

**Rush University Medical Center/  
John H. Stroger Hospital of Cook County**

Collaborative Research Project

Application

DUE

**JULY 29, 2013**

**LETTER OF INTENT JUNE 28, 2013**

**RUSH/STROGER RESEARCH  
AFFILIATION COMMITTEE**

## Instruction Sheet

The Rush/Stroger Research Affiliation Committee is soliciting proposals for the *Rush University Medical Center and John H. Stroger Jr. Hospital of Cook County Collaborative Grant Award*. The Research Affiliation Committee will consider funding only new research programs that are collaborative efforts between investigators from Rush and Stroger Hospital.

### REQUIREMENTS:

**Principal Investigators** (one from each institution) must be faculty with full-time appointments that extend through the one-year duration of the grant. **Fellows may be co-investigators.**

1. All Proposals must have at least one faculty participant from each institution.
2. The proposal should reflect a new research project that is not currently funded.
3. Interested candidates are encouraged to submit a one paragraph *letter of intent* that identifies the investigators and describes the specific aims of the proposal by **June 28, 2013**. If the investigator has not identified another researcher with whom to collaborate, you may request that the research interest be posted anonymously. Letters may be submitted to the Committee electronically.
4. An electronic application must be submitted by **July 29, 2013** – complete, properly formatted and with a digital signature.
5. Expected to present research at **Rush Research Forum April, 2014**.

### Criteria for judging applications:

1. True collaboration.
2. Scientific rigor.
3. Creativity – either a new line of investigation or a new variation on an established theme.
4. Feasibility of completing the project within the time and appropriateness of the budget..
5. Potential for extramural funding.
6. Potential for career development

### Detailed Instructions:

1. **Front pages (page 4):** list all investigators and departments/sections, postal and email address, the title of the project, and the total budget requested. All investigators and the chairs of the departments must sign the application. Do not use acronyms in the title.
2. **Collaboration:** Describe the nature of the collaboration in enough detail so that the Committee can judge whether the project is truly collaborative.
3. **Budget:** Provide adequate written justification for all requested funds. Indicate percentage of effort that each investigator plans to spend on the project even though specific salary support cannot be requested. Staff salary support requests must be essential and well justified. Requests for investigator salary support are not permitted. Travel and publication costs will not be funded. Although most budgetary requests should be under \$10,000, exceptional projects requiring up to \$15,000 will be considered. Contact the Chair of the Rush/Cook County Research Committee before the application deadline if there are any questions about the appropriateness of a budgetary item.
4. **Budget Justification:** Provide a detailed explanation of any line item totaling over \$1,000 on the budget worksheet. Enough data should be provided so that reviewers know how the estimated costs were generated. Use additional pages as necessary.
5. **NIH BioSketch:** The Principal Investigators should incorporate a personal statement describing research interests into their BioSketch. New investigators should indicate how this project will contribute to their career development. More senior investigators should indicate their willingness to mentor the junior investigator.

6. **Research Plan:** Include sections (a) through (f) in 10 double-spaced pages or less using:
  - a. **Abstract:** Provide a brief summary of the rationale and plans for the research.
  - b. **Introduction:** State the overall objective and long-term goal of the project.
  - c. **Background:** Describe significant previous work (applicant and others). Cite references; consider including significant published papers as appendices, if appropriate.
  - d. **Specific Aims.**
  - e. **Methods:** Give details of the research design, subjects or materials, techniques, measurement methods, and proposed data analysis. Abbreviations and acronyms must be explained.
  - f. **Significance:** Discuss the potential implications of the proposed research.
7. **Research Ethics/regulations:** Briefly describe plans for adhering to principles of ethical research whether the research involves human subjects, human tissue, blood, research animals, medical records, or other data sources. For human subjects, give details about patient selection, patient care, minimizing harm, balancing potential benefits and harms, privacy, etc. (This section is not included in the 15-page limit.) Give appropriate information for use of animals or DNA.
8. **Bibliography:** List references in order cited.
9. **Biographical Sketch:** One for each co-investigator. Use the NIH format (enclosed with this packet). Only 2 pages per person allowed.
10. **Appendices:** These may include questionnaires or other data collection instruments or reprints of important articles described in the bibliography, or articles in press. Appendices should *not* contain detailed explanations of research methods.
11. **IRB/IACUC/IBC Review:** Please contact the Office of Research Affairs at each institution to obtain the forms necessary for each institution to initiate coordination of approval. *Do not submit* these forms with the grant application. However, since successful applicants must first demonstrate regulatory approval from both Rush and John H. Stroger, Jr., Hospital of Cook County before funds will be made available, it is in the applicant's best interest to submit for approval as soon as possible.
12. **Submit: An electronic copy (as a WORD or PDF attachment) is due on July 29, 2013. (If approved, a copy with the original signature will be required for disbursement of funds.):**

Elanda T. Shannon  
Administrative Assistant  
Research & Clinical Trial Administration  
Rush University Medical Center  
Tel: 312-563-2721  
Fax: 312-942-5498  
[Elanda\\_T\\_Shannon@rush.edu](mailto:Elanda_T_Shannon@rush.edu)

14. Questions: Call or email questions to:  
Henry C. Fung, MD, Chair Research Affiliation Committee  
Section Director, Section of Bone Marrow Transplant  
and Cell Therapy  
Chicago, IL 60612  
Tel: (312) 563-2320  
[Henry\\_C\\_Fung@rush.edu](mailto:Henry_C_Fung@rush.edu)



# RUSH/STROGER HOSPITAL OF COOK COUNTY HOSPITAL COLLABORATIVE RESEARCH APPLICATION

Investigator(s)/Degree <i>(List Principal Investigator first)</i>	Institution	Department & Section Postal Mailing Address	Email Address <i>(Required)</i>

<b><i>Project Title:</i></b>	
<b><i>Amount Requested:</i></b>	
<b><i>Project Period:</i></b>	

**It is understood and agreed to by all co-investigators that:**

- 1) Funds granted as a result of this request will be expended for the purposes set forth herein;
- 2) The grant may be revoked in whole or part at any time by the Rush-Stroger Hospital Research Affiliation Committee, provided that a revocation shall not include any amount obligated prior to the effective date of the revocation if such obligations were made solely for the purposes set forth in this application;
- 3) All reports of original investigations supported by any grant made as a result of this request shall acknowledge such support; (Sample: This research was supported [in part] by the Rush/Stroger Hospital of Collaborative Research Fund, a program of the Rush/Stroger Research Affiliation Committee, on behalf of Rush University Medical Center and Stroger Hospital of Cook County)
- 4) Any additional funds or grant awards that become available during the grant period and pertain to the proposed research will be immediately reported to the Rush/Stroger Research Affiliation Committee;
- 5) Any patentable discoveries or inventions are made in the course of the work aided by any grant received as a result of this application, the applicant, in accordance with the Policy Regarding Patents, Copyrights and Licenses, shall disclose such patentable discovery or invention to the Medical Center Patents Committee for a decision as to the disposition of the discovery or invention;
- 6) Any apparatus purchased with this grant will become the property of the Rush/ Stroger. Please indicate in your proposal where you expect the property to reside during and after your project.

- 7) A summary of findings must be submitted to the Rush-Stroger Hospital Research Affiliation Committee no later than 90 days after the end of the funding period, with progress reports submitted every six months;
- 8) All progress reports as required by institutional and federal regulations will be completed;
- 9) The Principal Investigator agrees to present a summary of the research findings at the Rush/Stroger Hospital Research Forum in April, 2015.

Investigators signatures:

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Department Chair(s) signatures:

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## **COLLABORATION**

Briefly describe the nature of the collaboration. Describe the role and contribution of each investigator.

# Detailed Budget

(A fund account will be opened as soon as you have all required regulatory approvals and contact Donna Knuth at Donna\_Knuth@rush.edu.)

<b>DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY</b>	<i>FROM</i>	<i>THROUGH</i>
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List PERSONNEL (*Applicant organization only*)  
 Use Cal, Acad, or Summer to Enter Months Devoted to Project  
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							

<b>SUBTOTALS</b> →			
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CONSULTANT COSTS

EQUIPMENT (*Itemize*)

SUPPLIES (*Itemize by category*)

TRAVEL

INPATIENT CARE COSTS

OUTPATIENT CARE COSTS

ALTERATIONS AND RENOVATIONS (*Itemize by category*)

OTHER EXPENSES (*Itemize by category*)

CONSORTIUM/CONTRACTUAL COSTS

DIRECT COSTS

**SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** (*Item 7a, Face Page*)

CONSORTIUM/CONTRACTUAL COSTS

FACILITIES AND ADMINISTRATIVE COSTS

**TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD**

## **BUDGET JUSTIFICATION**

**ANY ITEMS TOTALING OVER \$1,000 MUST BE JUSTIFIED BELOW.**

**TAKE SPECIAL CARE TO EXPLAIN THE PURCHASE OF EQUIPMENT THAT MAY BE AVAILABLE FROM OTHER LABORATORIES.**

**USE ADDITIONAL PAGES AS NECESSARY.**

Principal Investigator/Program Director (Last, First, Middle):

### BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.  
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE		
eRA COMMONS USER NAME			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

- A. Personal Statement:** Briefly describe why your experience and qualifications make you particularly well-suited for your role in the project that is the subject of the application.
- B. Positions and Honors:** List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee
- C. Selected Peer-reviewed Publications:** Limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation.
- D. Research Support:** Do not repeat if listed elsewhere.