
Research Grant Application Preparation Instructions

Revision 01-19-23



GENERAL INSTRUCTIONS

Complete the application using single-spaced 12-point type and staying within the word count and box limitations. Additional pages may only be added for sections as indicated in the Specific Instructions. The printing must be clear, legible, and reproducible for copying.

Write out key scientific terms and terms not universally known, when you use them the first time. The appropriate abbreviation or acronym must be written in parentheses and may be used thereafter.

Project Period

The MEDRVA Foundation meets quarterly to consider grant proposals for a one year period of project funding.

Grant Restrictions

MEDRVA Foundation does NOT fund:

- Equipment exceeding \$12,000 (waiver granted on a case-by-case basis)
- Salary and benefits for Principal Investigators or co-investigators
- Indirect costs
- Tuition costs
- Travel expenses
- Health insurance

Submission Instructions

Send the completed grant application electronically as a Word or PDF attachment to debra.larkin@MEDRVA.com. In the email identify the subject as PP01-01 [Principal investigator's last name]. Additionally, send an original hard copy with all the appropriate signatures to the address shown below.

Send Proposals to: MEDRVA Foundation
Attn: Debra Larkin
8700 Stony Point Parkway
Suite 100
Richmond, Virginia 23235

SPECIAL INSTRUCTIONS

On Page 1 (Cover page) include items 1-9

1. Date of Application: Submission date.
2. Amount Requested: Dollars requested for project year.
3. Title of Research Project: Do not exceed 150 characters, including spaces between words and punctuation.
4. Duration of Study: List the start and end dates of your proposal. MEDRVA'S policy is to approve projects for one year. Competitive renewals may be submitted for a second year of funding after submission of required progress reports.
Principle Investigator: Name the one person responsible for the scientific and
5. technical direction of the project. Supply name of institution, department, complete mailing address, daytime telephone number and email address.
6. Research Associates: List name and institution of paid or unpaid collaborators and consultants. Please note that letters of support from these colleagues need to be appended to the application.
7. Department Chair: If applicable, name the Chairman of the school and/or department with which your research activities are affiliated. Supply the department, school, complete mailing address, daytime telephone number and email address.
8. Abstract: Within 150 words, state your hypothesis, specific aims, research design and scientific methods. Secondary reviewers may critique your proposal based largely on this abstract, so be detailed, concise and specific.
9. Signatures: At bottom of page 1 provide, Name, Title, Signature and Date for both PI and Dept Chair (or University Official)

On page 2 begin with Lay Summary

10. Lay Summary: Provide a brief summary, in lay terms, of your research project, including what you plan to do as well as its significance to the care and treatment of patients, in the short- or long-term, directly or indirectly. Be sure to explain how the proposed research is related to the mission of MEDRVA. If your grant is successful, this paragraph will be used to describe your work on MEDRVA'S website as well as other publications. [Not to exceed 250 words.]

11. Research Plan: MEDRVA encourages investigators to provide graphs, tables and other pertinent data that support the research plan. (include the following information in the five (5) page proposal limit):
 - a. Specific aim of proposed project
 - b. Background and significance
 - c. Preliminary studies/progress report
 - d. Research design and methods
 - e. Literature cited
 - f. Whether similar research has occurred in the USA
12. Budget Summary and Justifications: Prepare a budget summary for Personnel, Supplies, and Other Expenses. For Personnel justifications list all paid and unpaid personnel who will be working on the project, their role, and % effort. Do not include Principal Investigator (PI) support in the budget. Please note that the MEDRVA does not support salaries for Investigators. Lab Supplies, Animal Acquisition and Animal Care should be listed under Consumable Supplies. Equipment Maintenance, and Subscription Fees should be listed under Other Expenses
13. Facilities: List the laboratory, clinical, animal and core facilities you will use to conduct your proposed research. State the performance sites and the extent of availability for this project. [Not to exceed 200 words.]
14. Other Support: In the following format, list ALL current and pending private and government grant support. The Foundation adheres to the National Institutes of Health format for other support as defined in PHS398. <https://grants.nih.gov/grants/forms/othersupport.htm>
15. Institutional Funds: List the institutional support you will be receiving to directly support your proposed research. Include matching funds.
16. Planned Support: List all private, including philanthropic and corporate, or government funds you are planning to apply for over the next year.
17. Investigator Qualifications: Provide a brief summary of your work experience and field of expertise, as they pertain to your proposed research. [Not to exceed 200 words.]
18. Biographical Sketch: Include up to five pages of biographical sketch for all key personnel who will be working on the project. NIH Biosketch format (<https://grants.nih.gov/grants/forms/biosketch.htm>) may be substituted for the MEDRVA form. If using the NIH format, please list all other funding amounts, percent effort and any overlap.

MEDRVA Biographical Sketch Form

(Do not exceed 5 pages)

- NAME AND DEGREES

- POSITION TITLE

- EDUCATION (Begin with baccalaureate or other post secondary education and include post-doctoral training, using additional lines as needed)

- INSTITUTION & LOCATION DEGREE YEAR CONFERRED FIELD OF STUDY
RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with current position, list, in chronological order, previous employment, experience, and honors. Briefly describe why you are well-suited for your role(s) in this project. List in chronological order, full citations to all publications during the past five years as well as key earlier publications. Please star papers that are relevant to this application. Please do not exceed three pages for citations. Conclude with Listing of all funding support you have received or is pending for the past 5 years, include funding source, project dates, funding amount, title, project goals, and your role on the project and any overlap with the proposed project.

Note: the following are appendix components to be included at the end of the application.

19. Human Subjects: Follow the instructions as written in Form A-1
20. Laboratory Animals: Follow the instructions as written in Form A-2
21. Certificate of Insurance: Follow the instructions as written in Form A-3
22. Letters of Support: If applicable (see item 6)

FORM A-1**Human Subjects**

Safeguarding the rights and welfare of human subjects involved in research supported by the MEDRVA Foundation. It is the responsibility of the institution to which support is awarded. It is MEDRVA'S policy that no grant to support research involving human subjects is made unless the research is given initial and continuing review and approval by an appropriate committee of the research grantee's institution. This review should assure that (a) the rights and welfare of the individuals involved are adequately protected, (b) the methods used to obtain informed consent are adequate and appropriate, and (c) the risks to the individual are outweighed by the potential benefit to him or her or by the importance of the knowledge to be gained, as stated in the regulations of the Department of Health and Human Services, including regulations pertaining to the protection of patient privacy.

Are activities involving human subjects, either at the applicant organization or at any other project site or collaborating institution, planned at any time during the proposed project period?

☐ No ☐ Yes If yes, please complete the following (attaching multiple copies if necessary for different institutions):

This is to certify that _____ (Name of Institution) is in compliance with the principles for use of human subjects under the regulations of the Department of Health and Human Services.

This is to certify that the research proposal entitled ["Title of Project"] submitted for consideration by MEDRVA has been reviewed by the appropriate institutional committee and approved with respect to the study of human subjects as adequately protecting the rights and welfare of the individuals involved, employing adequate methods of securing informed consent from these individuals and not involving undue risk in light of potential medical benefits to be derived there from.

*IRB Approval Number and Date: _____

*If the Institutional Review Board (IRB) review is unavoidably delayed beyond the submission of the application, enter "Pending." A follow-up certification of IRB approval from an official signing for the applicant organization must be received by MEDRVA within 60 days after the deadline for receipt of grant applications. For each institution as needed, this follow-up certification must include the title of the project, name of the principal investigator, date of the IRB approval, and appropriate signatures.

Institutional Official - Print Name Institutional Official - Signature

Date Signed

FORM A-2 Laboratory Animals

It is the policy of the MEDRVA Foundation that institutions and organizations using experimental animals in projects or demonstrations supported with funds from MEDRVA Foundation grants shall assure MEDRVA in writing of compliance with the principles for humane care and use of laboratory animals as stated in policies of the Public Health Service, Office of Laboratory Animal Welfare.

Are activities involving the use of laboratory animals, either at the applicant organization or at any other project site or collaborating institution, planned at any time during the proposed project period?

☐ No ☐ Yes If yes, please complete the following (attach multiple copies if necessary for different institutions):

This is to certify that _____ (Name of Institution) is in compliance with the principles for use of laboratory animals under the policies of the Public Health Service, Office of Laboratory Animal Welfare.

This is to certify that the research proposal entitled ["Project Title"] submitted for consideration by MEDRVA Foundation has been reviewed by the appropriate institutional committee and approved with respect to the study of laboratory animals as adequately assuring their humane care and use throughout the project.

*IACUC Approval Number and Date: _____

*If the Institutional Animal Care and Use Committee (IACUC) review is unavoidably delayed beyond the submission of the application, enter "Pending." A follow-up certification of IRB approval from an official signing for the applicant organization must be received by MEDRVA Foundation within 60 days after the deadline for receipt of grant applications. For each institution as needed, this follow-up certification must include the title of the project, name of the principal investigator, date of the IACUC approval, and appropriate signatures.

Institutional Official – Print Name Institutional Official – Signature

Date Signed

FORM A-3 Certificate of Insurance

It is the policy of the MEDRVA Foundation that your institution place MEDRVA Foundation on its general liability policy, and if possible, its professional liability policy as an additional insured prior to release of payment of the grant award.

Is a certificate of insurance naming the MEDRVA Foundation as additional insured or a statement of evidence that the applicant institution is self-insured, indicating the manner in which claims made against the applicant institution are satisfied, attached?

☐ No ☐ Yes (If no, please complete the following):

This is to certify that [Name of Institution] agrees to submit within 60 days of the deadline for this grant application for the research project titled

Either a certificate of insurance or statement of evidence that the applicant institution is self-insured and that all claims against it are satisfied pursuant to the laws of the applicant institution's state. If self-insured, please indicate in a letter from the grants office the manner in which claims are satisfied.

Contracts & Grants Officer (Name)

Contracts & Grants Officer (Signature)