**Steven J. Stryker, MD, Gastrointestinal Surgery Research and Education Endowment**

**Application Form**

***Instructions: Fill out and save as PDF. This should be the first page of the compiled PDF that includes the other application components.***

**Applicant name and degree(s):**

**Proposal title:**

**Applicant current level of training:**

 Medical student (y/n): Year:

 Name of medical school:

 Resident (y/n): Year of training:

 Name of residency program:

 Fellow (y/n): Year of training:

 Name of training program:

**Applicant contact information:**

 Home address:

 Phone number:

 Email:

**Primary mentor name and degree(s):**

 Departmental affiliation(s):

 Address:

 Phone number:

 Email:

**BUDGET (NIH-style template)**

***Instructions: Fill out table and save as PDF.***

***\*Contact Kash Raza (kraza@nm.org) if you have questions on how to calculate fringe benefits.***

|  |
| --- |
| DETAILED BUDGET |
|

List PERSONNEL

Use Cal, Acad, or Summer to Enter Months Devoted to Project

Enter Dollar Amounts Requested *(omit cents)* for Salary Requested.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ONPROJECT | Cal.Mnths | Acad.Mnths | SummerMnths | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS\* | TOTAL |
|       | Applicant |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| 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 |       |
| TOTAL DIRECT COSTS FOR BUDGET PERIOD  | $ |       |

**BUDGET JUSTIFICATION (NIH-style template)**

***Instructions: Provide enough details for each budget category to support the budget request. If you have a quote(s), you may attach it. Save page(s) as PDF. A sample is provided below.***

**A. Senior/Key Personnel**

* **Dr. Jane Doe, Principal Investigator (12 calendar months per year).** Dr. Doe will be responsible for performing all the studies in this project. This includes data management, statistical analysis, writing manuscripts, reporting the study’s findings. Her 12-month base salary on the T32 training grant is $XXXX with a XX% fringe benefit rate. Funds are requested to cover the salary gap incurred by the T32.

**B. Other Personnel**

* **Research Assistant (TBD) (12 calendar months per year).** This individual will assist with data collection, statistical analysis, and results interpretation, and will also help draft manuscripts for publication and present research findings at scientific meetings. The stipend is $XXX with a XX% fringe benefit rate.

**C. Equipment**

One database server ($XXX) will be purchased to house the raw and analyzed data sets.

**D. Travel**

### $1,500/year is requested for domestic travel. This includes 1 trip per year for the PI to travel to XXXX meeting. See breakdown of travel estimate below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Destination** | **Purpose** | **Conference Fees** | **Airfare** | **Per Diem** | **Lodging (/night)** | **Days** | **Total** |
| TBD Conference | Present Research | $300 | $750 | $75 | $150 | 5 | $4,350 |

**F. Other Direct Costs**

1. **Materials and Supplies:** $XXXX is requested for chemicals, glassware, other lab disposables, and molecular biology supplies (enzymes for cloning, PCR, recombinant protein production, and primers) and supplies for biochemical experiments (antibodies and western blotting supplies).
2. **Publication Costs:** $XXXX/year is requested to disseminate the results of this research.
3. **Subawards/Consortium/Contractual Costs:** None
4. **Other Direct Costs:** None

**OTHER SUPPORT (NIH-style template)**

***Instructions: This is a template for an NIH-style “Other Support page.” Provide Other Support pages for applicant and mentor separately. Enter “NONE” after name if not applicable. Save pages as PDF.***

**LAST NAME, FIRST NAME:**

**ACTIVE/CURRENT**

[For each funding source, provide:]

Project Number Dates of Project Person Months per Year

Source of Support (PI: Name)

Annual Direct Costs Total Award Amount

Title of Project or Subproject

Major Goals: …

**PENDING**

[For each funding source:]

Project Number Dates of Project Person Months per Year

Source of Support (PI: Name)

Annual Direct Costs Total Award Amount

Title of Project or Subproject

Major Goals: …