

CALL FOR PRE-PROPOSALS

**2009 SOUTH CAROLINA
NIH IDeA NETWORK OF BIOMEDICAL RESEARCH EXCELLENCE (INBRE) PROGRAM**

Program Solicitation

Effective October 30, 2008

(Supersedes all Previously Issued Solicitations)

IMPORTANT DATES

Statewide Workshop for Pre-Proposal Preparation: October 31, 2008, The Inn at USC, Columbia, SC

Deadline for Submission of Pre-Proposals: 5:00 P.M. on Friday, January 30, 2009 in the South Carolina EPSCoR/IDeA Office

Review by External Panel: Completed by Friday, March 6, 2009

Deadline for Submission of Full Proposal: 5:00 P.M. on Wednesday, April 29, 2009 in the South Carolina EPSCoR/IDeA Office

Federal Submission: Wednesday, July 22, 2009

INTRODUCTION

This solicitation is limited to four-year, predominately undergraduate institutions in South Carolina. Each institution will be allowed to submit only one (1) pre-proposal under this solicitation.

The South Carolina EPSCoR/IDeA State Committee will be submitting a proposal in response to the NCRR IDeA Networks of Biomedical Research Excellence (INBRE) solicitation (PAR-08-150) in July of 2009. The purpose of the INBRE program is to:

- enhance the research capacity of institutions through collaborative partnerships, the development of areas of potential research, staff development, and access to research resources, so they can participate more fully in the competition for NIH awards; and
- provide research support to faculty and undergraduate students to build a "pipeline" toward health research careers, and provide hands-on research experience to students at undergraduate institutions.

PROJECT DESCRIPTION

Each institutional INBRE program should include one or more multidisciplinary, collaborative research projects led by an individual target faculty or new hire. Requests for program funding should: 1) add significant and measurable value to research capacity in areas aligned with institutional priorities; 2) provide opportunities for student training and faculty mentoring; and 3) offer significant outreach activities that will expand participation, enhance student career options and facilitate the entry of women and members of underrepresented groups and institutions into the biomedical science fields.

Proposals must include:

- A Research Plan for each new hire or target faculty identified. These plans should contain specific aims, experimental design, methodology, consideration of alternatives, data analysis, scope, and timetable. The Research Plan should identify a mentor(s), with relevant expertise, to oversee the proposed training and career development of each target faculty and/or new hire;
- A commitment of faculty release time for all designated target faculty and new hires (must be at least six person months per calendar year);

- A description of relevant collaborations formed between institutions within the state and/or geographical region;
- A plan to train a pipeline of students who will become the future biomedical research workforce;
- An explanation of how proposed research activities will complement but not overlap currently-funded research;
- A description of the qualifications of the proposed institutional Principal Investigator(s). This individual must contribute a minimum time commitment of two person months per year to the INBRE project;
- A description of an Institutional Evaluation Committee (IEC), complete with proposed board member qualifications (costs for the IEC are included in the 15% maximum allowance for administration);
- A description of the level of institutional commitment;
- An Evaluation Plan, complete with quantitative and qualitative metrics to assess progress toward defined goals;
- A Sustainability Plan beyond the grant award.

Proposals may describe additional activities, such as:

- Acquisition and utilization of new and major instrumentation to be shared by designated target faculty and/or new hires. It is expected that equipment purchased with NIH INBRE funds will remain in the institution, and maintenance for this instrumentation beyond the award will be part of the institution's Sustainability Plan referenced above;
- Development and implementation of biological and biomedical science curriculum (courses and programs);
- Development of undergraduate and graduate educational opportunities in research, ranging from formal programs to courses and seminars, visiting scientist programs and other similar activities.

Recipients of prior BRIN and/or INBRE support (Claflin, CofC, Furman, SCSU, and Winthrop) must also provide the following:

- A one-page summary of results and accomplishments from prior BRIN and INBRE support;
- A one-page description of how the proposed activities will build upon prior BRIN and INBRE support.

Applicants should be aware that funded activities are subject to review by a centralized External Advisory Committee who will meet twice per year to address the progress of proposed activities. This board will be fully authorized to recommend expansion or reduction of proposed activities. Funded applicants will also be required to respond to all requests for information regarding program process, outputs and impacts made by the SC EPSCoR/IDeA State Office.

PRE-PROPOSAL FORMAT AND SUBMISSION

Each pre-proposal must be typed on 8-1/2 x 11 inch white paper, with 1-inch margins and a font size not smaller than 12 point. The original pre-proposal must be binder clipped. Separate attachments, such as appendices, brochures, or reprints, will not be accepted.

All proposals must be assembled in the following sequence:

- Face Page: Must use program form, provided as Form Page 1.
- Project Summary: Must use program form, provided as Form Page 2.
- Scientific/Key Personnel: Must use program form, provided as Form Page 2 continued.
- Table of Contents: Must use program form, provided as Form Page 3.
- Detailed Budget: Must use program form, provided as Form Page 4. Proposers should provide one form for each year of requested support.
- Budget for Entire Proposed Project Period: Must use program form, provided as Form Page 5.
- Budget Justification: Provide a complete justification for all NIH funds requested. Include explanation of institutional and non-federal sources available to the project (maximum one page). Must use Continuation Format Page provided.

- **Biosketch:** A four-page biographical sketch, prepared in NIH format (provided as Biographical Sketch format page), is required for the key personnel and other significant contributors in the order listed on Form Page 2 continued.
- **Resources:** List facilities and major equipment available for this project. Must use Resources Format Page provided.
- **Project Description:** Provide a specific description of the proposed institutional research infrastructure improvement activity or activities, including a Research Plan (one per new hire or target faculty), an Evaluation Plan, and a Sustainability Plan. The Project Description may be up to, but cannot exceed, seven (7) pages. Must use Continuation Format Page provided.
- **Summary of Results from Prior BRIN or INBRE Support:** Only required from recipients of prior BRIN and/or INBRE support (Claflin, CofC, Furman, SCSU, and Winthrop). Maximum of one page; must use Continuation Format Page provided.
- **Description of how proposed activities will build upon prior BRIN and INBRE support:** Only required from recipients of prior BRIN and/or INBRE support (Claflin, CofC, Furman, SCSU, and Winthrop). Maximum of one page; must use Continuation Format Page provided.
- **Letter of Support:** Include a letter of institutional support from the chief academic officer or president addressed to the principal investigator.
- **Checklist:** Must use program form, provided as Checklist Form Page.

NIH forms are available at www.scepscoridea.org and <http://grants1.nih.gov/grants/funding/phs398/phs398.html>.

Pre-proposals must be submitted as: 1) a single MS Word or PDF file; 2) one printed and signed original; and 3) five printed copies to the South Carolina EPSCoR/IDeA Program. The electronic copies may be saved on a CD-ROM and mailed, along with the printed copy, to the address below.

South Carolina EPSCoR/IDeA Program
1330 Lady Street, Suite 504
Columbia, SC 29201

Incomplete or late submissions will not be accepted.

BUDGET

Each pre-proposal can request a maximum of \$200,000 in direct costs in federal funding per year for a five-year effort. A maximum of 15% of direct costs is allowable for administration. Matching funds (in-kind or cash) are not required, but clear evidence of institutional commitment should be included with the pre-proposal. The level of support, and hence the level of institutional commitment, will differ among applicant institutions because of the variability of resources available to them. If additional funds are needed to accomplish the described activities, these costs should be delineated in the budget justification.

The estimated project costs must be shown in total as well as broken down for each year of the program to show the following cost elements:

1. **Personnel:** For all personnel (institutional PI, target faculty, students, technicians, etc.), indicate the amount of time being charged to the project (i.e., number of person months) and show resulting costs based on current or projected salary and fringe benefits. Designated target faculty need to be provided 50% calendar year release time.
2. **Consultant Costs:** State the planned daily consultant fee and basis, travel expenses, the nature of the consulting effort, and the reason consultants are required to complete the effort. Costs for target faculty mentors should be included in this category.
3. **Equipment:** List item and dollar amount for each item exceeding \$5,000. Costs should be based on recent quotations from manufacturers or distributors. All equipment should be fully justified.

4. **Supplies:** Estimate the costs of supplies and materials.
5. **Travel:** Estimate the required amount of travel and state its relationship to the activities described. List the proposed destinations and basis of cost estimates. The travel budget should include costs associated with attendance of key personnel and/or other participants to the External Advisory Committee review (held twice per year), statewide and national meetings.
6. **Other Expenses:** Itemize and justify all other direct costs.
7. **Total Costs:** Provide total direct costs.

PROPOSAL REVIEW PROCESS

Nationally recognized scientists and engineers will review the pre-proposals in their specific area of expertise. Based on the evaluations using the criteria below, pre-proposals will be selected for further development and inclusion in the SC EPSCoR/IDeA proposal to go forward to the NIH in July 2009.

The evaluation criteria will include:

1. Overall potential for enhancing the institution's biomedical research capacity (45%)
 - A. Evidence that the proposed institutional Principal Investigator(s) has the administrative and scientific capacity and institutional support necessary to implement the project. Is the project aligned with the institution's mission and goals?
 - B. Will accomplishment of the objectives of the institution's INBRE program significantly impact the NIH research capacity in South Carolina? Consider institutional enrollment, scientific tradition, and probability that students will pursue graduate education.
2. The scientific and intellectual merit of the proposed projects (35%)
 - A. Clearly define the theme and objectives.
 - B. Present a clear series of milestones and a timeline for achieving the stated objectives.
 - C. Provide clearly defined research plans for all designated target faculty.
 - D. For projects involving new faculty or staff, clearly define the position description and its alignment with the institution's plan for building biomedical research capacity.
 - E. Alterations and renovations should be fully justified and in alignment with the project. New construction is not allowed.
 - F. Consider realism and reasonableness of proposed costs.
3. Effectiveness in training and research promotion (20%)
 - A. Define how target faculty will develop skills necessary to increase their biomedical research capacity. Clearly describe mentoring plans and identify mentors for all target faculty.
 - B. Define opportunities for training of undergraduate and graduate students in cutting-edge research areas.
 - C. Describe a plan for the participation of underrepresented groups.

CONTACT INFORMATION

General inquiries regarding this program should be made to:

SC EPSCoR/IDeA Program
Telephone: (803) 733-9060

Department of Health and Human Services Public Health Services Grant Application <i>Do not exceed character length restrictions indicated.</i>		LEAVE BLANK—FOR PHS USE ONLY.			
		Type	Activity	Number	
		Review Group		Formerly	
		Council/Board (Month, Year)		Date Received	
1. TITLE OF PROJECT <i>(Do not exceed 81 characters, including spaces and punctuation.)</i>					
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes," state number and title)</i> Number: _____ Title: _____					
3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR			New Investigator <input type="checkbox"/> No <input type="checkbox"/> Yes		
3a. NAME (Last, first, middle)		3b. DEGREE(S)		3h. eRA Commons User Name	
3c. POSITION TITLE		3d. MAILING ADDRESS <i>(Street, city, state, zip code)</i> E-MAIL ADDRESS:			
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT					
3f. MAJOR SUBDIVISION					
3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i>					
TEL: _____ FAX: _____					
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes		4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes		If "Yes," Exemption No.	
4b. Federal-Wide Assurance No.		4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		4d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	
5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes			5a. Animal Welfare Assurance No.		
6. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i> From _____ Through _____		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
		7a. Direct Costs (\$)	7b. Total Costs (\$)	8a. Direct Costs (\$)	8b. Total Costs (\$)
9. APPLICANT ORGANIZATION Name _____ Address _____			10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged		
			11. ENTITY IDENTIFICATION NUMBER DUNS NO. _____ Cong. District _____		
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name _____ Title _____ Address _____ Tel: _____ FAX: _____ E-Mail: _____			13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name _____ Title _____ Address _____ Tel: _____ FAX: _____ E-Mail: _____		
14. APPLICANT ORGANIZATION 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 Public Health Services 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 criminal, civil, or administrative penalties.			SIGNATURE OF OFFICIAL NAMED IN 13. <i>(In ink. "Per" signature not acceptable.)</i>		DATE

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

PROJECT SUMMARY (See instructions):

RELEVANCE (See instructions):

PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page)

Project/Performance Site Primary Location

Organizational Name:

DUNS:

Street 1:

Street 2:

City:

County:

State:

Province:

Country:

Zip/Postal Code:

Project/Performance Site Congressional Districts:

Additional Project/Performance Site Location

Organizational Name:

DUNS:

Street 1:

Street 2:

City:

County:

State:

Province:

Country:

Zip/Postal Code:

Project/Performance Site Congressional Districts:

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

SENIOR/KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first.

Name	eRA Commons User Name	Organization	Role on Project
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OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project
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Human Embryonic Stem Cells No Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/>. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

The name of the program director/principal investigator must be provided at the top of each printed page and each continuation page.

RESEARCH GRANT TABLE OF CONTENTS

	<i>Page Numbers</i>
Face Page	1
Description, Project/Performance Sites, Senior/Key Personnel, Other Significant Contributors, and Human Embryonic Stem Cells	2
Table of Contents	_____
Detailed Budget for Initial Budget Period	_____
Budget for Entire Proposed Period of Support	_____
Budgets Pertaining to Consortium/Contractual Arrangements	_____
Biographical Sketch – Program Director/Principal Investigator (<i>Not to exceed four pages each</i>).....	_____
Other Biographical Sketches (<i>Not to exceed four pages each – See instructions</i>).....	_____
Resources	_____
Checklist	_____
Research Plan	_____
1. Introduction to Resubmission Application, if applicable (<i>Not to exceed three pages.</i>), or Introduction to Revision Application, if applicable (<i>Not to exceed one page.</i>)	_____
2. Specific Aims.....	_____
3. Background and Significance	_____
4. Preliminary Studies/Progress Report	_____
5. Research Design and Methods	_____
6. Inclusion Enrollment Report (Renewal or Revision applications only)	_____
7. Bibliography and References Cited/Progress Report Publication List	_____
8. Protection of Human Subjects	_____
9. Inclusion of Women and Minorities	_____
10. Targeted/Planned Enrollment Table	_____
11. Inclusion of Children.....	_____
12. Vertebrate Animals.....	_____
13. Select Agent Research.....	_____
14. Multiple PD/PI Leadership Plan	_____
15. Consortium/Contractual Arrangements.....	_____
16. Letters of Support (e.g., Consultants)	_____
17. Resource Sharing Plan (s)	_____

(Items 2-5: not to exceed 25 pages)

Appendix (*Five identical CDs.*)

Check if Appendix is Included

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

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY						FROM	THROUGH	
PERSONNEL <i>(Applicant organization only)</i>		Months Devoted to Project			INST.BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths		SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							
SUBTOTALS →								
CONSULTANT COSTS								
EQUIPMENT <i>(Itemize)</i>								
SUPPLIES <i>(Itemize by category)</i>								
TRAVEL								
PATIENT CARE COSTS		INPATIENT						
		OUTPATIENT						
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>								
OTHER EXPENSES <i>(Itemize by category)</i>								
CONSORTIUM/CONTRACTUAL COSTS					DIRECT COSTS			
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD <i>(Item 7a, Face Page)</i>								\$
CONSORTIUM/CONTRACTUAL COSTS					FACILITIES AND ADMINISTRATIVE COSTS			
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD								\$

**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY**

BUDGET CATEGORY TOTALS		INITIAL BUDGET PERIOD <i>(from Form Page 4)</i>	ADDITIONAL YEARS OF SUPPORT REQUESTED			
			2nd	3rd	4th	5th
PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i>						
CONSULTANT COSTS						
EQUIPMENT						
SUPPLIES						
TRAVEL						
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
ALTERATIONS AND RENOVATIONS						
OTHER EXPENSES						
CONSORTIUM/ CONTRACTUAL COSTS	DIRECT					
SUBTOTAL DIRECT COSTS <i>(Sum = Item 8a, Face Page)</i>						
CONSORTIUM/ CONTRACTUAL COSTS	F&A					
TOTAL DIRECT COSTS						

TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD

\$

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

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

Program Director/Principal Investigator (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 (credential, e.g., agency login)			
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

Please refer to the application instructions in order to complete sections A, B, and C of the Biographical Sketch.

RESOURCES

FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the project/performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. If research involving Select Agent(s) will occur at any performance site(s), the biocontainment resources available at each site should be described. Under "Other," identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.

CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

- NEW application. (This application is being submitted to the PHS for the first time.)
- RESUBMISSION of application number: _____
(This application replaces a prior unfunded version of a new, renewal, or revision application.)
- RENEWAL of grant number: _____
(This application is to extend a funded grant beyond its current project period.)
- REVISION to grant number: _____
(This application is for additional funds to supplement a currently funded grant.)
- CHANGE of program director/principal investigator.
Name of former program director/principal investigator: _____
- CHANGE of Grantee Institution. Name of former institution: _____
- FOREIGN application Domestic Grant with foreign involvement List Country(ies) Involved: _____

INVENTIONS AND PATENTS (Renewal appl. only) No Yes
 If "Yes," Previously reported Not previously reported

1. PROGRAM INCOME (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is request. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS (See instructions.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in Part III and listed in Part I, 4.1 under Item 14. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

3. FACILITIES AND ADMINSTRATIVE COSTS (F&A)/ INDIRECT COSTS. See specific instructions.

- DHHS Agreement dated: _____ No Facilities And Administrative Costs Requested.
- DHHS Agreement being negotiated with _____ Regional Office.
- No DHHS Agreement, but rate established with _____ Date _____

CALCULATION* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

a. Initial budget period:	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
b. 02 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
c. 03 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
d. 04 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
e. 05 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
TOTAL F&A Costs				\$

*Check appropriate box(es):

- Salary and wages base Modified total direct cost base Other base (Explain)
- Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.): _____

4. DISCLOSURE PERMISSION STATEMENT: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)? Yes No