



2023-2024 Children's Miracle Network CMN Grant Application

UC DAVIS
HEALTH

CHILDREN'S
HOSPITAL

Deadline: Friday, February 24, 2023 at 5:00PM

Earliest Funding: July 1, 2023 Online

No Exceptions to Deadline

Submission only (**check one**):

Research* ☐ Clinical Services ☐

*The highest scoring Research Award will be designated as the: **Dr. Anthony F. Philipps Research Award**

Date:

Project Title:

Grant Applicant (Name, Degree):

Email Address:

Department:

Position Title:

Address, City, State & Zip (Include Building Number):

Office Phone:

Collaborator(s) (Name, Degree):

Position Title:

Mentor(s): *(Applicable for research grants only)*

Total Funds Requested:

List any prior funded CMN Research grants (include grant title, year, funding amount):

**Clinical and Research grant projects are only eligible for funding once.*

Have you submitted a CMN request for this project in prior years: Yes ☐ No ☐

I acknowledge that should I receive CMN grant funding, I will volunteer at two CMN sponsored events. Initial here: _____

Applicant Signature _____ Date _____

Applicant: I verify that the information I have provided in this application is correct and complete. If funded, I will abide by all relevant Policies and procedures of the UC Davis School of Medicine and the Children's Miracle Network Research Program. **Resulting publications will acknowledge funding from "Children's Miracle Network Research Program, University of California, Davis"**

Mentor Signature _____ Date _____

Mentor: I have reviewed and support this application.

Department Chair/Manager Signature _____ Date _____

Department Chair/Manager: I verify that the information provided by the applicant concerning the available facilities and his/her appointment and grant status are correct and complete. Department Chair or Manager signature required for all grant applications.

This is an intramural program and the application should not be sent through Sponsored Programs, Office of Research.

SUBMIT AS ONE PDF DOCUMENT AND NUMBER ALL PAGES IN SEQUENCE STARTING WITH THE SIGNATURE PAGE.

2023-2024 CHILDREN'S MIRACLE NETWORK CHECKLIST

All items listed within the specified grant category MUST be submitted with the application as one PDF document.

CHECKLIST Research Grants

*Research grant projects are only eligible for funding once.

- ☐ Title and Signature Page
- ☐ Checklist (this form)
- ☐ Abstract
- ☐ Research Plan (see below)
- ☐ Itemized Budget
- ☐ Budget Justification
- ☐ Current NIH Biographical Sketch for all faculty
(5 pg. max.; must meet the current NIH biosketch requirements)
- ☐ Mentor(s) Letter(s) of Support

RESEARCH PLAN: Maximum length of 6 pages, 0.5 margins, Arial 11-pt. font, single spaced, includes all relevant figures.

- ☐ Specific Aims and Hypotheses (1 page)
- ☐ Significance, Background, and Innovation (1-2 pages)
- ☐ Methods of Proposed Research [to include methods, statistical and power analysis, rationale for N, expected results, potential problems/ alternative approaches, reproducibility, sex as a biological variable, timeline, 2-3 pages].
- ☐ Additional Information (1/2 page)
Plans for Extramural grant submissions (please specific)
Role of Collaborator(s) and trainee(s)
- ☐ Impact (1/2 page)
- ☐ Describe the contribution to UC Davis Health Strategic Plan and Institutional Goals (1 page)
- ☐ Implications for Quality of Care for Children
- ☐ Literature Cited (1 page, Limit 30 references, cited in full, not included in 6-page limit)
- ☐ If equipment requested, please include any previous funding requests.
•For equipment requests, attach proof of prior applications for funding (either department, School of Medicine, or Medical Center) that have been denied. This is required - grants for equipment without proof of denial will NOT be considered for CMN funding.
- ☐ Appendix: Include a printed copy of equipment descriptions/specifications and/or a quote (including tax and shipping) from a vendor
- ☐ This application does not include a request for any disallowed funds such as:
PI salary; iPad, laptop, desktop that is not used by a patient; gift cards; travel other than to present related to application; personal certifications; food for meetings that do not include patients and families; meeting space rentals; consultant; speakers; parties for past patients; UCDCM IT requests.

CHECKLIST Clinical Service Grants

*Clinical grant projects are only eligible for funding once.

- ☐ Title and Signature Page
- ☐ Checklist (this form)
- ☐ Specific Aims: purpose, amount requested, impact
- ☐ Significance and Background
- ☐ Implications for Quality of Care in Children
- ☐ Justification for Funding
- ☐ Role of Collaborator(s)
- ☐ Itemized Budget and Budget Justification
- ☐ Describe the contribution to UC Davis Health Strategic Plan and Institutional Goals (1 page)
- ☐ If equipment requested, please include any previous funding requests.
•For equipment requests, attach proof of prior applications for funding (either department, School of Medicine, or Medical Center) that have been denied. This is required - grants for equipment without proof of denial will NOT be considered for CMN funding.
- ☐ Appendix: Include a printed copy of equipment descriptions/specifications and/or a quote (including tax and shipping) from a vendor
- ☐ This application does not include requested funding for the following:
Salary; iPad, laptop, desktop that is not used by a patient; gift cards; travel; personal certifications; food for meetings that do not include patients and families; meeting space rentals; consultant; speakers; parties for past patients; UCDCM IT requests.

SIGNED APPLICATIONS MUST BE RECEIVED BY THE DEADLINE OF FEBRUARY 24, 2023 AT 5:00 PM VIA E-MAIL AS ONE PDF TO:

HS-UCDavisCMNGrant@ucdavis.edu

Questions: Contact CMN Account Manager Shelina Bali by phone at (916) 734-1098 or e-mail to shbali@ucdavis.edu