

**Application**

**Focused Investigator Training (FIT) Program**

**June 22 - June 26, 2020**

**Letters of intent to apply for FIT 2020 due by FEBRUARY 28, 2020**

**All applications must be received by MARCH 31, 2020**

**Applicants will be notified of acceptance by MAY 1, 2020**

All applications must be submitted electronically. Any other correspondence should be addressed to:

Sheldon Holstad

ACCP Foundation

13000 West 87th St Parkway

Lenexa, KS 66215

[sholstad@accp.com](mailto:sholstad@accp.com)

**ACCP FOUNDATION**

APPLICATION FOR FOCUSED INVESTIGATOR TRAINING (FIT) PROGRAM

Follow instructions carefully.

1. TITLE OF PROJECT

2. FIT INVESTIGATOR

Name (Last, first, middle)

Degree(s):

Position Title:

Department, Service, Laboratory, or Equivalent:

Major Subdivision:

Telephone and Fax (Area code, number, and extension)

Tel: Fax: E-mail:

Has the FIT Investigator received significant peer-reviewed extramural funding as a principal investigator?

Yes. If yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Granting Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ Amount

No.

Investigator Mailing Address (street, city, state, zip code):

I want to be considered for PRN scholarships and I give the Foundation permission to share my application with PRNs to which I belong

3. PRINCIPAL MENTOR:

Name Title

4. TYPE OF AWARD SOUGHT \_\_\_\_\_\_\_\_ R01 \_\_\_\_\_\_\_\_\_ K CAREER DEVELOPMENT \_\_\_\_\_\_OTHER

1. POSSIBLE FUNDING AGENCY \_\_\_ NIH \_\_\_ Other, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Number, Grant Name and Website where application materials are found \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. CATEGORY OF PRIMARY RESEARCH INTERESTS (Check one):

\_\_\_\_\_\_\_ BASIC TRANSLATIONAL: \_\_\_\_T-1 \_\_\_\_T-2 \_\_\_\_T-3 \_\_\_\_T-4

OTHER (SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

7. RESEARCH DOMAIN (e.g.: Hematology, Infectious Disease, Pharmacogenetics, Health Outcomes, etc.)   
PLEASE SPECIFY:

**ASSURANCE OF COMPLIANCE**

By signing below, I, my Immediate Supervisor/Chair, and Mentor indicate commitment and support for this program application, and acknowledge the resources necessary to fulfill the program requirements, if awarded.

Signature, Principal Investigator Print Name/Title Date

Signature, Immediate Supervisor/Chair Print Name/Title Date

Signature, Mentor Print Name/Title Date

Principal Investigator/Program Director (Last, first, middle):

**PERSONAL STATEMENT (NOT TO EXCEED ONE PAGE)**

Principal Investigator/Program Director (Last, first, middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LETTER OF SUPPORT, IMMEDIATE SUPERVISOR/DEPARTMENT CHAIR OR DEAN (NOT TO EXCEED ONE PAGE)**

Principal Investigator/Program Director (Last, first, middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LETTER OF SUPPORT FROM PRINCIPAL MENTOR (NOT TO EXCEED ONE PAGE)**

Principal Investigator/Program Director (Last, first, middle):

**NONDISCLOSURE AGREEMENT (signed)**

**Nondisclosure Agreement**

In order to fully participate in the Focused Investigator Training (FIT) Program, I will receive information (“Information”) that is proprietary to investigator attendees and participants and should be consider confidential.

I agree to keep confidential the information that I will receive regarding the grant proposals, including, but not limited to any written or verbal communications, any written documents, or any other material that I will receive from ACCP or other attendees in conjunction to the FIT Program. This obligation of confidentiality does not include information which, at the time of disclosure to me, (a) is published, known publicly, or is already in the public domain; (b) is published or becomes known publicly through no fault of my own; (c) is already known by me as evidenced by written records; or (d) is disclosed to me by someone other than ACCP who is not under any obligation of confidentiality.

This agreement shall commence on the day it is executed by me and shall expire at the end of one year from the date of its execution.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Please sign and return electronically to:

Sheldon Holstad

[sholstad@accp.com](mailto:sholstad@accp.com)

**FIT Program Application Checklist.**

Investigators will submit applications electronically. Only electronic applications will be considered; paper submissions will not be accepted. Applications will not be considered until all of the components listed below are received in electronic format.

* Application for Focused Investigator Training (FIT) Program, with Signatures
* A personal statement explaining why you wish to participate in this FIT Program
* A letter of support from the investigator’s Immediate Supervisor/Chair in support of the application for this FIT Program
* A letter of support from principal local mentor
* Signed, Nondisclosure Agreement
* Project Summary & Relevance
* Budget
* Organizational Resources (optional for FIT application)
* Biographical Sketches: Investigator, Mentor, & other key personnel
* Research Plan for grant proposal you intend to work on during the FIT Program
* Supplemental Candidate Information for Career Development Award (K-Award) Applicants Only
* Pre-Course Self-Assessment (link: <https://redcap.accpfoundation.org/surveys/?s=H4KFFWNCRM>)

Incomplete applications will not be accepted. The deadline for receipt of electronic applications is **March 31, 2020.**

***\* INVESTIGATOR ENCOURAGED TO SUBSTITUTE A PHS 398 or SF 424 R&R FOR THE REMAINDER OF THIS APPLICATION***

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| Program Director/Principal Investigator (Last, First, Middle): |  |
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| **PROJECT SUMMARY**: | |
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| **RELEVANCE**: | |
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**RELEVANCE:**

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| --- | --- | --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): |  | | |
|  | | | |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | | FROM | THROUGH |
|  |  |

List PERSONNEL *(Applicant organization only)*

Use Cal, Acad, or Summer to Enter Months Devoted to Project

Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ON PROJECT | Cal.  Mnths | Acad.  Mnths | Summer  Mnths | | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | | TOTAL |
|  | PD/PI |  |  |  | |  |  |  | |  |
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| SUBTOTALS | | | | | | |  |  | |  |
| CONSULTANT COSTS | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | |  |
| TRAVEL | | | | | | | | | |  |
| INPATIENT CARE COSTS | | | | | | | | | |  |
| OUTPATIENT CARE COSTS | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | DIRECT COSTS | | | |  | |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | $ |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | FACILITIES AND ADMINISTRATIVE COSTS | | | |  | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | $ |  |

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| Program Director/Principal Investigator (Last, First, Middle): |  |
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| RESOURCES (optional for FIT Applications) | |
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| Program Director/Principal Investigator (Last, First, Middle): |  | |
| BIOGRAPHICAL SKETCH Provide the following information for yourself, your mentor, and other key investigators. Follow this format for each person.  **DO NOT EXCEED FIVE PAGES EACH.** | |
|  | |

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

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 Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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NOTE: Each Biographical Sketch may not exceed five pages. Follow the NIH formatting and instructions. Instructions and sample sketch may be reviewed at <http://grants.nih.gov/grants/funding/phs398/phs398.html>

**A. Personal Statement**

**B. Positions and Honors**

**C. Contribution to Science**

**D. Research Support**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): |  | | | |
| Research Plan | | | | |
| The **Research Plan** consists of the following items, as applicable. Begin each section of the Research Plan with a section header (e.g., Introduction, Specific Aims, Research Strategy, etc.).  **NOTE**: Specific grant programs may not require each of the following “research plan” sections. FIT investigators are encouraged to include as many as applicable to their specific grant application. Specific Aims, Research Strategy, and Bibliography / Progress Report Publication List are requested\* for all FIT Applications. | | Page # | | |
| 1. Introduction (NIH Resubmission or Revision Applications only, new NIH applications should not include an Introduction unless specified in the FOA) | |  |  |  |
| 2. Specific Aims \* | |  |  |  |
| 3. Research Strategy (Significance, Innovation, and Approach) \* | |  |  |  |
| 4. Inclusion Enrollment Report (Renewal or Revision applications only) | |  |  |  |
| 5. Bibliography and References Cited/Progress Report Publication List \* | |  |  |  |
| 6. Protection of Human Subjects | |  |  |  |
| 7. Inclusion of Women and Minorities | |  |  |  |
| 8. Targeted/Planned Enrollment Table | |  |  |  |
| 9. Inclusion of Children | |  |  |  |
| 10. Vertebrate Animals | |  |  |  |
| 11. Select Agent Research | |  |  |  |
| 12. Multiple PD/PI Leadership Plan | |  |  |  |
| 13. Consortium/Contractual Arrangements | |  |  |  |
| 14. Letters of Support (e.g., Consultants) | |  |  |  |
| 15. Resource Sharing Plan (s) | |  |  |  |
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| AppendixAs with NIH applications, applicants are prohibited from using the appendix to circumvent page limits in any section of the application for which for which a page limit applies. | | | | |
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| Program Director/Principal Investigator (Last, First, Middle): |  |
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| Supplemental Information required for Career Development Award (only for K Series Applications) | |
| **FIT applicants pursuing K Series Awards should minimally include in the FIT Application a section on:**  **1) Candidate’s Background:**  **2) Career Goals and Objectives:**    **3) Candidate’s Plan for Career Development/ Training Activities During Award Period:** | |
|  | |