***Proposal Template:***

**Vanderbilt University School of Medicine Basic Sciences Bridge Funding Request**

***Before completing your application please carefully read the “VU School of Medicine Basic Sciences (VBS) Bridge and Realignment Programs: Description and Policies”, which is available at the Vanderbilt Basic Science bridge funding web site.***

***This is the template for the Bridge Funding Request. There is a separate template for a Realignment Funding Request***

***The completed proposal should be fully assembled (including all attachment) and converted to a single pdf file, which should be submitted to the Associate Dean for Research of VBS (chuck.sandersATvanderbiltDOTedu).***

**Name of Applicant:**

**Department of Primary Appointment:**

**Number and Title of NIH Grant for Which Bridge Funding is Sought:**

**End date of the most recently funded grant year:**

**Most Recent Competitive Renewal Application was A0 or A1?**

**Score and %-tile of Most Recent Competitive Renewal Application**

**Month and Year that Reviews of Most Recent Competitive Renewal Application Were Received by PI**

**Score and %-tile of Recent Competitive Renewal Application for this Grant (This is the A0 score if this application follows an A1 review)**

**As required by the Bridge program, have you scheduled and/or held a VICTR Studio session to seek advice regarding your upcoming renewal application? Please provide the date of your Studio.**

**By what NIH grant program deadline date do you hope to submit your next renewal proposal for this grant?**

**Did the year 1 budget for your unfunded proposal include a subcontract to VUMC or another institution? If so, what was the TDC budget for that sub-contact in year 1?**

**What are the total unrestricted funds currently available to you from all sources (obtain from your Pod Administrator)?**

**What are the unspent funds from the final funded period of the grant for which you are seeking bridge funding (from Pod Administrator)?**

**Was support for other faculty and/or members of their lab included in the year 1 NIH budget?**

**If relevant, what is the total year 1 salary+benefits+supplies budget devoted to “other VU faculty and/or members of their lab”?**

**Are the above “other VU faculty and/or members of their lab” critically involved in the collection of the preliminary data needed for your resubmission proposal for this project? If so, provide detailed justification.**

**Total budget request:**

***(This should be three-quarters of the the following total: year 1 project budget MINUS unrestricted funds currently available to you MINUS unspent funds from the final year of funding of the previous award MINUS funds budgeted in your NIH proposal budget for equipment in year 1 MINUS funds dedicated in your NIH proposal to any subcontract in year 1 MINUS funds in your NIH proposal dedicated to other faculty and/members of their labs who are not critical for collection of preliminary data in support of your grant renewal proposal)***

**Please Complete the Attached NIH-format Year 1 Budget Form (See Next Page) for the requested Bridge Grant funds. Indicate the preferred start date for funding. There is no need to provide an end date, although it is assumed that all awarded funds would be spent out by the end of 9 months after the funding date.**

**Required Signatures**

**We certify that the information presented in this application is, to the best of our knowledge, accurate:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Applicant Departmental Chair**

**REQUIRED ATTACHMENTS FOR THIS BRIDGE FUNDING REQUEST:**

* **Cover Letter (goes before template sections)**
* **Face Page and Project Summary Page from the unfunded renewal application (this and following items goes after the template sections)**
* **Review sheets for the NIH study section review**
* **Draft of 1 page-or-less response of PI to review comments.**
* **For NIH proposal with a modular budget grant: include the Personnel Page from the NIH proposal**
* **For NIH proposal with a full budget, include the year 1 budget page(s) and budget justification from the NIH proposal.**

***The completed proposal should be fully assembled (including all attachment) and converted to a single pdf file, which should be submitted to the Associate Dean for Research of VBS (chuck.sanderATvanderbiltDOTedu).***

|  |  |
| --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): |       |
|  |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT 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 ONPROJECT | Cal.Mnths | Acad.Mnths | SummerMnths | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PD/PI |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| SUBTOTALS |       |       |       |
| CONSULTANT COSTS      |       |
| EQUIPMENT *(Itemize)*      |       |
| SUPPLIES *(Itemize by category)*      |       |
| TRAVEL      |       |
| INPATIENT CARE COSTS       |       |
| OUTPATIENT CARE COSTS       |       |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)*      |       |
| OTHER EXPENSES *(Itemize by category)*      |       |
| 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  | $ |       |