

MCC | UTSA Cancer Moonshot Pilot Project Application Check list:

_____ **Cover Page**

_____ **Project Summary and key personnel**

_____ **NIH Biographical Sketches** of the PI and Key Personnel

_____ **Budget and Justification** - itemized budget (on PHS398 form) and justification
(separate budgets required for each institution)

_____ **Research Plan** (4 pages, single spaced)

_____ **Literature Citations** (maximum 1 page)

_____ **Additional information regarding the project** (maximum 1 page)

- Career development potential
- Prospects and specific plans for outside funding
- Collaborative, interdisciplinary, or community engagement features
- Provide a statement describing how the pilot project will interact with existing programs of the IIMS-CTSA, MCC, or UTSA, as appropriate.

_____ **Letters of collaboration and justification from core directors** (Required if utilizing a shared resource)

_____ **Optional:** Letters of collaboration

MCC UTSA Cancer Moonshot Pilot Project Grant Application					
1. TITLE OF PROJECT					
2. INSTITUTION OF PRINCIPAL INVESTIGATOR					
<input type="checkbox"/> UT Health SA <input type="checkbox"/> University of Texas San Antonio (UTSA) <input type="checkbox"/> University of Texas (Austin)					
3. PRINCIPAL INVESTIGATOR			3a. Co-PI (required)		
NAME (Last, first, middle)			NAME (Last, first, middle)		
POSITION TITLE/ACADEMIC RANK			POSITION TITLE/ACADEMIC RANK		
DEPARTMENT			DEPARTMENT		
EMAIL ADDRESS:			EMAIL ADDRESS:		
TELEPHONE (Area code, number and extension)			TELEPHONE (Area code, number and extension)		
4. HUMAN SUBJECTS		4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes		5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete 5a and b)	
<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete 4a and b)		4b. IRB Approval Date and Protocol Number		5a. IACUC Approval Date	
				5b. IACUC Protocol Number	
6. TOTAL BUDGET REQUESTED			\$		
7. CONTACT INFORMATION					
DEPARTMENT CHAIR			DEPARTMENT GRANTS ADMINISTRATOR:		
Name:			Name:		
Email address:			Email address:		
Telephone:			Telephone:		
INSTITUTIONAL GRANTS ADMINISTRATOR:			Please indicate to which program you are applying:		
Name:			<input checked="" type="checkbox"/> MCC UTSA Cancer Moonshot Pilot Projects		
Email address:					
Telephone:					

PROJECT SUMMARY (use 11 pt font and fit within text box 7.5" wide X 6" high)**KEY PERSONNEL**NameeRA CommonsOrganizationRole on Project

Principal Investigator

Co-PI

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY (MCC Budget)						FROM	THROUGH	
PERSONNEL (Applicant organization only)		Months Devoted to Project			INST.BASE SALARY	DOLLAR AMOUNT REQUESTED (omit cents)		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths		SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PI							
	Co-PI							
Note: Do not show faculty base salaries								
SUBTOTALS →								
CONSULTANT COSTS								
EQUIPMENT (Itemize)								
SUPPLIES (Itemize by category)								
TRAVEL								
PATIENT CARE COSTS		INPATIENT						
		OUTPATIENT						
ALTERATIONS AND RENOVATIONS (Itemize by category) Not allowed								0
OTHER EXPENSES (Itemize by category)								
CONSORTIUM/CONTRACTUAL COSTS					DIRECT COSTS		0	
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD							\$	
CONSORTIUM/CONTRACTUAL COSTS					FACILITIES AND ADMINISTRATIVE COSTS		0	
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD							\$	

BUDGET JUSTIFICATION (MCC)

PERSONNEL

CONSULTANT COSTS

EQUIPMENT

SUPPLIES

TRAVEL

PATIENT CARE COSTS

OTHER EXPENSES

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY (UTSA Budget)						FROM	THROUGH	
PERSONNEL (Applicant organization only)		Months Devoted to Project			INST.BASE SALARY	DOLLAR AMOUNT REQUESTED (omit cents)		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths		SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PI							
	Co-PI							
Note: Do not show faculty base salaries								
SUBTOTALS →								
CONSULTANT COSTS								
EQUIPMENT (Itemize)								
SUPPLIES (Itemize by category)								
TRAVEL								
PATIENT CARE COSTS		INPATIENT						
		OUTPATIENT						
ALTERATIONS AND RENOVATIONS (Itemize by category) Not allowed								0
OTHER EXPENSES (Itemize by category)								
CONSORTIUM/CONTRACTUAL COSTS					DIRECT COSTS		0	
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD							\$	
CONSORTIUM/CONTRACTUAL COSTS					FACILITIES AND ADMINISTRATIVE COSTS		0	
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD							\$	

BUDGET JUSTIFICATION (UTSA)

PERSONNEL

CONSULTANT COSTS

EQUIPMENT

SUPPLIES

TRAVEL

PATIENT CARE COSTS

OTHER EXPENSES