

# YALE DIABETES RESEARCH CENTER

## PILOT PROJECT APPLICATION 2017

Principal Investigator: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title of Project:

Please Indicate Which Category You Fall Under and Justify:

Suggested External (Non-Yale) Reviewers (AT LEAST 3):  
(Please list Name/Institution/Phone #/email address)

Principal Investigator/Program Director (Last, First, Middle):

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**DESCRIPTION:** See instructions. State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project (i.e., relevance to the **mission of the agency**). Describe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue these goals.

**In addition**, in two or three sentences, describe in plain, lay language the relevance of this research to **public** health. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.**

Principal Investigator/Program Director (Last, First, Middle):

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KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Principal Investigator(s). List all other key personnel in alphabetical order, last name first.

Name	eRA Commons User Name	Organization	Role on Project
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OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project
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**Human Embryonic Stem Cells**    **No**    **Yes**

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/registry/index.asp>. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

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**Cell Line**

<b>DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY</b>						FROM	THROUGH	
PERSONNEL <i>(Applicant organization only)</i>		Months Devoted to Project			INST.BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Sum. Mnths		SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator							
<b>SUBTOTALS</b> →								
CONSULTANT COSTS								
EQUIPMENT <i>(Itemize)</i>								
SUPPLIES <i>(Itemize by category)</i>								
TRAVEL								
PATIENT CARE COSTS		INPATIENT						
		OUTPATIENT						
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>								
OTHER EXPENSES <i>(Itemize by category)</i>								
CONSORTIUM/CONTRACTUAL COSTS					DIRECT COSTS			
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> <i>(Item 7a, Face Page)</i>								\$
CONSORTIUM/CONTRACTUAL COSTS					FACILITIES AND ADMINISTRATIVE COSTS			
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>								\$

Principal Investigator/Program Director (Last, First, Middle):

**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD  
DIRECT COSTS ONLY**

BUDGET CATEGORY TOTALS		INITIAL BUDGET PERIOD <i>(from Form Page 4)</i>	ADDITIONAL YEARS OF SUPPORT REQUESTED			
			2nd	3rd	4th	5th
PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i>						
CONSULTANT COSTS						
EQUIPMENT						
SUPPLIES						
TRAVEL						
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
ALTERATIONS AND RENOVATIONS						
OTHER EXPENSES						
CONSORTIUM/ CONTRACTUAL COSTS	DIRECT					
<b>SUBTOTAL DIRECT COSTS</b> <i>(Sum = Item 8a, Face Page)</i>						
CONSORTIUM/ CONTRACTUAL COSTS	F&A					
<b>TOTAL DIRECT COSTS</b>						

**TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD**

\$

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

**A. SPECIFIC AIMS**

**B. BACKGROUND AND SIGNIFICANCE**

**C. PRELIMINARY RESULTS**

**D. METHODS**

**References**

Principal Investigator/Program Director (Last, First, Middle): .

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## RESOURCES

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**FACILITIES:** Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. If research involving Select Agent(s) will occur at any performance site(s), the biocontainment resources available at each site should be described. Under "Other," identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary.

Laboratory:

Clinical:

Animal:

Computer:

Other:

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**MAJOR EQUIPMENT:** List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.

## BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2.  
Follow the sample format for each person. **DO NOT EXCEED FOUR PAGES.**

POSITION TITLE

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

**USE MOST UPDATED VERSION OF NIH BIOSKETCH**

**PLEASE INCLUDE ALL OTHER SUPPORT, CURRENT AND PENDING**