departmental and college affiliation; name of career-development program (e.g., RCMI, RCR11, CCRE, CRECD, COBRE, BRIN/INBRE, SNRP, AIDS SNRP, CNS, EXPORT, K, etc.) and period of support, if applicable; requested duration of bridging period; budget with itemization and justification for bridging period; summary and significance of research; statement of need; detailed research and time-management plan for bridging funds, including plan if request for bridging funds is denied; list of peer-reviewed publications, as well as manuscripts in press, submitted and in preparation; list of scientific presentations at national or international meetings; list of grant applications submitted during the past five years, and their outcomes; and other support information. The application must also include a copy of the scored R-series NIH grant application and the summary statement on which the bridging fund application is being based.

The principal investigator or program director of the career-development program in which the applicant currently receives support must endorse the application. For applicants who are currently supported or who were previously supported by S11 or K awards (or equivalent), the application must be endorsed by the departmental chair or unit director. Similarly, for applicants who were not or who are currently not supported by any of the listed programs, the departmental chair or unit director must sign the face page. Applications will be reviewed and scored by the RCMI Activity Leaders and members of the RCMI Biomedical Research Coordinating Committee and the NCRR/NINDS Internal Steering Committee. Award decisions will be based on the applicant's productivity during the period of career-development support, the applicant's statement of need, and the likelihood that bridging support will be leveraged into a fundable R-series resubmission. At the end of the support period, awardees will be required to submit a written report, in which a summary of research productivity and progress and the outcome of the R-series resubmission must be provided. These reports will form an important part of the annual non-competing continuation progress report to NCRR.

## WHERE TO SEND INQUIRIES AND THE APPLICATION

We encourage inquiries concerning this FOA and welcome the opportunity to answer questions from prospective applicants.

The completed application must be submitted, as a single pdf attachment, to the e-mail address shown below.

Richard Yanagihara, M.D., M.P.H.  
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University of Hawai'i at Manoa  
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Telephone: (808) 692-1610  
Fax: (808) 692-1976  
Email: yanagiha@pbrc.hawaii.edu

|  |  |   |  |
|--|--|---|--|
| Research Centers in Minority Institutions (RCMI) Program<br>University of Hawai'i at Manoa<br><b>Clinical and Translational Science<br/>         Bridging Fund - Application</b>   |  | <b>LEAVE BLANK</b>  |  |
|  |  | Number  | Received (Date/Time)   |
|  |  | Review (Date)   | Committee (Date)   |
| 1. APPLICANT   |  | Tenure-Track <input type="checkbox"/> No <input type="checkbox"/> Yes   | New Investigator <input type="checkbox"/> No <input type="checkbox"/> Yes                                    |
| 1a. NAME (Last, First, Middle)   |  | 1b. DEGREE(S)   | 1h. eRA Commons User Name  |
| 1c. POSITION, TITLE  |  | 1d. MAILING ADDRESS (Street, city, state, zip code)   |  |
| 1e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT   |  |   |  |
| 1f. MAJOR SUBDIVISION (Level V Unit; e.g., JABSOM, CRCH, PBRC, etc.)   |  |   |  |
| 1g. TELEPHONE AND FAX (Area code, number and extension)  |  | E-MAIL ADDRESS:   |  |
| TEL:   |  | FAX:  |  |
| 2. CAREER-DEVELOPMENT SUPPORT (Mark all that apply and show periods of support from individual programs below)   |  |   |  |
| <input type="checkbox"/> RCMI <input type="checkbox"/> RCRII <input type="checkbox"/> CCRE <input type="checkbox"/> CRECD <input type="checkbox"/> COBRE <input type="checkbox"/> BRIN/INBRE<br><input type="checkbox"/> SNRP <input type="checkbox"/> AIDS SNRP <input type="checkbox"/> CNS <input type="checkbox"/> EXPORT <input type="checkbox"/> K<br><input type="checkbox"/> OTHER (specify) <input type="checkbox"/> NONE |  |   |  |
| 2a. PERIOD OF CAREER-DEVELOPMENT SUPPORT (month, day, year—MM/DD/YY)   |  | 2b. TOTAL DIRECT COSTS RECEIVED   | 2c. NAME OF PROGRAM DIRECTOR OR PRINCIPAL INVESTIGATOR   |
| From   | Through  |   |  |
| 2a. PERIOD OF CAREER-DEVELOPMENT SUPPORT (month, day, year—MM/DD/YY)   |  | 2b. TOTAL DIRECT COSTS RECEIVED   | 2c. NAME OF PROGRAM DIRECTOR OR PRINCIPAL INVESTIGATOR   |
| From   | Through  |   |  |
| 3. TITLE OF R-SERIES NIH GRANT APPLICATION (Please attach copy of scored application at the end of the application)  |  |   |  |
| 4. GRANT NUMBER  |  | 4a. TYPE<br><input type="checkbox"/> A1 <input type="checkbox"/> A2   | 4b. PRIORITY SCORE OF MOST RECENT SUBMISSION (Please attach summary statement at the end of the application) |
| 5. PLANNED RESUBMISSION DATE   |  | 5a. TYPE<br><input type="checkbox"/> A1 <input type="checkbox"/> A2   | 5b. APPROXIMATE REVIEW DATE<br>5c. APPROXIMATE FUNDING DATE  |
| 6. HUMAN SUBJECTS RESEARCH<br><input type="checkbox"/> No <input type="checkbox"/> Yes   | 6a. CHS Number and Date  |   | 7. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes                               |
|  | 6b. Clinical Trial<br><input type="checkbox"/> No <input type="checkbox"/> Yes | 6c. NIH-defined Phase III Clinical Trial<br><input type="checkbox"/> No <input type="checkbox"/> Yes  | 7a. If "Yes", IACUC Approval Date  |
| 6d. Research Exempt<br><input type="checkbox"/> No <input type="checkbox"/> Yes  | If "Yes," Exemption Number   |   | 7b. IACUC Number   |
| 8. DATES OF PROPOSED PERIOD OF BRIDGING FUND SUPPORT (month, day, year—MM/DD/YY)   |  | 9. DIRECT COSTS REQUESTED FOR PROPOSED PERIOD OF BRIDGING FUND SUPPORT  |  |
| From   | Through  |   |  |
| I certify that the applicant is in good standing in the above-noted career-development program or in the department, and I fully endorse the applicant's request for bridging funds.   |  | I certify that the statements herein are true and accurate to the best of my knowledge. I understand that the decision of the review committee is final, but that I may be able to reapply if my request is unsuccessful. |  |
| SIGNATURE OF PROGRAM DIRECTOR OR DEPARTMENT CHAIR/DEAN/DIRECTOR (In ink. "Per" signature not acceptable.)  |  | DATE  | SIGNATURE OF APPLICANT (In ink. "Per" signature not acceptable.)   |
|  |  |   | DATE   |

Applicant (Last, First, Middle):

| <b>DETAILED BUDGET FOR BUDGET PERIOD<br/>DIRECT COSTS ONLY</b> |                 |                           |                 |               |                                     | FROM  | THROUGH         |           |
|--|-----------------|---------------------------|-----------------|---------------|-------------------------------------|---|-----------------|-----------|
| PERSONNEL  |                 | Months Devoted to Project |                 |               | BASE SALARY                         | DOLLAR AMOUNT REQUESTED <i>(omit cents)</i> |                 |           |
| NAME   | ROLE ON PROJECT | Calendar Months           | Academic Months | Summer Months |                                     | SALARY REQUESTED                            | FRINGE BENEFITS | TOTAL     |
|  |                 |                           |                 |               |                                     |   |                 |           |
|  |                 |                           |                 |               |                                     |   |                 |           |
|  |                 |                           |                 |               |                                     |   |                 |           |
|  |                 |                           |                 |               |                                     |   |                 |           |
|  |                 |                           |                 |               |                                     |   |                 |           |
|  |                 |                           |                 |               |                                     |   |                 |           |
|  |                 |                           |                 |               |                                     |   |                 |           |
|  |                 |                           |                 |               |                                     |   |                 |           |
| <b>SUBTOTALS</b> →   |                 |                           |                 |               |                                     |   |                 |           |
| CONSULTANT COSTS   |                 |                           |                 |               |                                     |   |                 |           |
| EQUIPMENT <i>(Itemize)</i>                                     |                 |                           |                 |               |                                     |   |                 |           |
| SUPPLIES <i>(Itemize by category)</i>                          |                 |                           |                 |               |                                     |   |                 |           |
| TRAVEL   |                 |                           |                 |               |                                     |   |                 |           |
| PATIENT CARE COSTS   |                 | INPATIENT                 |                 |               |                                     |   |                 |           |
|  |                 | OUTPATIENT                |                 |               |                                     |   |                 |           |
| ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>       |                 |                           |                 |               |                                     |   |                 |           |
| OTHER EXPENSES <i>(Itemize by category)</i>                    |                 |                           |                 |               |                                     |   |                 |           |
| CONSORTIUM/CONTRACTUAL COSTS                                   |                 |                           |                 |               | DIRECT COSTS                        |   |                 |           |
| <b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>         |                 |                           |                 |               |                                     |   |                 | <b>\$</b> |
| CONSORTIUM/CONTRACTUAL COSTS                                   |                 |                           |                 |               | FACILITIES AND ADMINISTRATIVE COSTS |   |                 |           |
| <b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>            |                 |                           |                 |               |                                     |   |                 | <b>\$</b> |

Applicant Name (Last, First, Middle):

**Budget Itemization and Justification (*one-page limit*).**

Applicant Name (Last, First, Middle):

**Summary of Research (*two-page limit*). Please include objective(s), central hypothesis, rationale, specific aims, significance, innovation and impact. Also, provide brief summary of preliminary studies.**

Applicant Name (Last, First, Middle):

**Applicant Statement of Need (*one-page limit*).**

Applicant Name (Last, First, Middle):

**Detailed Research and Time-Management Plan for Bridging Funds (*two-page limit*). Please also discuss your plan, if the request for bridging funds is unsuccessful.**

Applicant Name (Last, First, Middle):

**Peer-Reviewed Publications During the Past Five Years (including manuscripts in press and submitted; for manuscripts in preparation, please provide full list of authors, title, targeted journal and timeline for submission). Please indicate with an asterisk those publications that acknowledge career-development support.**

Applicant Name (Last, First, Middle):

**Scientific Presentations at National and/or International Meetings, and Published Abstracts, During the Past Five Years. Please provide full list of authors (underline presenter's name), title, abstract or poster number if applicable, and name, place and date of meeting.**

Applicant Name (Last, First, Middle):

**Grant Applications Submitted During the Past Five Years and Their Outcomes. Please provide grant number, name of principal investigator, project period, funding agency, total direct cost for project period, title and major goal of project, and your role.**

Applicant Name (Last, First, Middle):

**Current and Pending Other Support. Please provide grant number, name of principal investigator, project period, funding agency, total direct cost for project period, title and major goal of project, your role and person-month effort.**

Applicant Name (Last, First, Middle):

**Appendices.**

- 1. Scored R-series Application.**
- 2. Summary Statement for Scored R-series Application.**
- 3. NIH Biosketch (four-page limit)**
- 4. Letters of Support (*optional*).**