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| Department of Health and Human ServicesPublic Health ServicesGrant ApplicationDo not exceed character length restrictions indicated. | **LEAVE BLANK** |
| Type | Activity | Number |
| Review Group | Formerly |
| Council/Board (Month, Year) | Date Received |
| 1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)*      |
| 2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION [ ]  NO [ ]  YES  *(If “Yes,” state number and title)* |
| Number: |       | Title: |       |
| **3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR** |
| 3a. NAME (Last, first, middle) | 3b. DEGREE(S) |  |
|       |       |       |       |  |
| 3c. POSITION TITLE      | 3d. MAILING ADDRESS *(Street, city, state, zip code)*      |
| 3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT      |
| 3f. MAJOR SUBDIVISION      |
| 3g. TELEPHONE AND FAX *(Area code, number and extension)* | E-MAIL ADDRESS:  |
| TEL: |       | FAX: |       |       |
| 4. HUMAN SUBJECTS RESEARCH | 4a. Research Exempt  | If “Yes,” Exemption No. |
|  [ ]  No [ ]  Yes | [ ]  No [ ]  Yes |       |
| 4b. Federal-Wide Assurance No.  | 4c. Clinical Trial | 4d. NIH-defined Phase III Clinical Trial |
|       | [ ]  No [ ]  Yes |  [ ]  No [ ]  Yes |
| 5. VERTEBRATE ANIMALS [ ]  No [ ]  Yes | 5a. Animal Welfare Assurance No.  |       |
| 6. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | 7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD | 8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT |
| From | Through | 7a. Direct Costs ($) | 7b. Total Costs ($) | 8a. Direct Costs ($) | 8b. Total Costs ($) |
|       |       |       |       |       |       |
| 9. APPLICANT ORGANIZATION |  |
| Name |       |  |
| Address |       |  |
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| 12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE |  |
| Name |       |  |  |
| Title |       |  |  |
| Address |       |  |  |
| Tel: |       | FAX: |       |  |  |  |  |
| E-Mail: |       |  |  |
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# 2. CONCEPT PROPOSALS

(no more than 2 pages in length)

**Project Description**

Outline the specific aims, hypotheses, brief preliminary data (if any), and brief research/evaluation design. As the criteria for funding are primarily based upon the scientific impact, investigator, significance, approach, and innovation, concepts should address these topic areas.

**Combined Significance and Innovation Section**

Briefly explain the importance/significance of the proposed project in the context of global health research that is promoted by agencies engaged in global health research. Describe the innovative nature of the proposal and how the proposed research will support the mission of the Sparkman Center and advance the field. Note the specific funding sources and mechanisms to be targeted with the results from this study, as well as the timeline for follow-on submissions.

**Eligibility/Team Building Component** (no more than one-half page)

The integration of junior faculty with other UAB researchers at various levels is required by the Sparkman Center to advance all pilot projects within the context of a team building approach. Requests for pilot funding from single investigators working alone will not be funded with Sparkman Center pilot project funds. The PI of the study should adhere to the eligibility requirements stated above. Co-investigators should include senior, junior, or early stage investigators constituting research teams. Involvement of community stakeholders in the global setting is also encouraged.

Investigators should clearly state how their proposed research will impact the UAB research environment, improve the UAB research infrastructure (e.g. facilitating access to methods, improved knowledge, enhanced ability to apply for common funding), and thereby facilitate future global health research by other UAB investigators.

# BIBLIOGRAPHY AND REFERENCES CITED

* no page limit

3. BIOGRAPHICAL SKETCH (one for each investigator)

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE(if applicable) | Completion DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

**B. Positions, Scientific Appointments, and Honors**

**C. Contributions to Science**