

## **SPIRE APPLICATION CHECK LIST**

- Signed Face Page**
- Investigator and Site forms**
- Cost Share Agreement**
- Table of Contents**
- Abstract Page**
- SPIRe Need for funding statement**
- Budget, including budget justification**
- Biosketch(es) of PI and all Co-Investigators**
- Research Proposal**

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- Introduction (2-page limit)
  - Specific Aims (1-page limit)
  - Research Strategy (6-page limit)

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- Human Subjects (2-page limit)
  - Vertebrate Animals (2-page limit)
  - Bibliography (3 page limit)**
  - Letters of Support or Collaboration**
  - Appendix**

**Application Form for Research Grant Support  
Face Page (Page 1)**

**FORM MUST BE TYPEWRITTEN**

**Principal Investigator:** \_\_\_\_\_  
*(Last Name, First Name, Degree(s))*

**Rank (check only one)**     Research Assistant Professor     Assistant Professor  
 Research Associate Professor     Associate Professor

Years of Budget Requested    1 Yr.     2 Yrs.

**Total Cost for Project** \_\_\_\_\_  
All Categories)

**Primary Dept. and Division:** \_\_\_\_\_

Have you previously applied for funding from SPIRe?     Yes     No  
If "Yes," when? \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is this a revised SPIRE application?     Yes     No

**Research Compliance**

Does this research use:

Recombinant DNA?     Yes     No  
If "Yes," IBC approval will be required before an award can be made.

Human Subjects?     Yes     No  
If "Yes," IRB approval will be required before an award can be made.

Vertebrate Animals?     Yes     No  
If yes, IACUC approval will be required before an award can be made.

CITI Training?     Yes     No  
If yes, expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_.

COI Completion     Yes     No  
If yes, expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_.

Title of Investigation: \_\_\_\_\_

Location/Facility for Completion of Project: \_\_\_\_\_

If an award is made, the recipient will abide by all guidelines established by the Institutional Review Board (IRB), Institutional Animal Care and Use Committee (IACUC), and/or the Institutional Biosafety Committee (IBC) and any other relevant University Compliance committee reviews or institutional requirements, in addition to any cooperative agreements between the University and other institutions.

\_\_\_\_\_  
Signature of Principal Investigator    Date

\_\_\_\_\_  
Signature of Principal Investigator's Supervisor    Date

\_\_\_\_\_  
Print or type name of Principal Investigator's Supervisor    Date

\_\_\_\_\_  
Signature of Department Chair    Date

/Principal Investigator (Last, First, Middle):

SENIOR/KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Program Director(s)/Principal Investigator(s). List all other senior/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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PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page)

Project/Performance Site Primary Location			
Location:			
Street:		Street 2:	
City:	County:		State:
Project/Performance Site:			
Additional Project/Performance Site Location			
Name:			
Street:		Street 2:	
City:	County:		State:

## SPIRE Need for Funding

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

Title of Proposal: \_\_\_\_\_

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*Form must be typewritten. If more space is needed, please use one additional page for each section.*

1. Summarize your need for funding from the SPIRE for the proposed project. Specify how funding will enable the submission of a highly competitive grant proposal.

2. If the SPIRE application represents a request for funds to extend an ongoing project into a new direction, it is essential to specify clearly how the proposed project differs from the ongoing research. The source of funding for the ongoing research should be identified, and the reason(s) why that source is not available for the SPIRE-proposed project should be given.

Please use the UMKC Excel budget form at: <http://med.umkc.edu/ora/pre-award/>

**Budget Justification:**

**Personnel:** While salary support is not awarded, the PI must clearly state the role and percent effort of each individual named.

**Materials:**

**Animals:**

**Human Studies:**

**Equipment:**

**Travel for training etc.:**

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.  
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME		POSITION TITLE	
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING ( <i>Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.</i> )			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY

- A. Personal Statement
- B. Positions and Honors
- C. Selected Peer-Reviewed Publications (limit 15)
- D. Research Support (ongoing and completed projects for the past three years)

**OTHER SUPPORT**

**Format**

<b>NAME OF INDIVIDUAL</b>		
<u>ACTIVE/PENDING</u>		
Project Number (Principal Investigator) Source Title of Project ( <i>or Subproject</i> )	Dates of Approved/Proposed Project Annual Direct Costs	Person Months (Cal/Academic/ Summer)
The major goals of this project are...		
<u>OVERLAP</u> ( <i>summarized for each individual</i> )		

Principal Investigator (Last, First, Middle):

**Introduction: (2 -page limit)**

Principal Investigator (Last, First, Middle):

**Specific Aims: (1-page limit)**



Principal Investigator (Last, First, Middle):

**Research Strategy: (6-page limit)**

Principal Investigator (Last, First, Middle):

**Bibliography: (3-page limit)**

Principal Investigator (Last, First, Middle):

**Letters of Collaboration:**

Principal Investigator (Last, First, Middle):

**School of Medicines Sarah Morrison Pilot Research Fund Consent Form**

Dean Jackson,

As a recipient of the School of Medicines Sarah Morrison Pilot Research Fund (Spire), I agree that any grant submitted using data generated from these funds will be submitted through the School of Medicine Office of Research and that any F & A generated will be returned to the School of Medicine.

Sincerely,

\_\_\_\_\_  
PI Signature                      Date

\_\_\_\_\_  
Department Chair Signature                      Date