**Research Grant Application**

**(Revised October 17, 2020)**

**GRANT APPLICATION DUE DATE –**

**February 16, 2022 (extended to February 28,2022)**

Completing the following grant application is the first step in obtaining funding from the Saving tiny Hearts Society (StHS). The process for obtaining a grant is as follows:

1. The Saving tiny Hearts Society shall elicit a Call for Proposals from the research/medical community.
2. Applicants shall complete the Research Grant Applications and submit to StHS by the due date.
3. Research Grant Proposals are reviewed by the StHS Medical Advisory Board (MAB). Each proposal will be reviewed using the following criteria: overall impact, significance, innovation, PI, approach, environment and translational significance.
4. Upon review by the MAB, the StHS shall distribute available funds to the top rated project(s) as determined by the MAB.

Notes:

* Grants will only be made in one year commitments. Applicants requesting more than one year of funding will be returned.
* The PI must hold a faculty position at the time of grant award.
* A single-year grant shall not exceed $75,000 in direct costs. **Indirect costs are not allowed**.
* Priority will be given to well-designed hypothesis driven research that will impact the lives of children and adults living with congenital heart disease.

-English will be the only accepted language for all facets of Research Grant Applications.

Upon completion of this Research Grant Application, please submit one PDF (1 cumulative file) by midnight CST on February 28, 2022 via email to Dr. Loren Wold (loren.wold@osumc.edu).

Should you have any questions regarding the completion of this Research Grant Application, please contact:

 Dr. Farah Sheikh

 Chair, Medical Advisory Board

 fasheikh@health.ucsd.edu

The Saving tiny Hearts Society wishes to thank you for all of your hard work in improving the lives of countless children who are born with congenital heart defects.

**By submitting this grant application to the StHS, you (Principal Investigator) Agree to the following:**

1. As Principal Investigator on this research project, you accept full responsibility for the scientific and financial conduct of this project. You also attest that you will hold a faculty position at the time of grant award.

1. If you leave the institution which is listed in this Research Grant Application, you will immediately contact StHS advising them of your departure. At that time, discussion will take place to determine if the remaining funds will follow the principal investigator, remain with the project at said institution or be entirely returned to the StHS.
2. Funding must be used for the specific purpose for which it is intended at an institution with “Not for Profit” status as determined by the Internal Revenue Service of the United States of America. Any funds not used specifically for the purpose of conducting this project shall be immediately returned to the StHS.
3. At the completion of the project, or 1 year from the date of the award (whichever comes first), a report accounting for all funds used, along with a progress report which summarizes the research accomplishments based on the specific goals of the project, shall be submitted for review by our MAB. Abstracts or publications resulting from this funding should be attached to your status report as well. To knowingly falsify any data or report is a criminal offense and shall subject you to criminal prosecution to the fullest extent of the law.
4. The receiving of a grant from the StHS shall in no way guarantee or obligate subsequent years’ funding.
5. A statement shall be included in all publications, speeches, papers, etc., referencing that the research was “Supported by a grant from the *Saving tiny Hearts Society*.” These publications will be used both to document that StHS funding was acknowledged and for publicity and fundraising purposes.

1. In general, funding from the Saving tiny Hearts Society for research shall not be combined with any funding from other organizations, agencies, or other outside sources. It is the Saving tiny Hearts Society’s goal to grant projects which can be entirely funded by the StHS. If funding is secured from another organization, agency, or other outside sources for the same project, all grant received from the StHS shall be returned in full.
2. While there is not a set limit to the amount of funds a single project may apply or receive in a calendar year, in general, it is the preference of the StHS to limit funding to $75,000 per annum.
3. Completed Grant Applications must be/have:
	1. Typed using a standard Arial 11-point font with single-spacing and one inch margins.
	2. All signatures should be in dark blue ink.
	3. Please use black ink to facilitate photo copying.
	4. All graphics shall be printed in black ink.
	5. If any part of the application is incomplete, if any of the documents requested (listed below) are not included, or format are not observed, the application, at the Saving tiny Hearts Society’s discretion, may not be reviewed.

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| **Individual** | **Printed** | **Signature** | **Date** |
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| I agree to all of the terms and conditions stated above. |
| **Principal Investigator #1** |  |  |  |
| **Principal Investigator #2 (if included)** |  |  |  |
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| I certify that if the Principal Investigator listed above is awarded a Research Grant, that I am the individual responsible for overseeing and tracking all grant money. |
| **Fiscal Officer** |  |  |  |
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| As witness to signatures of Principal Investigator(s) and Financial Officer; I approve of all facets of this Research Grant Proposal being performed by the above listed Principal Investigator(s).  |
| **Department Chairperson** |  |  |  |

**[Title of Project]:**

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| **Personnel Information:** |
| **Institution:** |  |
| **Name of Principal Investigator(s)** |  |
| **Degree of Principal Investigator(s)** |  |
| **Academic Rank and Title(s)** |  |
| **Address (for correspondence)** |  |
| **Telephone/Fax** |  |
| **Email(s)** |  |
| **Financial Officer responsible for overseeing grant money** |  |
| **Address (for correspondence)** |  |
| **Telephone/Fax** |  |
| **Email** |  |
| **Department Chairperson** |  |
| **Address (for correspondence)** |  |
| **Telephone/Fax** |  |
| **Email** |  |
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| **Project Information:** |
| **Human Subjects** \_\_\_\_ Yes \_\_\_\_ No |
| **If yes to above, provide Intuitional Review Board (IRB) approval date for this project:** |  |
| **Animal Subjects**  | \_\_\_\_ Yes \_\_\_\_ No |
| If yes to above, provide Institutional Animal Care and Use Committee **(IACUC) approval date for this project:** |  |
| **Dates of proposed project (start and finish)** |  |
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| ***TOTAL 1-YEAR FUNDING REQUESTED*** | ***$*** |

Applications must be submitted in either word or pdf format accompanied with the following documentation in the following order:

1. Cover Letter

Research Grant Application *Completed in full (Aims = 1 page, Research Strategy = 5 pages)*

1. Detailed Budget of Project

*Must list all anticipated costs for project*

*It shall be the discretion of the StHS as to what shall be considered an allowable cost*

1. NIH Biosketch (new format; max 5 pages) of ALL Principal Investigators (not required for Co-Investigators or Consultants)
2. Proof of Tax Exempt Status

*Include Institutions 501 (c) 3 form*

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| Program Director/Principal Investigator (Last, First, Middle): |      |
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| BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD (DIRECT COSTS ONLY) |
| BUDGET CATEGORYTOTALS | INITIAL BUDGETPERIOD |
| PERSONNEL: *Salary (specify position)* |  |
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| EQUIPMENT |  |
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| TRAVEL |  |
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| OTHER EXPENSES |  |
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| TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD |       |

\*\*\*\* Expand or use additional pages as necessary \*\*\*\*