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| **BBHI Mini-Grants Application for Utilization of Domenici Hall Core Facilities** | | | | | | | | | | | | | | | | | |
| 1. TITLE OF PROJECT | | | | | | | | | | | | | | | | | |
| 1. TYPE OF GRANT FOR WHICH YOU ARE APPLYING | | | | | | | | | | | | | | | | | |
| Mini-Grant for Utilization of Domenici Hall Core Facilities | | | | | | | | | | | | | | | | | |
| 2a. CATEGORY OF PROPOSED RESEARCH (Check all that apply) | | | | | | | | | | | | | | | | | |
| Basic Research | Clinical Research | | | | | | | | Translational Research | | | | | | | |  |
| 1. PROPOSAL IS A RESUBMISSION | | | | | NO | | | YES | | | | | | | | | |
| ***If “Yes,” an introduction (1 page) must accompany your resubmission stating how you have addressed the previous reviewers’ comment and what changes were made to the proposal.*** | | | | | | | | | | | | | | | | | |
| 1. **PRINCIPAL INVESTIGATOR** | | | | | | | | | | | | 1. **CO-INVESTIGATOR (If Applicable)** | | | | | |
| 4a. NAME (Last, First, Middle) | | | | | | | | | | | | 5a. NAME (Last, First, Middle) | | | | | |
| 4b. POSITION/TITLE | | | | | | | | | | | | 5b. POSITION/TITLE | | | | | |
| 4c. COLLEGE/SCHOOL/DEPARTMENT | | | | | | | | | | | | 5c. COLLEGE/SCHOOL/DEPARTMENT | | | | | |
| 4d. SPECIALTY | | | | | | | | | | | | 5d. SPECIALTY | | | | | |
| 4e. PHONE/FAX # | | | | | | | | | | | | 5e. PHONE/FAX # | | | | | |
| 4f. EMAIL | | | | | | | | | | | | 5f. EMAIL | | | | | |
| ***For Proposals that require IRB and/or IACUC approval, IRB and/or IACUC submission is required ONE MONTH prior to proposal due date. For those proposals selected to receive funding, awards will not be released until the BBHI has received verification of the IRB and/or IACUC approval. To find out if your project requires IRB/HRRC approval, please contact the HRPO at*** [***HSC-HRPO@salud.unm.edu***](mailto:HSC-HRPO@salud.unm.edu)***.*** | | | | | | | | | | | | | | | | | |
| 1. HUMAN SUBJECTS RESEARCH | | | | | | | NO | | YES | | *If “Yes:”* | | | | | | |
| 6a. HRRC SUBMISSION DATE | | | 6b. HRRC APPROVAL DATE (If Applicable) | | | | | | | | | | 6c. HRRC PROTOCOL # (If Applicable) | | | | |
|  | | |  | | | | | | | | | |  | | | | |
| 1. VERTEBRATE ANIMALS | | | | | | | NO | | YES | | *If “Yes:”* | | | | | | |
| 7a. IACUC SUBMISSION DATE | | | | 7b. IACUC APPROVAL DATE (If Applicable) | | | | | | | | | 7c. IACUC PROTOCOL # (If Applicable) | | | | |
|  | | | |  | | | | | | | | |  | | | | |
| 1. PROPRIETARY/PRIVILEDGED INFORMATION INCLUDED IN APPLICATION | | | | | | | | | | | | | | | NO | YES | |
| 1. DATES OF PROPOSED SUPPORT | | | | | | | | | | 1. TOTAL COSTS REQUESTED | | | | | | | |
| FROM | | THROUGH | | | | | | | | $ | | | | | | | |
| SIGNATURE OF PI | | | | | | SIGNATURE OF DEPT CHAIR OR DESIGNEE | | | | | | | | SIGNATURE OF BBHI SIGNATURE PROGRAM ADMINISTRATOR | | | |
|  | | | | | |  | | | | | | | |  | | | |
| DATE | | | | | | DATE | | | | | | | | DATE | | | |

Principal Investigator (Last, First, Middle)       Page

The name of the Principal Investigator must be provided at the top of each printed page and each continuation page.

**RESEARCH GRANT**

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| **Budget Justification** |  |
| **Biographical Sketch**- Principal Investigator *(Not to exceed four pages.)* |  |
| **Other Biographical Sketches** *(Not to exceed four pages each.)* |  |
| **Summary of research project** *(<2 pages, in the following order)* |  |
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| 1. Financial need for core mini-grant support |  |
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| 1. Bibliography and references cited *(not included in two page limit)* |  |
| **Resubmission Introduction** *(If Applicable. Not to exceed one page.)* |  |
| *No appendices are allowed.* |  |

Principal Investigator (Last, First, Middle)       Page

IDENTIFY UNM DOMENICI HALL CORE FACILITIES REQUESTED IN THIS PROPOSAL (Check all that apply)

Animal MRI Core

Clinical Assessment Core (CTSC North)

Clinical Neuropsych and Stimulation (Center for Brain Recovery and Repair CoBRE core facility)

Image Analysis Core

Pre-Clinical Assessment Core (Center for Brain Recovery and Repair CoBRE core facility)

Quanterix HD-X Analyzer Core

Principal Investigator (Last, First, Middle)       Page

|  |  |  |
| --- | --- | --- |
| DETAILED BUDGET FOR MINI-GRANT PROJECT | FROM | THROUGH |
|  |  |

|  |  |
| --- | --- |
| **DOMENICI HALL CORE FACILITIES** | |
| ANIMAL MRI CORE *(Itemize)* |  |
|  |  |
| CLINICAL ASSESSMENT CORE (CTSC NORTH) *(itemize)* |  |
|  |  |
| CLINICAL NEUROPSYCH AND STIMULATION CORE (CENTER FOR BRAIN RECOVERY AND REPAIR) (*itemize)* |  |
|  |  |
| EPR CORE *(Itemize)* |  |
|  |  |
| IMAGE ANALYSIS CORE (*itemize)* |  |
|  |  |
| PRECLINICAL ASSESSMENT CORE (CENTER FOR BRAIN RECOVERY AND REPAIR) *(Itemize)* |  |
|  |  |
| QUANTERIX HD-X ANALYZER CORE |  |
|  |  |
| **DOMENICI HALL CORE SERVICES TOTAL** |  |

Principal Investigator (Last, First, Middle)       Page

**BUDGET JUSTIFICATION FOR PILOT PROJECT**

JUSTIFICATION. Include detailed budget justification including justification that funds can be spent in one year. Use continuation pages as needed.

OMB No. 0925-0001 and 0925-0002 (Rev. 03/2020 Approved Through 02/28/2023)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | Completion Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

**B. Positions and Honors**

**C. Contributions to Science**

**D. Additional Information: Research Support and/or Scholastic Performance**

Principal Investigator (Last, First, Middle)       Page

|  |
| --- |
| **SUMMARY OF RESEARCH PROJECT** |

Principal Investigator (Last, First, Middle)       Page

**BBHI Mini-Grant Award  
Final Progress Report**

As per the BBHI Mini-Grant Project Award Guidelines, a Final Progress Report must be submitted within 90 days from the end date of the award. Please complete the data below as it applies to your BBHI Mini-Grant Project Award.  
*If more space is needed, please use multiple forms.*

|  |  |  |
| --- | --- | --- |
| **BBHI Award#:** | | **Grant Period:** |
| **PI Name:** | | **PI eCommons Identifier:** |
| **PI Department:** | |  |
| **BBHI Mini-Grant Project Title:** | | |
| **Summary of Mini-Grant Project Progress** (1-2 paragraphs) | | | |
|  | | | |
| **Publications** arising from the BBHI Mini-Grant Award, including meeting abstracts. | | | |
|  | | | |
| **Patents** arising from the awarded research, to include all pertinent information  (filing date, reference number, serial number, etc.) | | | |
|  | | | |
| **Grant applications** submitted directly or indirectly related to the Mini-Grant – either pending, awarded or unfunded – and/or immediate plans for grant applications. Please list all information below. | | | | |
| **Pending Application** | | | | |
| **Title:** | |  | | |
| **Your Role:** | |  | | |
| **Funding Agency:** | |  | | |
| **RFA or RFP or PA#:** | |  | | |
| **Award Dates(Proposed):** | |  | | |
| **Award Amount:** | |  | | |
| **Describe Briefly How the BBHI Mini-Grant Project Award supported the application:** | | | | |
|  | | | | |
| **Pending Application** | | | | |
| **Title:** | |  | | |
| **Your Role:** | |  | | |
| **Funding Agency:** | |  | | |
| **RFA or RFP or PA#:** | |  | | |
| **Award Dates(Proposed):** | |  | | |
| **Award Amount:** | |  | | |
| **Describe Briefly How the BBHI Mini-Grant Project Award supported the application:** | | | | |
|  | | | | |
| **Funded Application** | | | | |
| **Title:** | |  | | |
| **Your Role:** | |  | | |
| **Funding Agency:** | |  | | |
| **RFA or RFP or PA#:** | |  | | |
| **Award Dates(Proposed):** | |  | | |
| **Award Amount:** | |  | | |
| **Describe Briefly How the BBHI Mini-Grant Project Award supported the application:** | | | | |
|  | | | | |
| **Unfunded Application** | | | | |
| **Title:** | |  | | |
| **Your Role:** | |  | | |
| **Funding Agency:** | |  | | |
| **RFA or RFP or PA#:** | |  | | |
| **Award Dates(Proposed):** | |  | | |
| **Award Amount:** | |  | | |
| **Describe Briefly How the BBHI Mini-Grant Project Award supported the application:** | | | | |
|  | | | | |

The final report should be **sent as an email attachment** to Faith Ann Brandt ([faithann@salud.unm.edu](mailto:faithann@salud.unm.edu))

If you have any questions, please feel free to contact Faith Ann Brandt at 586-879-8656.