

Application and Nomination for 2008 YCCI Scholar Awards

Instruction Page

Instructions are included in the following pages. The order of your application should be as follows:

	Page Limit
Title page	1
Candidate's NIH-formatted biosketch	Up to 4
Research Plan	Total: 6 Pages
Project Abstract	Up to ½ page
Specific Aims	Up to ½ page
Background/Preliminary Data	Up to 2 pages
Research Plans	Up to 3 pages
References	As needed
Mentoring/Career Development Plans	Up to 2 pages
Other Support	As needed
Other Support Departmental Administration	As needed
Detailed Budget (Year 1, Year 2, Total Project using excel file template)	Up to 3 pages
Budget Justification	As needed
Letter of support from the person making the nomination	Up to 2pages
Letters of Support from Candidate's mentors and collaborators	Up to 1 Page each
Letter of support from the Chair/Dean	Up to 1 pages
SUMBIT ONE COPY WITH ORIGINAL APPLICATION ONLY:	
A signed copy of the current appointment letter of the candidate to faculty status within the department.	
Personal Data Form Page	

Application and Nomination for 2008 YCCI Scholar Awards

Title page

Name:

Title:

Department/School:

Campus Address:

Telephone number:

Email address of the candidate:

Title of the project:

Name and title of the person making the nomination:

Name of the department head endorsing the nomination:

Name(s) of candidate mentor(s):

Name(s) of any project collaborator(s):

Name of Department Business Office Contact:

Does the proposed project fit one or more of the following definitions (see attachment):

_____ Patient-oriented research

_____ Clinical research

_____ Translational research

_____ Community outreach

Insert Candidate's NIH-formatted Biosketch:

Templates and samples can be found at:

<http://grants.nih.gov/grants/funding/phs398/biosketch.doc>

<http://grants.nih.gov/grants/funding/phs398/biosketchsample.doc>

Research Plan

Project Abstract (Limited to ½ page of text):

Specific Aims (Limited to ½ page of text):

Background/Preliminary Data (Up to 2 pages including text and graphics):

Research Plans (Limited to 3 pages including text and graphics):

References:

Mentoring Plans (Up to 2 pages of text): This section should include key mentoring arrangements, plans for collaborations, any course works planned and relationship to the candidate's long-term career plan.

Other Support

This section should include a full description of other support, including all current and pending sources of funds with amounts and dates for each for all sources. (external and internal, including any start-up funds).

Other Support, Continued

Must be completed by Departmental Administrator or Business Office:

Please submit a breakdown by percentage of all current sources of support for the candidate, including all sources of funds with amounts and end dates for each for all sources. (external and internal, including any start-up funds). A signed copy of the current appointment letter of the candidate to faculty status within the department is also required and should be included.

Name of candidate:

Breakdown of current effort:

Example:

30% - Yale-based Clinical/Patient Care

10% - VA-based Clinical/Patient Care

10% - Departmental GA funding

50% - RO1 of Robert Sherwin as a associate research scientist

Name of departmental representative completing this section:

Phone:

Email:

Signature of departmental representative:

Signature

Date

Detailed Budget and Justification

Detailed budget and justification in template excel file. All candidates will be eligible for up to 75% annual salary support and up to \$30,000 per year in research support. Support may not be requested for a mentors or faculty collaborators. A detailed budget justification is required for all costs. Please use an additional page if needed.

Letters of Support

1. Letter of support from the person making the nomination, commenting on the qualifications of the candidate and any mentoring arrangements that are currently in place (maximum of 2 pages).
2. Letter of support from candidate mentors and collaborators (limit 1 page each)
3. Department chair, the chair must also write a brief letter spelling out the department's long-term commitment to the candidate's development as an independent investigator (maximum of 2 pages). Nominations from the Schools of Nursing and Public Health should come from School Dean. This letters may be combined if department chair is also nominating the candidate.

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

Place this form at the end of the signed original copy of the application.
Do not duplicate.

PERSONAL DATA ON Clinical and Translational Science Award Trainees

YCCI Scholar Applicants: As part of the annual reporting process for the Clinical and Translational Science Award (CTSA), we are required to report birth, gender, race and/or ethnic origin data on all applicants to career development and training awards. We do not use this data in any way. The PHS use of the data is described below. Thank you for your cooperation.

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed principal investigator(s)/program director(s).

To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. When multiple PIs/PDs are proposed, complete a form for each. **Do not attach copies of this form to the duplicated copies of the application.**

Upon receipt of the application by the PHS, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, "Grants: IMPAC (Grant/Contract Information)". All analyses conducted on the date of birth, gender, race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals. If you decline to provide this information, it will in no way affect consideration of your application. Your cooperation will be appreciated.

DATE OF BIRTH (MM/DD/YY)	SEX/GENDER
	<input type="checkbox"/> Female <input type="checkbox"/> Male

ETHNICITY

1. Do you consider yourself to be Hispanic or Latino? (See definition below.) Select one.

Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

- Hispanic or Latino**
- Not Hispanic or Latino**

RACE

2. What race do you consider yourself to be? Select one or more of the following.

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian **subcontinent**, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.)
- Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or African American."
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.