

## **Research Project Application Instructions**

### Relevant Dates:

This is a revolving research project application accepted as funds are available for individual research projects.

### Format:

The application is composed of two sections: The CDG CARE Project Application Form and the Research Proposal. When completing the application, please use Arial or Times New Roman typeface, 10-point font size or larger. If you add continuation pages to the application, please ensure that you change subsequent page numbers on your document.

### Budget Restrictions:

CDG CARE will fund research projects as designated funding allows. Funds will be specified on a per project, per year basis. Multi-year projects are considered, but funding is reviewed and appropriated on a year-to-year basis. CDG CARE does not guarantee funding for projects continuing beyond the current annual grant cycle. Multi-year research projects must re-apply for consideration each year and include a progress report on the prior year's results. The maximum funding for any project is determined based on the research funding available.

Allowed expenses include: salaries of principal investigator and supporting personnel; equipment purchases or supplies, including drugs and services. Indirect costs will not be covered under the terms of this research project. Funds may not be used for principal investigator travel or living expenses; of for information, education or printing costs.

### Resubmissions:

If this application is a resubmission of a proposal previously submitted to and reviewed by CDG CARE, a two-page description of changes may precede the Specific Aims section of the Research Proposal.

### Legal Agreement:

All applicants must agree to the legal; agreement outlined on Page 1 of the Project Application form. If state laws prohibit you from signing the CDG CARE application as written, please submit, with your signed application, revised legal language that is acceptable to your institution.

### What and Where to Send:

Please submit your application electronically in a Word document or signed PDF file document to: [info@cdgcare.org](mailto:info@cdgcare.org). Your Word or PDF documents should be single files, with all application materials and responses included in the proper order and with page numbers.



Principal Investigator:
-------------------------

**AGREEMENT:** It is understood and agreed by the undersigned by submission of this Application that:

1. The undersigned agree to indemnify, hold harmless and defend CDG CARE from and against all liability, judgments, attorneys' fees, costs, or claims arising from the conduct of the undersigned, or from the conduct of its investigators, researchers, agents or employees, while conducting the research proposed by this application.
2. Any funds received as a result of this Application shall only be expended for CDG research as set forth in this Application.
3. If human subjects are required under this Application, the undersigned shall comply with all applicable laws of the United States, including but not limited to the Health Insurance Portability and Accountability Act of 1999, and where appropriate, all applicable laws outside the United States.
4. If animal research is required by this Application, the undersigned shall comply with the National Institutes of Health rules with respect to animal research and all other applicable laws of the United States, and where appropriate, all applicable laws outside the United States.
5. The undersigned will submit to CDG CARE annual budget updates, periodic progress reports, and a final scientific report.
6. Failure to abide by the terms of this agreement, including without limitation the timely completion and documentation of the research funded hereby, will entitle CDG CARE to a full refund of any grant monies received by the undersigned. Any action or proceeding arising out of this agreement will be litigated in courts located in Colorado Springs, CO. The undersigned consents and submits to the jurisdiction of any state or federal court located in the State of Colorado. This agreement is governed by the laws of the State of Colorado, without giving effect to any conflict-of-law principle that would result in the laws of any other jurisdiction governing this agreement.
7. If arbitration or litigation is instituted to interpret, enforce, or rescind this Agreement, including without limitation a proceeding brought under the United States Bankruptcy Code, then the prevailing party will be entitled to recover reasonable attorney's fees incurred in connection with the arbitration, litigation, appeal or petition for review, the collection of any award, or the enforcement of any order, as determined by the arbitrator or court.

12. PRINCIPAL INVESTIGATOR/ PROGRAM DIRECTOR ASSURANCE:	SIGNATURE OF PI NAMED IN 2a. ( <i>In ink. "Per" signature not acceptable.</i> )	DATE
13. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE:	SIGNATURE OF OFFICIAL NAMED IN 11. ( <i>In ink. "Per" signature not acceptable.</i> )	DATE

## 2) Table of Contents

### RESEARCH PROJECT APPLICATION TABLE OF CONTENTS CDG CARE PROJECT APPLICATION FORM

This entire document, from page one of the application form through the final page of the research proposal, should be numbered consecutively. Do not use suffixes such as 2a, 2b.

	<i>Page Numbers</i>
<b>1) Title of Project, Personnel and Transmittal Information</b> .....	2
Identify the non-profit tax-exempt institution where the investigators are on staff or otherwise formally affiliated. Sign agreement for compliance with applicable laws and use of funds.	
<b>2) Table of Contents</b> List page numbers that correspond to each section of this document .....	3
<b>3) Biographical Sketch</b> – Principal Investigator ( <i>Not to exceed two pages</i> ).....	4
<b>Other Biographical Sketches</b> ( <i>Not to exceed two pages for each</i> ) .....	
Use format and include topics listed on the Biographical Sketch page; a biographical sketch should be submitted For each investigator on project.	
<b>4) Abstract, Clinical Use, Application of Project to CDG CARE's Mission</b> .....	_____
Abstract, clinical use and application of project to CDG CARE's <i>Mission</i> must be in language that is easily understandable to the general public.	
<b>5) Detailed Budget</b> .....	_____
See Project Application Instructions for budget restrictions. A detailed annual budget plan is required.	
<b>6) Other Research Support</b> .....	_____
Please list all funded and pending grants; include an abstract for each project, no longer than one page per project.	

Principal Investigator:

## RESEARCH PROPOSAL

The name of the principal investigator must be provided at the top of each printed page and each continuation page. No forms necessary. Number of pages consecutively with the project application form. For example, if the project application form ends on page 10, the first page number of the research proposal should be page 11. The maximum number of pages permitted for the Research Proposal Sections A - E is 10 pages. Please include Section F as an attachment to the Research Proposal.

- A. Specific Aims (not to exceed 2 pages)
- B. Background and Significance (not to exceed 2 pages)
- C. Preliminary/Pilot Studies, Facilities (not to exceed 2 pages)
- D. Research Design and Methods (not to exceed 2 pages)
- E. Literature Cited (not to exceed 2 pages)
- F. Copy of approval of project from Institutional Review Board (IRB) or Institutional Animal Care and Use Committee (IACUC) of associated institution.

\*If approval is not yet granted, include copy of filing for IRB or IACUC approval from associated institution.  
*PROOF of IRB or IACUC approval required within 90 days thereafter of CDG CARE application due date.*

### 3) Biographical Sketch

Name \_\_\_\_\_

Position Title \_\_\_\_\_

Education/Training:

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

Honors and Publications:

Principal Investigator:

**4) Abstract, Clinical Use, How Research Applies to CDG CARE's Mission**

**Abstract:** State the application's broad, long-term objectives and specific aims. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. IF MORE SPACE IS NEEDED, PLEASE ATTACH CONTINUATION.

[Empty box for Abstract content]

**Clinical Use:** In lay terms. IF MORE SPACE IS NEEDED, PLEASE ATTACH CONTINUATION PAGE.

[Empty box for Clinical Use content]

Describe how this research directly applies to CDG CARE's Mission. DO NOT EXCEED THE SPACE PROVIDED.

[Empty box for application to mission content]

Principal Investigator:

**5) Detailed Budget**

PERSONNEL <i>(Applicant organization only)</i>	% EFFORT ON PROJECT	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>			
		Year 1	Year 2	Year 3	TOTAL
NAME					
Principal Investigator <i>(name)</i>					
Co-Investigator(s) <i>(name)</i>					
Assistant(s)					
<b>PERSONNEL SUBTOTAL</b>					
PERMANENT EQUIPMENT <i>(Itemize)</i>					
SUPPLIES <i>(Itemize by category)</i>					
OTHER RELATED EXPENSES <i>(Itemize by category)</i>					
<b>EQUIPMENT SUBTOTAL <i>(Equipment, supplies and other)</i></b>					
<b>TOTAL COSTS <i>(Items 8-9, Page 1)</i></b>					

**JUSTIFICATION OF BUDGET**

Principal Investigator:

**6) Other Research Support**

Provide active support for all key personnel. Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreement, contracts, and/or institutional awards. Training awards, prized, or gifts do not need to be included.

Please provide other support provided in the format shown below, using continuation pages as necessary, including principal investigator's name at the top and number consecutively with the rest of the application.

If the NIH or another source funds a similar or overlapping project, it is incumbent upon the principal investigator and the grantee institution to notify CDG CARE promptly.

NAME OF INDIVIDUAL \_\_\_\_\_

Principal Investigator \_\_\_\_\_

Source / Title of Project \_\_\_\_\_

Dates of Approved / Proposed Project \_\_\_\_\_

Annual Direct Costs \_\_\_\_\_ Percent Effort \_\_\_\_\_

Overlap (Summarized for each individual project – if not overlap, indicate "none") \_\_\_\_\_

\_\_\_\_\_

The major goals of this project are: