

APPLICANT NAME:

APPLICATION FOR A 2024 PILOT RESEARCH AWARD

(last,first,middle initial)	
APPLICANT INSTITUTION:	
PROJECT TITLE:	
DISEASE FOCUS:	Autoimmune Hepatitis (AIH) Biliary Atresia (BA) Primary Biliary Cholangitis (PBC) Primary Sclerosing Cholangitis (PSC)
TYPE OF RESEARCH:	Basic Research Clinical Research

Translational Research

APPLICANT INFORMATION

Signature of Grants Administrator

Applicant Last Name	Applicant Fire	st Name	Applicant Middle Initial(s)			
Applicant Degree(s) (e.g., MD, PhD)		Degree Completion Date(s) (MM/YYYY)				
Applicant Position Title (e.g., Assistant Professor of Med	dicine)	Faculty Appointment Start Date (MM/YYYY)	()			
Applicant Email		Applicant Telephone				
Applicant Institution						
Applicant Department or Division						
Applicant Mailing Address (street, city, state, zip)						
Grants Administrator Name (last, first, middle initials)		Fiscal Officer Name, if different (last, first,	middle initials)			
Grants Administrator Email		Fiscal Officer Email				
Grants Administrator Telephone		Fiscal Officer Telephone				
Grants Administrator Mailing Address (street, city, state,	zip)	Fiscal Officer Mailing Address (street, city,	, state, zip)			
REQUIRED SIGNATURES By signing below, you are certifying that you have read the Application Guidelines and agree to the specific terms of the Pilot Research Award, that the applicant meets all eligibility criteria that the information in this application is accurate to the best of your knowledge, and that youunderstand that funding for the Pilot Research Award does not allow for any overheador indirect costs, salary or benefits for the PI or faculty collaborator quipment, or registration/travel conference costs.						
Signature of Applicant	Name (Printe	d)	Date			
Signature of Department/Division Chair	Name (Printe	ed)	Date			

Name (Printed)

Date

APPLICANT DEMOGRAPHIC INFORMATION (OPTIONAL)

Gender (optional)

Female

Male

Transgender Female

Transgender Male

Other

Prefer Not to Answer

Ethnicity (optional)

Hispanic or Latino Origin

Not Hispanic or Latino Origin

Prefer Not to Answer

Race (optional) (please select all that apply)

American Indian or Alaska Native

Asian

Black or African American

Middle Eastern or North African

Native Hawaiian or Other Pacific Islander

White

Other

Two or More Races

Prefer Not to Answer

Do you qualify as an individual with disabilities? (optional)

Individual with disabilities are defined as those with a physical or mental impairment that substantially limits one or more major life activities, as described in the <u>Americans with Disabilities Act of 1990, as amended</u>?

Yes

No

Prefer Not to Answer

Do you qualify as an individual from disadvantaged socio-economic backgrounds? (optional)

Individuals from disadvantaged backgrounds are defined as those who meet two or more of the criteria listed in NIH's Notice of NIH's Interest in Diversity (NOT-OD-20-031)

Yes

No

Prefer Not to Answer

In the box below, provide a lay summary (non-technical) of your research project for a general audience (2,000 characters maximum, including spaces). Please note: the lay summary may become public if the award is selected for funding, therefore, it should not contain any proprietary information. ABSTRACT OF PROPOSED RESEARCH In the box below, provide an abstract that summarizes the proposed research project (3,000 characters maximum, including spaces).

RESEARCH DIFFERENTIATION In the box below, explain how the proposed project differs from your existing research portfolio (2,000 characters maximum, including spaces). **FUNDING OVERLAP** At the time of application submission, the Principal Investigator (PI), faculty collaborators, and other key personnel may not hold funding directly related to the proposed research from another organization (e.g., government agency, foundation, academic institution, professional society). If the applicant is granted the award and notified of a comparable award from another agency prior to the first payment of this award, the recipient must select one of the two awards (i.e., the recipient may not retain both awards). Does the PI hold funding directly related to the proposed research? Yes

Do faculty collaborators or other key personnel hold funding directly related to the proposed research? (select N/A if no collaborator or other key personnel)

No

Yes No

N/A

INSTITUTIONAL REVIEW BOARD

A. Does the proposed study require Institutional Review Board (IRB) approval? If answer is No, skip to "Animal Experimentation" section			
B. If the proposed study requires IRB approval, has approval already been obtained?			
C. If the proposed study requires IRB approval, documentation of approval will be required before the start of the award period.			
Has documentation of IRB approval been provided in this application?			
If IRB approval is required and documentation is not attached, please state why in the box below:			
ANIMAL EXPERIMENTATION			
A. Does your proposed study involve the care and use of animals?	Yes	No	
If answer is No, skip to next page			
B. If the proposed study involves animals, does the study adhere to the American Liver Foundation's Position on the Use and Care of Animals in Research?			
C. If the proposed study involves animals, does the proposed study follow the National Institutes of Health (NIH) Guidelines on the care and use of laboratory animals?	Yes	No	
D. If the proposed study involves animals, has the proposed study been approved by the Institutional Animal Care and Use Committee (IACUC) of the applicant's institution?	Yes	No	
E. If the proposed study requires (IACUC) approval, documentation of approval will be required before the start of the award period.			
Has documentation of IACUC approval been provided in this application?	Yes	No	
If IACUC approval is required and documentation is not attached, please state why in the box below:			

RUDGET TEMPLATE FORM

DODGET TEIMI EATETOKIN								
Applicant/Principal Investiga	tor:							
Project Title:								
•								
Award Type:	Pilot Research Award	Pilot Research Award						
Enter information only in unshad	ed cells. Please follow the Application Guid	delines for allowable	costs.					
	ts must be submitted in conjunction with	this form.						
A. Project Personnel, including	the Principal Investigator (PI)	Damant		Oalama	Fatana			
Name	Project Role	Percent Effort	Base Salary	Salary Requested	Fringe Benefits	Total		
		%	\$	\$	\$	\$		
		%	\$	\$	\$	\$		
		%	\$	\$	\$	\$		
		%	\$	\$	\$	\$		
		%	\$	\$	\$	\$		
		Personnel (Costs Subtotal	\$	\$	\$		
Provide names, roles, percent effort,	salary and benefits for project personnel, and	describe details in the l	budget justificat	ion. Salary and	benefits are not al	lowed for the		
PI or faculty collaborators. B. Laboratory Supplies, Animals	s and Other Materials							
Description	, and other materials					Total		
						\$		
						\$		
						\$		
						\$		
						\$		
				Sı	upplies Subtotal	\$		
Provide a brief description and total	cost of each item, and describe details in the b	oudget justification.						
D. Support costs (e.g., core faci	lity costs, consultant/contractor costs, et	tc.)						
Description						Total		
						\$		
						\$		
						\$		
						\$		
						\$		
				Support	t Costs Subtotal	\$		
E. Other Expenses	consultants/contractors, and describe details i	n the budget justificati	on.					
Description						Total		
						\$		
						\$		
						\$		
						\$		
						\$		
				Other Ext	penses Subtotal			
Provide a brief description and total	cost of each item, and describe details in the b	oudget justification.				l.		
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TOTAL BUDGET: \$
Add all sub-total values to calculate the total budget. Note: The total budget cannot exceed the total award amount.