



Preparing People to Lead Extraordinary Lives

**LOYOLA
UNIVERSITY
CHICAGO**

Stritch School of Medicine

SIGNATURE COVER PAGE (FORM A)

**INTRAMURAL GRANT APPLICATION
Research Funding Committee (RFC)**

LU#: _____

P.I.: _____ /Date: _____

(Signature) _____ /Date: _____

Department: _____

Project Title (type or print):

CO.P.I.(s): Include all co.P.I.'s - if none apply, check box below.

NONE []

1. _____

Department: _____

2. _____

Department: _____

3. _____

Department: _____

TABLE of CONTENTS

Copy of the Loyola Routing Form.....	Pg 1
1. Signature Cover Page (Form A).....	Pg 2
NOTE: This should be the first page followed by the "Table of Contents"	
2. Table of Contents.....	Pg 3
3. Cover Letter Form (Form B)..... Purpose/Reason for Applying to the RFC	Pg 4
4. Budget Justification (Form C).....	Pg _____
5. P.I. CV or Biographical Sketch (4 Page Limitation).....	Pg _____
6. CO. P.I.(s) CV or Biographical Sketch (if applicable).....	Pg _____
7. Abstract (Form D).....	Pg _____
8. Other Support (Form E).....	Pg _____
9. Safety Committee Approvals/Letters.....	Pg _____
10. Consultants/Other Support Letters (if applicable).....	Pg _____
11. Resources and Environment (if applicable).....	Pg _____
12. Reviews/Pink-sheets, Progress Reports (if applicable)	Pg _____
13. Response to external critiques (if applicable).....	Pg _____
14. Proposal (Specific aims, Significance, Preliminary Data, Exp. Designs and Methods)..... (12 page limitation)	Pg _____
15. Literature cited.....	Pg _____
16. Attach P.I.'s last 10 years of funding history.....	Pg _____

COVER LETTER FORM (FORM B)
PURPOSE/REASON FOR APPLYING TO THE RFC

WHAT TYPE OF A PROJECT IS YOUR INTRAMURAL GRANT PROPOSAL? (You must check a category)

Bridge Funding Pilot Project New Investigator

Translational Project Other(explain)

This cover letter should be a **very detailed** explanation of the specific type of request, the need for funding and what efforts have been made or are planned for external funding. The role of any co-P.I.'s should also be identified. Bridge funding requests with multiple aims must identify the specific areas that will be addressed during the bridge period.

BUDGET JUSTIFICATION (FORM C)
Detailed Budget

NOTE: This Form must be filled-out in its entirety before the application can be reviewed. Please give a total in each category that applies.

PERSONNEL (Applicant organization only)

NAME	DEGREE	ROLE ON PROJECT	TYPE APPT.	% EFFORT on PROJECT	FRINGE BENEFITS	SALARY REQUESTED (faculty salary not allowed)
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SUPPLIES (detailed and itemized by category)

GENERAL SUPPLIES

BUDGET JUSTIFICATION CONTINUED ON NEXT PAGE

BUDGET JUSTIFICATION CONTINUED

LAB FEES (Core Facilities; Transgenic, FACS, etc)

ANIMAL CARE COSTS

PATIENT COSTS

NURSING COSTS

PHARMACY COSTS

EQUIPMENT (Detailed letter of explanation must be included)

TOTAL (Direct Costs For 12 Month Budget Period) _____

INTRAMURAL GRANT PROPOSAL ABSTRACT (FORM D)
(Abstract needs to be submitted via e-mail to sbynum1@luc.edu)

Type text in space below. **NOTE:** Abstract not to exceed this page.

PI: _____

OTHER SUPPORT (FORM E)

Information on all other support (active and pending) including scientific and budgetary overlap **must** be provided.

NOTE: On separate page include past 10 years of funding history.

SAMPLE Active or Pending

Name of PI	Dates of Approved/Proposed Project	Percent Effort
Source	Annual Direct Costs	
Title of Project		
The major goals of this project are...		
Overlap (please summarize for each)		

Note: With the exception of Veterans Administration grants and awards, future extramural funding directly related to previous RFC support must be administered through Loyola University Chicago/SSOM.

PI Signature required
