



## APPLICATION FOR A 2024 PILOT RESEARCH AWARD

**APPLICANT NAME:**  
(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

**Applicant Last Name** **Applicant First 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 Medicine)** **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 you understand that funding for the Pilot Research Award does not allow for any overhead or indirect costs, salary or benefits for the PI or faculty collaborators, equipment, or registration/travel conference costs.

Signature of Applicant	Name (Printed)	Date
Signature of Department/Division Chair	Name (Printed)	Date
Signature of Grants Administrator	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 [Americans with Disabilities Act of 1990, as amended](#)?

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

## **LAY SUMMARY**

**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

No

**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)**

Yes

No

N/A

## INSTITUTIONAL REVIEW BOARD

**A. Does the proposed study require Institutional Review Board (IRB) approval?** Yes No

If answer is No, skip to "Animal Experimentation" section

**B. If the proposed study requires IRB approval, has approval already been obtained?** Yes No

**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?** Yes No

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](#)?** Yes No

**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:

**BUDGET TEMPLATE FORM**

**Applicant/Principal Investigator:**

**Project Title:**

**Award Type:** Pilot Research Award

Enter information only in unshaded cells. Please follow the Application Guidelines for allowable costs.  
**A budget narrative justifying costs must be submitted in conjunction with this form.**

**A. Project Personnel, including the Principal Investigator (PI)**

Name	Project Role	Percent Effort	Base Salary	Salary Requested	Fringe Benefits	Total
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
<i>Personnel Costs Subtotal</i>				\$	\$	\$

Provide names, roles, percent effort, salary and benefits for project personnel, and describe details in the budget justification. Salary and benefits are not allowed for the PI or faculty collaborators.

**B. Laboratory Supplies, Animals, and Other Materials**

Description	Total
	\$
	\$
	\$
	\$
	\$
	\$
<i>Supplies Subtotal</i>	\$

Provide a brief description and total cost of each item, and describe details in the budget justification.

**D. Support costs (e.g., core facility costs, consultant/contractor costs, etc.)**

Description	Total
	\$
	\$
	\$
	\$
	\$
	\$
<i>Support Costs Subtotal</i>	\$

Provide names and roles of project consultants/contractors, and describe details in the budget justification.

**E. Other Expenses**

Description	Total
	\$
	\$
	\$
	\$
	\$
<i>Other Expenses Subtotal</i>	\$

Provide a brief description and total cost of each item, and describe details in the budget justification.

**TOTAL BUDGET:** \$

Add all sub-total values to calculate the total budget. Note: The total budget cannot exceed the total award amount.