

## 2024-2025 Grant Application

Deadline: Friday, February 23, 2024 at 5:00pm. No exceptions. Earliest funding: July 1, 2024

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

Grant Applicant Name and Degree:

Position Title:

Department Address:

Street Address

Building Number

City

State

Zip Code

Email:

Office Phone:

Date of Submission:

Type of Project:

Title of Project:

Amount Requested:

Collaborators (include name, degree, position):

Mentor(s) (research grants only):

List any prior funded CMN grants (include year & funding amount): *\*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 within my grant period***

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 Children's Miracle Network. Resulting publications will acknowledge funding from "Children's Miracle Network at UC Davis Children's Hospital".**

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 available facilities and their appointment and grant status are correct and complete. Required for all applications.**

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

## Research Grants

\*Research grants and projects are on eligible for funding once.

- Grant Application (2 pages)
- 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 be 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; personal certifications; food for meetings that do not include patients and families; meeting space rentals; consultant; speakers; parties for past patients; UCDCM IT requests; giveaway items; patient transportation.

## Clinical Service Grants

\*Clinical grant projects are only eligible for funding once.

- Grant Application (2 pages)
- 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: PI 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; giveaway items; patient transportation.

**SIGNED APPLICATIONS MUST BE RECEIVED BY THE DEADLINE OF FEBRUARY 24, 2023 AT 5:00 PM VIA E-MAIL 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](mailto:shbali@ucdavis.edu)**