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**HIVE Center Collaborative Development Program**

*Grant Application Face Page Form*

**APPLICANT INFORMATION**

Name:

Institution:

Department:

E-mail Address:

Address:

City,

State,

Zip:

Phone:

**PROPOSAL INFORMATION**

Proposal Title:

Direct Costs:

Indirect Costs:

TOTAL Costs:

HIVE Center Sponsor:

**Please summarize how the proposed work will advance the biological and methodological goals of the HIVE Center on the following page (Up to 1/2 of a page):**

**Organization of Application (start new page).**

1. Detailed Budget and Budget Justification using NIH format
2. NIH Biosketch (4-page maximum)

**Proposal Text (sections A – D, 4 pages total)**

A. Specific Aim(s)

B. Background

C. Preliminary Data

D. Research Design and Methods

E. Timeline and Specific Milestone(s) (Not to exceed 1 page)

F. References Cited

G. Plan of collaboration with the sponsoring HIVE Center investigator

**Questions:** Questions about the application and review processes should be directed to Stefan Sarafianos at [ssarafi@emory.edu](mailto:ssarafi@emory.edu) and Bruce Torbett at  [betorbet@uw.edu](mailto:%20betorbet@uw.edu). Application title page and information may be found at: <http://www.hivecenter.net/team/>

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

|  |  |  |
| --- | --- | --- |
| **DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT 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 |
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| **SUBTOTALS** | | | | | | |  |  | |  |
| CONSULTANT COSTS | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)*  Materials and Supplies | | | | | | | | | |  |
| TRAVEL  Project Travel: HIVE Center Visit | | | | | | | | | |  |
| INPATIENT CARE COSTS | | | | | | | | | |  |
| OUTPATIENT CARE COSTS | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)*  Sequencing Facility Fees | | | | | | | | | |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | DIRECT COSTS | | | |  | |
| **SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** *(Item 7a, Face Page)* | | | | | | | | | **$** | |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | FACILITIES AND ADMINISTRATIVE COSTS | | | |  | |
| **TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** | | | | | | | | | **$** | |