

UArizona Department of Emergency Medicine Non-Clinical Mission Support Seed Grant Application



Funding of ≤\$15K for one project is available each calendar year. Applications are due May 5, 2022, and will be approved no later than June 3, 2022 and awarded starting June 15, 2022. The project is to be completed by December 31 two years later (18 months).

Section I – Applicant Information

(In the below fields, please use business contact information only)

Date Requested	
Name	
Title	
E-mail	
Telephone(s) 000-000-0000	

APPLICATIONS DIRECTIONS AND REVIEW POLICIES

Before you submit your seed grant application:

Please email kdenninghoff@aemrc.arizona.edu to schedule a meeting with the research leadership to review your seed grant application.

To submit your seed grant application:

Send an electronic PDF application along with supporting documents to the UArizona Department of Emergency Medicine research office, kdenninghoff@aemrc.arizona.edu. The format provided in the application must be used and each field typed, *not handwritten*. To be included in the submission email: **(1)** your department roadmap; **(2)** supporting documents; and **(3)** a list of 3 proposed expert reviewers, two of which must be extramural. **Note:** If supporting documents are grant, IRB or IACUC documents, you will not need final approvals for this seed grant submission. The budget may NOT include faculty salary costs. Travel and research support staff can be covered as applicable to the project.

Once submitted:

Your application will be triaged to the UA Department of Emergency Medicine Research member that best matches the research focus of your project. Two other reviewers will be recruited to evaluate your proposal. If approved at the initial review, the full packet and a brief summary with scores will be evaluated and the best project submitted based on this process will be funded.

The below follow-up are required actions for all approved seed grant projects:

- A. While the project is being conducted, you will need to email a two-page semi-annual report to the research office with the following information: 1) Status of the timeline including major mileposts, 2) any changes in personnel, 3) expenditures vs. submitted budget report, and 4) updated research plan and timeline.
- B. When the project is completed you will need to email a two-page final report to the research office with the following information: 1) Status of the timeline major mileposts, 2) expenditures vs. submitted budget, 3) updated status of plan for future funding, and 4) final report.

Note: The department's Manager of Finance-Operations, Meronda Lindberg, will provide accounting oversight.

UArizona Department of Emergency Medicine Non-Clinical Mission Support Seed Grant Application

II. If the application is **declined**, Samuel Keim, MD, professor and department chair of emergency medicine, and Kurt Denninghoff, MD, professor and research associate head of emergency medicine, will respond directly to the principal investigator with a brief summary of the evaluation of the project.

Section II – Project Outline	
Project Title	<i>(The project title should be as descriptive as possible.)</i>
Description Including References	<i>(Note: Maximum of 300 words. This description should address the primary focus of the proposed project. A maximum of five referenced citations needs to be included to demonstrate that the principal investigator understands the essential literature related to the research question being posed.)</i>
Hypothesis Statement	<i>(This is a simple straightforward statement of the research question being addressed by the project.)</i>
Specific Aims	<i>(Specific aims are statements that provide additional specificity to the research questions. The number of aims should range between 1 and 3 depending on the complexity of the project.)</i>
Timeline with Major Mileposts	<i>(A non-extensive timeline provides a graphic outline of the major steps necessary to accomplish the project, and demonstrates that the principal investigator has thought through the full scope of the project. Can use a separate page)</i>
Personnel List	<i>(This should include a list of all the personnel necessary to accomplish the project. Principal investigators should remember that all personnel involved in the project are required by the University to have completed the necessary compliance regulatory training.)</i>

UArizona Department of Emergency Medicine Non-Clinical Mission Support Seed Grant Application

Statement of Future Fundability	<i>(A core criterion for seed grant funding is that the project has a clear connection to future funding. This statement should draw a straight line to the next projected steps for funding assuming a successful completion of the proposed project.)</i>
--	---

Section III – Budget

Wages + ERE	<i>(This section should address any wages that would be covered in the project. In general, seed grants should not be used to cover existing salaries. Seed grants may <u>not</u> be used to support faculty time. ERE is the combination of benefits and other costs associated with the salaries of specific individuals and is expressed as a percentage of salary. The ERE percentage varies over time and by individual and employment classification. You should contact the department’s central financial office to determine the current rates.)</i>
--------------------	---

Operations

Project Support Staff	
Supplies/Materials	
Equipment Rental	
Postage, Printing, etc.	
Consultant Fees	
Travel costs	
Other Sources of Research Support for this project	
ERE	
Total	

Section IV – Signature(s)

Signature of Principal Investigator	
-------------------------------------	--

Signature of Mentor <i>(If applicable)</i>	<i>(It is required that junior faculty, resident and fellows principal investigators identify a mentor for this project. The mentor’s signature is required on the application.)</i>
---	--

UArizona Department of Emergency Medicine Non-Clinical Mission Support Seed Grant Application

Section V – For the UArizona Department of Emergency Medicine Research office only

Date submitted to designated reviewer		Name of designated reviewer	
Date submitted to full research council for review		Date returned from Research Committee	
Date replied to PI			
<input type="checkbox"/> Approved <input type="checkbox"/> DDC (if applicable) <input type="checkbox"/> Budget and approval sent to Business Office			
<input type="checkbox"/> Annual Review Date: <input type="checkbox"/> Annual Review Date:			
Comments			