**Application for Research Funding**

**Part I: Primary Information**

**Project Title:**

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**Investigator:**

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**Email Address:**

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**Status:**   Faculty  Academic Staff  Fellow  Resident  Post-doc  Grad student

(*Note: individuals without PI status must have a faculty sponsor.*)

**Co-Investigators/collaborators/content experts (add more rows if needed):**

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| --- | --- | --- |
| **Name** | **Department** | **Role on project** |
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If you do not have PI status (e.g., if you are academic staff, graduate student, post-doc, fellow, or resident), have you attached documentation of supervisor support?

Yes  No (please explain)

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| **Proposed Project Start Date:** |  |  | **Proposed Project End Date:** |  |

*To answer the questions with gray check boxes, double-click on the box you want to check and select “Checked” in the pop-up window.*

Do you or any co-investigator have any potential conflicts of interest with this project?  Yes  No

**If yes**, please provide details:

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**Part II: Research Plan**

Please supply information for the categories listed below. ***This research plan section must be limited to two pages. Acceptable additional documents include references, articles, letters of support, or large detailed graphics. Please***

***attach the Research Plan as a separate document.***

* Abstract
* Purpose and goals
* Significance (What is the knowledge gap in the field being addressed with this research? How will this research advance the field and/or clinical care?)
* Approach (Where it will happen, who will be involved – including any applicable human subject concerns- and how it will be implemented)
* Describe how the project will be evaluated
* How will the project be sustained beyond one year (if applicable)?
* Describe how the project aligns with the goals of the Transdisciplinary Center for Research on Psychoactive Substances

**Part III: Budget Justification for the Entire Project:**

*Note: we strongly recommend consultation with department finance and research support staff when preparing the budget.*

* If you already have additional sources of support for this project, e.g., from other grants or from other departments, please indicate below the amounts and sources of this **active** Non-TCRPS funding support. Please include letters of support or other documentation as addenda to the application.

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* If you have applied for additional sources of support for this project, e.g., from other grants or from other departments, please indicate below the amounts and sources of this **pending** Non-TCRPS funding support. Please include letters of support or other documentation as addenda to the application.

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| **Expense Request**  **Description Details** | **%**  **Effort** | **Amount**  **Requested** | **Total** |
| **Project Personnel (include salary and fringe, if applicable)** |  |  |  |
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| **Consultants** |  |  |  |
| **Equipment** | |  |  |
| **Subject Payments** | |  |  |
| **IRB Fees** | |  |  |
| **Research Materials**  *(Please list below (i.e., supplies, etc.))* **– NONE** | |  |  |
| **Other** *(Please list below)* | |  |  |
| **TOTAL** | |  |  |
| **Less Non-TCRPS funding support** | |  |  |
| **Total Request from TCRPS** | |  |  |

\* Salary amounts should include fringe.

**Part IV: Past and Current TCRPS Funding You Have Received**

Please list all past and current Small Grants funding you have received as PI or co-PI within the past 5 years from the Small Grants Committee.

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| --- | --- | --- | --- | --- |
| **Funding Number** | **Project Title** | **Budget** | **Project Dates** | **Completed? (Y/N)** |
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**Part V: Project Timeline**

| Activity | Jan | Feb | Mar | Apr | May | Jun |
| --- | --- | --- | --- | --- | --- | --- |
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| Activity | Jul | Aug | Sept | Oct | Nov | Dec |
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**Part VI: Expected Results of Project**

What is the intended product of you project? (Check all that apply)

Oral presentation (national, regional, local)  Workshop

Publication  Resource

Poster  Clinical or educational QI

Abstract  Curriculum

CME/CEU offering  Grant

Other (specify):

**Applicant Signature (electronic signatures are acceptable):**

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**Co-Investigators/collaborators/content experts’ signature (electronic signatures are acceptable):**

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***By signing this application, you affirm that the work outlined in this proposal will be conducted to completion. Any deviation of the timeline or change in employment status must be submitted to the committee in writing as soon as possible.***

***🗸 Note: Project outcomes are expected to be submitted to the research subcommittee within 90 days of completion of the project and should include a list of publications, presentations, and awards of additional funding resulting from the project.***

**Instructions**

**Introduction and Background:** The Translational Center for Research in Psychoactive Substances instituted the small grant program as a mechanism to support the scholarly activities of faculty, staff, and learners affiliated with the Center.

**Purpose of the Research Funding Program:** The Program is designed to provide support for scholarly pursuits that contribute to the mission of the TCRPS.

**Scholarship can include:**

* **Discovery or Research** (creation of new knowledge)
* **Integration** (developing perspectives or new insights on existing knowledge via synthesis of information across disciplines, across topics within a discipline, or across time - may occur within or between teaching, research, and service scholarship)
* **Application or Outreach** (how current knowledge can be applied to contemporary problems for development and change; goes beyond service duties of faculty to others within or outside the University)
* **Teaching and Learning** (systematic reflection on teaching and learning that goes beyond basic transmission of knowledge to transform and extend learning in a format that allows sharing and opportunity for application/evaluation by others)

**Application Criteria:**

1. Applicants must have a UW-Madison appointment of at least 0.5 FTE. Individuals without PI status must have a faculty sponsor.
2. Proposed projects must have an education, quality improvement, research, or clinical focus relevant to psychedelics.
3. Under most circumstances, the maximum individual award is $10,000. Please try to conserve costs to allow for more awards. *If you need to exceed this funding maximum, please consult with the TCRPS Finance Committee by contacting Matthew Banks (*[*mibanks@wisc.edu*](mailto:mibanks@wisc.edu)*) and Chris Nicholas (*[*christopher.nicholas@fammed.wisc.edu*](mailto:christopher.nicholas@fammed.wisc.edu)*)* ***before*** *submitting your application.*
4. Awards are evaluated by a review committee for scientific merit.
5. Mandatory reporting: Awardees will receive an emailed reminder with a template for providing semi-annual progress reports and final reports.
6. Results dissemination is required and must be documented. Typical examples include:
   * Extramural grant submission with preliminary data generated from this project
   * Presentation at a local, regional, or national meeting or conference
   * Submission of a peer-reviewed manuscript
7. TCRPS funding must be acknowledged in any result dissemination.

**Submission Information:**

There are two application deadlines each year, 15 April and 15 October. Applications are reviewed at next semi-monthly meeting of the TCRPS Finance Committee. Grants will be awarded approximately six weeks after review. Submit this completed (Sections 1 through 6) application form with: 1) *the research plan, 2)* ***your Biosketch****,* and 3) ***letters of support and requested additional materials*** to Matthew Banks ([mibanks@wisc.edu](mailto:mibanks@wisc.edu)) and Chris Nicholas ([christopher.nicholas@fammed.wisc.edu](mailto:christopher.nicholas@fammed.wisc.edu)). *In exceptional circumstances and contingent on funding availability, applications will be considered outside of the regular deadlines. Please contact Matthew Banks and Chris Nicholas for further information.*

**Grant application review, scoring, and administration**

**Application Review:**

* Applications will be reviewed by a committee of individuals with experience in research and scholarship. Two reviewers will be drawn from the TCRPS Finance Committee, and one reviewer from outside the committee. Applications will be scored using the criteria listed below. *An application does not need to be strong in all categories to be judged likely to have a major impact and thus deserve funding.* For example, you may propose a project that by its nature is not innovative but is essential to move a field forward.
* An applicant is ineligible for a grant while they have a funded application open from a previous cycle. Funding priority will generally be given to those who have not been funded in the past 3 years. Review committees will provide a brief narrative of their assessment of the merit of the application. Reviewers will score applications on the criteria set forth below.

**Scoring Criteria:**

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| --- | --- | --- | --- | --- | --- |
| **A. Significance**  25% | Poor | Fair | Average | Good | Superior |
| 1 | 2 | 3 | 4 | 5 |

Does this project address an important problem relevant to the mission of the TCRPS and will knowledge be advanced if project is successful?

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| --- | --- | --- | --- | --- | --- |
| **B. Approach**  15% | Poor | Fair | Average | Good | Superior |
| 1 | 2 | 3 | 4 | 5 |

Are the conceptual framework, design, methods, and analyses adequately developed and did the applicant acknowledge potential problem areas (including IRB approval) and consider alternative approaches?

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| --- | --- | --- | --- | --- | --- |
| **C. Innovation**  25% | Poor | Fair | Average | Good | Superior |
| 1 | 2 | 3 | 4 | 5 |

Does the project employ novel concepts, approaches or methods and/or challenge existing paradigms or develop new methodologies/technologies?

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| --- | --- | --- | --- | --- | --- |
| **D. Investigator**  15% | Poor | Fair | Average | Good | Superior |
| 1 | 2 | 3 | 4 | 5 |

Is the proposed work appropriate to the experience level of the investigator (and sponsor, if applicable)?

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| --- | --- | --- | --- | --- | --- |
| **E. Environment**  10% | Poor | Fair | Average | Good | Superior |
| 1 | 2 | 3 | 4 | 5 |

Does the environment in which the work will be done contribute to the probability of success and is there evidence of institutional support?

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| **F. Budget**  10% | Poor | Fair | Average | Good | Superior |
| 1 | 2 | 3 | 4 | 5 |

Is the budget appropriate?

**RECOMMENDATION:**

Fund as is

Fund with minor modification (specify):

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Encourage resubmission for next cycle if PI gets help to strengthen application (specify weaknesses/concerns):

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Do not fund (explain):

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**Administration:**

**IRB:** If this is IRB governed human subjects research (i.e. it is not quality improvement), you must budget for the IRB review <https://kb.wisc.edu/hsirbs/17762>. If this work is a trainee project (defined as research study primarily conducted by a resident or fellow as part of their program requirements and would not exist or continue without the trainee’s involvement), be sure to identify this in your IRB protocol application. **If you don’t do this, you will have to pay the full IRB review fee and you will miss out on the trainee discount. You cannot retroactively claim it was a trainee project after the IRB protocol has been approved.**

**Budget Spending and Tracking:** Once budgets are negotiated and awarded they are **fixed**. Any changes must be renegotiated with the TCRPS Finance Committee and approved prior to purchase or implementation. Failure to do this may result in the expense being disallowed. Recipients will receive a funding statement each quarter. It is up to the recipient or a representative of the recipient to ensure that funds are used appropriately and accurately.

**Purchases:** Purchase of equipment or supplies must be done following UW purchasing guidelines.

**Tracking:** Recipients must file an interim six-month progress and an end of year final report. In order to report and account for scholarly output that may result after the grant terminates.

**Project Completion and Subsequent Funding:** Please remember that you will be held accountable for completing all of the outcomes that you selected in Part VI above. If any of these are not finished, then the project is “incomplete”. Applicants with outstanding incomplete projects are ineligible for additional funding through this granting mechanism until the project is finished.