SAGES General Research Grant

Enter Project Title Here

Enter Principal Investigator Name Here

Enter Institution Here

Enter Contact Information Here

Enter Date Here

## Statement of Funds

Indicate in a one-paragraph statement if funds for this or related project(s) are pending or on hand through other sources. Give specifics.

## Summary

Not more than **one page** outlining the planned research.

## Background

Not more than **two pages** including the problem, its significance, prior or concurrent studies conducted, and any preliminary work the investigator has already completed on this subject.

## Hypothesis

A statement of not more than **one-half page** outlining the question to be answered or the premise to be investigated.

## Methods

Not more than **four pages**. Include a precise description of the methods of data collection, analysis and research model to be used. Specify the planned number of patients or experiments or observations to be evaluated to prove or disprove the hypothesis with power analysis. (Please see memorandum for additional details. Note: A grant submitted without this information will not be eligible for review.) Methods should be described in sufficient detail to allow peer reviewers to critically appraise their scientific merit.

## Budget

Total for the grant request may not exceed $30,000. The Research Committee reserves the right to modify the budget. All items listed on the budget must be justified. Unjustified portions of the budget will NOT be funded.

Detailed budget for 24-month period from MM/DD/YYYY through MM/DD/YYYY.

Dollar amount requested $.00

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME** | **POSITION TITLE** | **TIME/EFFORT** | | **SALARY** | **FRINGE BENEFITS** | **SUB-TOTALS** |
| % | Hrs/Week |
|  | Principal Investigator\* |  |  |  | | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **CONSULTANT COSTS** |  | | | | |  |
| **EQUIPMENT**  (List all Items & Total Equipment Cost) | Items: | | | | | Enter Subtotal |
| **SUPPLIES**  (List all Items & Total Supplies Cost) | Items: | | | | | Enter Subtotal |
| **TRAVEL\*\*** |  | | | | |  |
| **PATIENT CARE COSTS** |  | | | | |  |
| **CONSORTIUM / CONTRACTUAL COSTS** |  | | | | |  |
| **OTHER EXPENSES**  (List all items & Total Cost) | Items: | | | | | Enter Subtotal |
| **TOTAL DIRECT COSTS** | | | | | | Enter Total |

\*Salary funds should be used for staff required to execute the study but should not be used for salary support for the primary investigator. If salary support exceeds 50% of the project budget, then specific justification is required.

\*\* Funds requests for travel for the presentation of a SAGES funded study should be limited to $1,000.00.

**Budget Justification**

Provide a detailed explanation for all items listed on the budget. Unjustified portions of the budget will NOT be funded.

## References

List scientific references if pertinent.

## Local/Institutional Review Board

IRB approval is required when studies in humans are planned. Animal care committee approval is required for animal studies. Approval in principle is sufficient at the time of the grant application, but documented IRB approval is required prior to funding.

## Available Resources and Feasibility

Submit a list of equipment, facilities, personnel and services being provided in conjunction with the grant project, including funding sources for all investigators. Timeline MUST be included. Describe animal care facilities if they are to be used for the project. Letters of cooperation may be included if appropriate.

## Curriculum Vitae

Submit curriculum vitae for the principal investigator and any co-investigators in up to a **4 page**, NIH biosketch format. Consultant biosketches are not necessary.

OMB No. 0925-0001 and 0925-0002 (Rev. 09/17 Approved Through 03/31/2020)

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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Personal Statement**
2. **Positions and Honors**
3. **Contributions to Science**
4. **Additional Information: Research Support and/or Scholastic Performance**

OMB No. 0925-0001 and 0925-0002 (Rev. 09/17 Approved Through 03/31/2020)

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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Personal Statement**
2. **Positions and Honors**
3. **Contributions to Science**
4. **Additional Information: Research Support and/or Scholastic Performance**

OMB No. 0925-0001 and 0925-0002 (Rev. 09/17 Approved Through 03/31/2020)

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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Personal Statement**
2. **Positions and Honors**
3. **Contributions to Science**
4. **Additional Information: Research Support and/or Scholastic Performance**

## Participation in SAGES

Describe all of the investigators' participation in SAGES (committees, meetings, abstract submissions, prior funding, etc).

## Appendices

Appendices will not be reviewed. Add appendices at your own risk.