

MIDWEST STONE INSTITUTE

**12166 Old Big Bend, Suite 110 • St. Louis, MO 63122**

**(314) 835-1549 • FAX (314) 835-0069**

**RESEARCH AND EDUCATIONAL GRANT**

**APPLICATION AND GUIDELINES**

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**Deadline –January 31st each year**

**Please see page 2 for submission details.**

**Grant application available on Midwest Stone Institute website: www.mwstone.com**

**ADMINISTRATIVE POLICIES AND PROCEDURES**

**MIDWEST STONE INSTITUTE RESEARCH, HOSPITAL & PHYISICIAN GRANTS**

1. **Introduction**

Midwest Stone Institute (“MSI”) is a nonprofit organization which began operations serving the metropolitan St. Louis, Missouri area in 1985 as the first provider of lithotripsy services. As part of its mission, Midwest Stone Institute (MSI) is committed to promote teaching and research in all aspects of minimally invasive surgery.

1. **Purpose:**

The Midwest Stone Institute’s Board of Directors shall approve the funding of grants to Washington University School of Medicine and Saint Louis University School of Medicine for research projects that further the mission of the Corporation. Grants shall be awarded in accordance with such policies and procedures as established by the Board of Directors from time to time.

1. **Deadline for Application:**

January 31st each year;

1. **Period of Grant:**

 April 1 through March 31, for one year.

1. **Notification of Award:** Midwest Stone Institute will notify each applicant by letter after the Board of Directors meeting, usually held in February.
2. **Amount:** Application for grant funds does not ensure receipt of any **or** all requested funds. Awards are at the discretion of the MSI Board of Directors. The Board reserves the right to fund based upon scientific and educational merit. The Board reserves the right to fund based upon whether the research has been done in the past.
3. **Eligibility:** Grants will be accepted from Universities/Hospitals/Physicians within the MSI service area. Candidates who have received other funding grants or equivalents which fully covers MSI applicable research/clinical expenses for the same time period as submitted research are **not** eligible for an MSI Research/Clinical grant. No indirect expenses will be accepted within a grant budget.

**Animal/Bench Research Applications:**

**Acceptable expenses:**

* Technician salary (time documented with time card as related to the study only)
* Capital Equipment less than or equal to $5000
* Animal purchase and housing
* Anesthesia expenses
* Cadaver
* Reagents
* Primary Investigator percentage of time on project not to exceed 10% of acceptable grant budget.

**Not Acceptable expenses:**

* Investigator, Fellow salary and benefits
* Capital equipment expenses greater than $5000
* Laboratory space rental or lease
* Technician benefits
* Travel to meetings
* Indirect Expenses or Academic “Dean’s Tax”
* Institutional Review Board expenses

**Clinical Research Applications:**

**Acceptable expenses:**

* Clinical Nurse or assistant (time documented with time card related to study only)
* Reasonable patient reimbursement

**Not Acceptable expenses:**

* Investigator/Fellow salary and benefits
* Clinical Nurse or assistant benefits
* Capital equipment expenses greater than $5000
* Lab/office space rental or lease
* Travel to meetings
* Indirect Expenses or Academic “Dean’s tax”
* Institutional Review Board expenses

**Educational Grants:**

**Acceptable expenses: Original Receipts Required**

* Educational seminar for physicians/nurses/technicians who are presenting at the requested conference.
* Registration fee of Educational meeting within continental North America at member early bird price
* Flight (coach fare)
* Hotel (current US General Services Administration government not to exceed per diem rates for hotel by city may be used [www.gsa.gov](http://www.gsa.gov))
* Taxi fare between airport and educational meeting venue
* **Note**: Reimbursement will occur following expense report with Original receipts included.

**Not Acceptable expenses**:

* Companion travel
* Travel to other continents.
* Rental car
* Meal Reimbursement
* Taxi fare while in the educational meeting city (except between airport and educational meeting venue)
1. **Items Required:**
* **Application (with signatures) must arrive in the MSI office by the January 31 deadline.**
* Provide Animal IACUC approval, if applicable. (Note: No funds will be distributed until IACUC approval is granted)
* Provide Human IRB statement, if applicable. (Note: No funds will be distributed until IRB approval is granted)
* Provide statement describing the relevance of the project to the mission statement of Midwest Stone Institute
1. **Application Procedure**: (Hardcopy or email)
* **Hardcopy:** The application must be clipped, not stapled; original signatures should be in blue ink. If photographic prints are submitted, they must be attached to the original. Please affix photos to an 8 1/2” x 11” sheet of paper, if they are not already on paper of that size
* **Email:** The proposal must be in a word or pdf document.
* Total Research Plan is not to exceed twenty (20) pages, following the required font and margin specifications (use Arial, Helvetica, Palatino Linotype, or Georgia typeface, a black font color, and a font size of 11 or 12 points; margins must be set at 0.5 inches on all sides of document).
1. **Submission Instructions:** Application may be submitted via email attachment or hardcopy.

 kathieg@mwstone.com

 Kathie Goeddel

 Executive Director

 Midwest Stone Institute

 12166 Old Big Bend, Ste 110

 St. Louis, MO 63122

 (314) 835-1549 fax: (314) 835-0069

**INSTRUCTIONS FOR COMPLETING RESEARCH AND EDUCATIONAL GRANT APPLICATION**

All applications must include pages AA-GG. **If a page is not applicable for the requested type of grant, mark “NOT APPLICABLE” on the page.**

* 1. **Face Page (AA) of Application and Page AA-1:**
		1. Page AA is the cover sheet for the entire application. Please complete all sections. Page AA-1 requires information about the Applicant, Institution, and classification information.
		2. Please enter specific titles, departments, addresses, telephone and fax numbers, where requested.
		3. Signatures are required for principal and co-principal investigator, department chairman, other investigators associated with the project (if applicable), the financial officer and the official authorized to sign for the institution. Please use blue ink for all required signatures; no per signatures are permitted.
	2. Page BB: **Abstract**
		1. Abstract of Research Plan: Provide a 100 word abstract with 5 underlined phrases for project summary. State the application’s broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. A timeline should be provided. Avoid summaries of past accomplishments and the use of the first person. This description is meant to serve as a succinct and accurate description of the proposed work when separated from the application.
		2. Performance Site(s): List name and location of **all** site(s) where the work will be performed. Provide details on Page HH under Resources.
		3. Key Personnel: List all personnel associated with the project. Provide details of their responsibilities on page EE under Budget Justification.
	3. **Page CC**: **Research and Clinical Research Table of Contents**

Complete the Table of Contents. Please reference the page numbers of your application.

* 1. **Pages DD and EE**: **Budget and Justification**
		1. Enter budgets for budget period on page DD. On page EE, provide justification for each expense and category for each year.
		2. Salaries and Wages: Enter the name, percent of time on project and salary/or hourly wages and number of hours requested. No fringe benefits may be charged to grant. On budget justification page, state what each person will be doing. No salary can be requested for principal investigator, co-principal investigator, or fellows.
		3. Permanent equipment: Any major piece of equipment or apparatus costing more than $500 should be itemized, and justifications made.
		4. Consumable supplies: Glassware, chemicals, supplies and all expendable materials may be grouped in this category under appropriate subheading.
		5. Animals and animal care charges, core facility fees, and fees for special procedures must be itemized.
		6. Travel Expenses, Workshop or Seminar: Registration fee of Educational meeting within continental North America at member early bird price, Flight (coach fare), Hotel (current US General Services Administration government not to exceed per diem rates for hotel by city will be used [www.gsa.gov](http://www.gsa.gov)) **Note**: Reimbursement will occur following expense report with Original receipts included. Taxi fare between airport of educational meeting and meeting venue only. Note: Companion fees, and travel to other continents. Rental car, and Meal Reimbursement are **not** acceptable grant requests.
		7. **NOTE:** No grant will allow indirect expenses.
	2. **Page FF**: **Other Support**

Provide information on other support on continuation sheets in the **format** shown on Page FF. List research funding the Principal Investigator, Co-Principal Investigator, and other investigators have received for submitted research expenses that are not included in the submitted budget to MSI.

* + 1. List research funding relevant to this project for the past five years.
	1. **Page GG: Research Plan and Supporting Data**:
		1. Complete this section on continuation pages, giving details following the outline below. **The total proposal (a through d) cannot exceed twenty (20) pages.**
			1. Specific Aims – Provide testable, null hypothesis(es) with a concise statement of the aims of the proposed research (should not exceed one page).
			2. Background and Significance - Summarize important results to date obtained by others on the problem, citing publications. Explain why the results of the proposed work may be important. (should not exceed three pages).
			3. Preliminary Studies/Progress Report - Describe briefly any work you have done that is particularly pertinent. On projects where human subjects are placed at some risk, where animals are used for experimentation, or where there is a laboratory methodology with which the applying institution has not had well documented experience, the investigator is encouraged to submit data from a pilot study.
			4. Research Design and Method - Give details of your research plan, including how the results will be analyzed. For each specific aim mentioned in “a”, show how your plan is expected to fulfill the aim. Please include an estimated timetable.

**Note:** Investigator may be planning a multi-year project; however, funding request is for one (1) year only. If current grant request is funded (wholly or partially), **no** future funding by Midwest Stone Institute is implied.

Include method of statistical analysis, if relevant. Power studies with clearly delineated assumptions to justify the study sample size, and therefore the cost of the grant, are expected.

If this is a resubmission, new information must be indicated per section c.1 above.

* + - 1. Human Subjects - Attach a Human IRB statement, if applicable. IRB approval is required for any study involving patients or patient materials.
			2. Vertebrate Animals - Attach a Vertebrate Animal IACUC approval, if applicable.
			3. Literature Cited - List material referenced in application, including full author list and full titles.
			4. Provide a statement describing the relevance of the project to MSI’s mission statement:

“Midwest Stone Institute will make available the highest quality care to all patients in the St. Louis Region, regardless of ability to pay. In furtherance, Midwest Stone Institute is committed to promote teaching and research in all aspects of minimally invasive surgery.”

* 1. **Correspondence**:

Completed application should be directed to:

**Email:** kathieg@mwstone.com

 **or**

**Hardcopy:**

 Kathie Goeddel

 Executive Director

 MIDWEST STONE INSTITUTE

 12166 Old Big Bend Rd., Suite 110

 St. Louis, MO 63122

 PHONE (314) 835-1549

**GUIDELINES**

A. Fiscal Procedures and Policies:

* + 1. **Facilities to be provided by Grantee’s Institution**:
			1. Grantee’s institution is expected to provide all necessary, basic facilities and services. These include the facilities and services that normally could be expected to exist in any institution qualified to undertake research.
			2. In particular, it is expected that the grantee institution will provide, whether from its own funds or from grant funds other than those of MSI, the following, unless otherwise specifically agreed upon:
				1. Laboratory space
				2. Maintenance service, including maintenance, supplies and service contracts
				3. Telephone services
				4. Library service, including subscriptions to periodicals and the purchase of books
				5. Laboratory furniture
				6. Salary of principal investigator, co-principal investigator, and of secretarial personnel
				7. Worker's compensation, public liability or other hazard and special insurance
				8. Office equipment (including computer equipment)
				9. Employee group life, disability, medical expense or hospitalization insurance
				10. Lantern slides, color plates, etc.
				11. Hospital bed expense, nursing or related services, even though used for research studies.
				12. Indirect Costs- No grant will allow indirect costs.
				13. Tuition expenses of personnel on grant.
		2. As a matter of policy, MSI grant funds may not be used for remodeling or building construction costs.
		3. Ownership of the Equipment - Equipment purchased under MSI grants becomes the property of the institution, unless otherwise specified by MSI before termination of the grant or its extensions.
1. Budget Policies and Reports:
	* 1. The grant agreement form will be sent to grantee when notification of award is made. This form must be completed, signed by the Grantee Authorized Officer of the institution, and returned to the MSI for approval, within thirty (30) days after notification.
		2. Reports of grant fund expenditures must be prepared and submitted by May 30th (two months following the grant year), be signed by the responsible financial officer, and submitted to the MSI for approval with a Summary of Results obtained from the grant funds. The approved financial report is returned to the financial officer with the grant payment. Expenses must be submitted by category, i.e., Salary and Wages, Equipment, Supplies, Animals, Other.
		3. Ten percent (10%) of grant funds will be withheld until the final report of expenses and the final reports of the research are received at MSI. Upon receipt of both reports, withheld funds will be sent to the grantee institution.
		4. At expiration of grant, any unexpended balance of $100 or more must be refunded to MSI within sixty (60) days.
		5. Separate accounts must be maintained for each grant. These accounts, with substantiating invoices and payrolls, must be available at all times to representatives of MSI.
		6. Grantee must request permission and receive written approval from MSI prior to making any changes to approved budget and moving funds between budget categories.
		7. Grantee may terminate a grant prior to normal expiration date by notifying MSI in writing and stating the reasons for termination. Unexpended funds must be returned to MSI within sixty (60) days, together with a final report of expenditures. MSI reserves the right to terminate grants at any time upon three months written notice.
		8. If grantee has not completed the project prior to expiration, and for just reason, grantee may submit to the MSI Executive Director thirty days prior to expiration, a request for a no-cost extension, stating reason and requested period of extension.
2. Policy on Delinquent Financial/Research Reports

MSI reserves the right to deny additional grants to any institution where after proper notification, an investigator has not submitted his/her final reports, and/or the financial officer has not submitted the final report of expenses, as required by MSI. This policy will be enforced when reports are six months past the final due date (6 months after the grant time period ends). Upon receipt of these reports, the physician and institution shall again become eligible for MSI grants.

1. Policy on Animals in Research (No approved funding will be expensed until IACUC approval)
2. Use of animals and institution must justify number requested for project. If applicable, provide IACUC approval, regarding use of and number of animals requested for project.
3. All animals used in research supported by MSI grants must be acquired lawfully and be transported, cared for, treated and used in accordance with existing laws, regulations and guidelines. Scientists and institutions must make decisions as to the kind and sources of animals that are most appropriate for particular studies. MSI policy requires that such decisions be subject to institutional and peer review for scientific merit and ethical concerns and that appropriate assurances be given that NIH principles governing the use of animals are followed.
4. Policy on Human Subjects in Research (No approved funding will be expensed until IRB approval)
5. Use of human subjects and sample size must be justified. If applicable, IRB statements from your institution's human subjects committee must be provided. IRB approval is required for use of any material (e.g., radiographs, laboratory results) which could lead to identification of individual patients; some institutions allow expedited review.
6. MSI grantees are entrusted to assure adequate protection of human subjects. NIH regulations regarding human subjects should be followed.
7. Policy on Transfer of Grant

If the principal investigator moves to a new institution, he/she must submit a letter detailing resources, personnel and curriculum vitae of investigators at the new institution. The Grant Committee designated by the MSI Board of Directors, shall review the request to determine whether the change in institution is approved, and respond to the principal investigator.

1. Policy on Changing Aims of Grant

If the principal investigator and collaborators find that the original aims of the grant cannot be accomplished, and that to continue the project **substantial** changes in aims or methodology must be considered, the principal investigator must write to MSI, requesting permission to change the procedure and state the reasons for the change. A representative of the MSI Board of Directors will respond to the principal investigator.

1. Progress Report and Final Reports
2. Progress Reports:
	1. Research Grantees Grantee shall submit to Grantor a progress report by **December 31st** of grant year. The progress report is to be written in lay language for general understanding of the project and would be similar to a press release.

The reports should contain the following information:

-Preliminary results or progress obtained;

-How such results accomplished the purposes set forth in the Proposal

1. Final Reports:
	1. Research Grantees are required to submit the final report to MSI by May 30th (two months following the funded grant year). This report should refer to the original proposal so the reviewer can determine whether or not the goals of the research were accomplished. This mechanism will assure continuance of a quality control program that meets the highest scientific and academic standards. The reports should contain the following information:

-Set forth the manner in which the Grant funds were spent (accounting report);

-Results obtained;

-How such results accomplished the purposes set forth in the Proposal;

-Are any of the data publishable? If no publishable data, then why?;

-Future directions of this research;

-Is a no cost six (6) month extension being requested?

-Supporting documentation shall also be provided by Grantee (eg copies of abstracts or papers from this research).

* 1. Educational Grantees must submit a final summary report by May 30th (month following the grant funded year).
1. MSI reserves the right to deny additional grants to any institution where the final reports have not been submitted within six months. (See Section C above.)

 I. Publication

MSI encourages free publication of research findings by grantees but requires that the following acknowledgment be used as a footnote on the first page of the text:

***AIDED BY A GRANT FROM***

***Midwest Stone Institute, St. Louis, Missouri***

Also, when a grantee presents a paper at a professional scientific meeting, the above credit line must be included.

MSI should be sent reprints of all papers and publications resulting from work done under a grant, even those that appear after the grant has been terminated.

MSI imposes no restrictions on copyrighting publication by grantees.

* 1. Patents

If any patents accrue from investigations supported by grants funded by MSI, MSI reserves the right to negotiate a proportionate interest in the royalties.

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| **Grant Application****Midwest Stone Institute**12166 Old Big Bend, Ste 110St. Louis, MO 63122*Follow Instructions Carefully**If an item is Not Applicable to the Applicant, Please mark NA within the box.* | MSIwithwords**This Grant Application is a Resubmission** **YES**  **NO****TYPE OF GRANT:** **Research (Animal/Bench)\_\_\_\_\_\_\_\_\_\_\_Clinical\_\_\_\_\_\_ Education\_\_\_\_\_**  |
| 1. TITLE OF GRANT |
| **2. Principal Investigator OR APPLICANT Information***(See Page AA-1 For Co-Principal Investigator Information)* |
| 2a. Name: (Last, First, Middle)  | 2b. Degrees:  |  |
| 2d. Position Title:  | 2e. BUSINESS Address (Street, City, State, Zip)E-mail: |
| 2f. DEPARTMENT, SERVICE, OR EQUIVALENT |
| 2g. TELEPHONE AND FAX (Area code, number, extension)Tel.: Fax:  |
| 3. Human Subjects: YES NO3a. If “YES”, Exemption #:  orIRB Approval Date: Full IRB Expedited Review | 4. Vertebrate Animals: YES NO4a. If, “YES”, IACUC 4b. Animal Welfare Assurance #:  |
| 5. Dates Of Proposed Period Of Support: From: Through:  | 6. total costs Requested: |
| 8a. HOSPITAL APPLIcant: 8b. Address  |
| 9. Department Chairman OR dIRECTORName: Business Address: City, State, Zip:Phone: Fax:E-mail:Signature:  | 10. Official Signing for HOSPITAL Applicant*(Administrative Official to be notified if Award is Made)*Name: Title:Business Address: City, State, Zip:Phone: FaxE-mail:Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 11. PHYSICIAN Grant aPPLICANT Assurance: *I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application* | Signature of physician Named in 2a: *(In ink. “Per” signature not acceptable.)* | Date: |
| 12. HOSPITAL Applicant Certification and Acceptance: *I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with MSI terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to administrative penalties*. | Signature of Official Named in 10:*(In ink. “Per” signature not acceptable.)* | Date: |
| PAYMENT INFORMATIONPayee For Check: Address For Check:City, State, Zip: |

|  |
| --- |
| **13. CO-Principal Investigator Information** |
| 13a. Name: (Last, First, Middle)  | 13b. Degrees:  | 13c. Social Security #: |
| 13d. Position Title:  | 13e. BUSINESS Address (Street, City, State, Zip)E-mail |
| 13f. DEPARTMENT, SERVICE, OR EQUIVALENT |
| 13g. TELEPHONE AND FAX (Area code, number, extension)Tel.:Fax:  |
| 13.h. SIGNATURE OF CO-PRINCIPAL INVESTIGATOR |
| **14. ADDITIONAL INVESTIGATOR INFORMATION** |
| 14. NAME AND SIGNATURE OF ADDITIONAL INVESTIGATORS *(If Applicable)*1). NAME: SIGNATURE:  2). NAME: SIGNATURE:  |

**ABSTRACT OF RESEARCH or CLINICAL PLAN:** Please provide a 100 word executive summary with 5 underlined phrases for the planned project in the box below. State the application’s broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This description is meant to serve as a succinct and accurate description of the proposed work when separated from the application.

**DO NOT EXCEED THE SPACE PROVIDED.**

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**PERFORMANCE SITE(S)** *(organization, city, state)* Indicate where the work described in the Research or Clinical Plan will be conducted. If there is more than one performance site, list all the sites, including V.A. facilities and provide an explanation on the Resources page (HH) of the application.

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**KEY PERSONNEL**. Use continuation pages as needed to provide the required information in the format shown below.

Describe specific functions under justification on form Page EE.

|  |  |  |
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| **Name** | **Organization** | **Role on Project** |
|  |  | Principal Investigator |
|  |  | Co-Principal Investigator |
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Type the name of the principal investigator at the top of each printed page and each continuation page.

**RESEARCH GRANT**

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***Page Numbers***

Face Page 1

Co-Principal Investigator/Financial Officer/Classification Information 2

Abstract, Performance Sites and Personnel 3

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Detailed Budget for Project 5

**Research Plan**

 ***(Items a-d: not to exceed 20 pages)***

1. Specific Aims \_\_\_
2. Background and Significance \_\_\_
3. Preliminary Studies/Progress Report \_\_\_
4. Research Design and Methods \_\_\_
5. Human Subjects \_\_\_
6. Vertebrate Animals \_\_\_
7. Literature Cited \_\_\_
8. Relevance of the Project to the Mission of Midwest Stone Institute \_\_\_\_

|  |  |  |
| --- | --- | --- |
| **DETAILED BUDGET**  | FROM | THROUGH |

**PERSONNEL** ***(Applicant organization only)*****DOLLAR AMOUNT REQUESTED *(omit cents)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** | **ROLE ON PROJECT** | **% EFFORT ON PROJECT or****NUMBER OF HOURS** | **SALARY REQUESTED** | **HOURLY****WAGE** | **TOTALS** |
|  | Principal Investigator |  | $0 | $0 | $0 |
|  | Co-Principal Investigator |  | $0 | $0 | $0 |
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| **SUBTOTALS**  |  |  |  |

|  |  |
| --- | --- |
| **PERMANENT EQUIPMENT** *(Itemize)* |  |
| **CONSUMABLE SUPPLIES** *(Itemize by category)* |  |
| **ANIMALS AND ANIMAL CARE**  |  |
| **TRAVEL EXPENSES WORKSHOP or SEMINAR** |  |
| **ALL OTHER EXPENSES** *(Itemize by category)* |  |
| **TOTAL COSTS FOR BUDGET PERIOD** *(Item 6, Face Page)*  | **$** |

**BUDGET JUSTIFICATION**

JUSTIFICATION: Follow the budget justification instructions in the MSI guidelines exactly. Use continuation pages as needed.

**OTHER SUPPORT**

**There is no form page for *Other Support*.**

*Information on Other Support should be provided in the format shown below, using continuation pages.*

*Include the Principal Investigator’s name at the top and number consecutively with the rest of the application.*

*Please list MSI first.*

***Format***

|  |
| --- |
| **NAME OF INDIVIDUAL**ACTIVE/PENDING |
| Project Number (Principal Investigator)SourceTitle of Project (or Subproject)The major goals of this project are... | Dates of Approved/Proposed ProjectAnnual Direct Costs | % Effort |
| OVERLAP (summarized for each individual) |

**CONTINUATION PAGE**