



APPLICATION FOR A 2025 PILOT RESEARCH AWARD

APPLICANT NAME:
(last,first,middle initial)

APPLICANT INSTITUTION:

PROJECT TITLE:

DISEASE FOCUS:

TYPE OF RESEARCH:

- Basic Research
- Clinical Research
- Translational Research

APPLICANT INFORMATION

Applicant Last Name	Applicant First Name	Applicant Middle Initial(s)
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Applicant Degree(s) (e.g., MD, PhD)	Degree Completion Date(s) (MM/YYYY)
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Applicant Position Title (e.g., Assistant Professor of Medicine)	Faculty Appointment Start Date (MM/YYYY)
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Applicant Email	Applicant Telephone
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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)
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Grants Administrator Email	Fiscal Officer Email
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Grants Administrator Telephone	Fiscal Officer Telephone
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Grants Administrator Mailing Address (street, city, state, zip)	Fiscal Officer Mailing Address (street, city, state, zip)
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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
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Signature of Department/Division Chair	Name (Printed)	Date
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Signature of Grants Administrator	Name (Printed)	Date
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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 these criteria: Homelessness (past or present), Foster Care (past or present), Eligibility for Free or Reduced Lunch, First generation college student, Eligibility for Federal Pell Grants, Received SNAP/WIC support, Grew up in a rural area and/or Low-Income/Health Professional Shortage Area

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.

SCIENTIFIC 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 funded (if any) 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:

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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 <u>must</u> 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
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
Personnel Costs Subtotal				\$	\$	\$
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
						\$
						\$
						\$
						\$
						\$
						\$
Supplies Subtotal						\$
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
						\$
						\$
						\$
						\$
						\$
						\$
Support Costs Subtotal						\$
Provide names and roles of project consultants/contractors, and describe details in the budget justification.						
E. Other Expenses						
Description						Total
						\$
						\$
						\$
						\$
						\$
Other Expenses Subtotal						\$
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.