In order for the checkboxes and the text entry boxes to work properly,

* Click on the Microsoft Office Button in top left corner.
* Click “Word Options” at the bottom of the next pop-up window.
* In the next pop window, click on “Customize” in the left panel
* In the next window, if the “Lock” icon is not already in the right panel, then find it in the left panel and click on ADD in the middle to move it to the right window.
* Do NOT click RESET under the right window!!!
* Instead, click “OK” all the way at the bottom.

|  |  |
| --- | --- |
| **American Society for Blood and Marrow Transplantation**330 N. Wabash Ave, Suite 2000Chicago, IL 60611**2019 NEW INVESTIGATOR AWARD****GRANT APPLICATION**(*Submission deadline Monday, October 15, 2018)* | **LEAVE BLANK—FOR ASBMT USE ONLY**. |
|  | Rev 1 | Rev 2 | Rev 3 |
|  |  |  |  |
| 1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)*      |
| 2. PRINCIPAL INVESTIGATOR/APPLICANT |
| 2a. NAME (Last, first, middle) | 2b. DEGREE(S) |  |
|       |       |       |       |  |
| 2c. CITIZENSHIP | 2d. VISA (if applicable) | 2e. MAILING ADDRESS *(Street, city, state, postal code, country)* |
|       |       |       |
| 2f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT      |  |
| 2g. MAJOR SUBDIVISION      |  |
| 2h. TELEPHONE AND FAX *(Area code, number and extension)* | 2i. E-MAIL ADDRESS:  |
| TEL: |       | FAX: |       |       |
| 3. WHICH CATEGORY BEST DESCRIBES YOU? |
|  [ ]  Fellow-in-Training/Post-doc | [ ]  Junior-Level Faculty (must be at the Instructor or Assistant Professor level, Date of most recent promotion (*must be* ***AFTER*** *07/01/2016*):        |
| 4. HUMAN SUBJECTS RESEARCH | 4a. Research Exempt  | If “Yes,” Exemption No. |
|  [ ]  No [ ]  Yes | [ ]  No [ ]  Yes |       |
| 4b. Federal-Wide Assurance No.  | 4c. Clinical Trial | 4d. NIH-defined Phase III Clinical Trial |
|       | [ ]  No [ ]  Yes |  [ ]  No [ ]  Yes |
| 5. VERTEBRATE ANIMALS [ ]  No [ ]  Yes | 5a. Animal Welfare Assurance No.  |       |
| 6. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | 7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD | 8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT |
| From | Through | 7a. Direct Costs ($) | 7b. Total Costs ($) | 8a. Direct Costs ($) | 8b. Total Costs ($) |
|       |       |       |       |       |       |
| 9. APPLICANT ORGANIZATION | 10. TYPE OF ORGANIZATION |
| Name |       | Public: **→** [ ]  Federal [ ]  State [ ]  Local |
| Address |       | Private: **→** [ ]  Private Nonprofit |
|  |  | For-profit: **→** [ ]  General [ ]  Small Business  |
| 11. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE | 12. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION |
| Name |       | Name |       |
| Title |       | Title  |       |
| Address |       | Address |       |
| Tel: |       | FAX: |       | Tel: |       | FAX: |       |
| E-Mail: |       | E-Mail: |       |
| 14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. | SIGNATURE OF OFFICIAL NAMED IN 13.*(In ink. “Per” signature not acceptable.)* | DATE      |

 Face Page Form Page 1

|  |  |
| --- | --- |
| Applicant/Principal Investigator (Last, First, Middle): |       |
|  |
| PROJECT SUMMARY (Not to exceed 200 words): |
| l |
|  |
| KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below.Start with Applicant/PI, followed by Mentor/Sponsor, then other senior/key personnel in alphabetical order, last name first.  |
| Name | Organization |  | Role on Project |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
| OTHER SIGNIFICANT CONTRIBUTORS |
| Name | Organization | Role on Project |
|       |       |       |
|       |       |       |
|       |       |       |
| **Human Embryonic Stem Cells** | **[ ]  No** | **[ ]  Yes** |
| **If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list:** <http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp>. *Use continuation pages as needed.*If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used. |
| **Cell Line(s)** |
|       |
|       |

**BUDGET REQUESTED:**

The award cannot exceed $30,000 per year, and is preferably to help support the salary of the investigator. Alternatively, the award may be used for direct payment of research costs.(The award should not be used for institutional overhead.)

|  |  |  |  |
| --- | --- | --- | --- |
| $ |       |  | Investigator’s Salary |
| $ |       |  | Salary of Others (Specify) |
| $ |       |  | Supplies (Specify) |
| $ |       |  | Equipment (Specify) |
| $ |       |  | **Annual Total** (Not to Exceed $30,000) |

Please insert a detailed budget using NIH PHS Form 398 (<http://grants.nih.gov/grants/funding/phs398/phs398.html>) if you need to provide additional detail for any line item above.

|  |  |  |
| --- | --- | --- |
|  | **American Society for Blood****and Marrow Transplantation** |  |

**Certification for Protection of Human Subjects,**

**Precautions Involving Biohazards,**

**and Care and Treatment of Laboratory Animals**

 **I. HUMAN SUBJECTS**

 Safeguarding the rights of human subjects involved in activities supported by a grant from the American Society for Blood and Marrow Transplantation is the responsibility of the institution which receives the funds awarded. In order to provide for the adequate discharge of this institutional responsibility, no grant for an activity involving human subjects shall be made unless the application for such support has been reviewed and approved by an appropriate institutional committee.

 Check one of the following statements as applicable:

 [ ] This application does not propose any activities that would involve human beings as research subjects.

 [ ] This is to certify that this application, which does propose activities involving human subjects, has been reviewed and approved by our institutional committee on the date of \_\_\_\_\_\_\_\_\_\_\_ in accordance with current DHHS policy. (The review date should be recent; certification is invalid if review date would precede award date by more than one year.) **NOTE THAT PROPOSALS INVOLVING HUMAN SUBJECTS WILL OFTEN INVOLVE HANDLING HUMAN SECRETIONS, BLOOD, MARROW, OR OTHER BIOSPECIMENS. IN SUCH CASES, YOU MUST ALWAYS CHECK THE BIOHAZARD OPTION BELOW AS WELL. IF THERE ARE REALLY NO CORRELATIVE LAB STUDIES, THEN YOU WOULD NOT NEED TO CHECK A BIOHAZARD OPTION FOR HUMAN SUBJECTS RESEARCH.**

 **II. BIOHAZARDS**

 The safety precautions and general standards necessary for research involving any biohazard supported by a grant from the American Society for Blood and Marrow Transplantation is the responsibility of the institution which receives the funds awarded. In order to provide for the adequate discharge of this institutional responsibility, no grant for an activity involving biohazards shall be made unless the application for such support has been reviewed and approved by an appropriate institutional committee.

 Check one of the following statements as applicable:

 [ ] This application does not propose any activities that would involve biohazards.

 [ ] This is to certify that this application, which does propose activities involving biohazards, has been reviewed and approved by our institutional committee on the date of \_\_\_\_\_\_\_\_\_\_\_ in accordance with current general standards. (The review date should be recent; certification is invalid if review date would precede award date by more than one year.) **NOTE THAT PROPOSALS INVOLVING HUMAN SUBJECTS WILL OFTEN INVOLVE HANDLING HUMAN SECRETIONS, BLOOD, MARROW, OR OTHER BIOSPECIMENS. IN SUCH CASES, YOU MUST ALWAYS CHECK THE BIOHAZARD OPTION HERE AS WELL AND FOLLOW AT LEAST BL2 PREAUTIONS. IF THERE ARE REALLY NO CORRELATIVE LAB STUDIES, THEN YOU WOULD NOT NEED TO CHECK A BIOHAZARD OPTION FOR HUMAN SUBJECTS RESEARCH.**

**III. LABORATORY ANIMALS**

 The proper care and humane treatment of laboratory animals involved in activities supported by a grant from the American Society for Blood and Marrow Transplantation is the responsibility of the institution which receives the funds awarded. In order to provide for the adequate discharge of this institutional responsibility, no grant for an activity involving laboratory animals shall be made unless the application for such support has been reviewed and approved by an appropriate institutional committee.

 Check one of the following statements as applicable:

 [ ] This application does not propose any activities that would involve laboratory animals.

 [ ] This is to certify that this application, which does propose activities involving laboratory animals, has been reviewed and approved by our institutional committee in accordance with current NIH policy.

 **LIST SPECIES OF LABORATORY ANIMALS TO BE USED:**

|  |
| --- |
|       |
|       |
|       |
|       |
|       |
|       |

**APPLICANT’S CERTIFICATION:**

The applicant, if granted a New Investigator Award, agrees to submit annual progress reports to the Executive Director of the American Society for Blood and Marrow Transplantation, describing the progress made, and including reprints of publications written. The progress report will be used to ascertain that meaningful progress has occurred to warrant approval of continuation of the award.

The award recipient is expected to cite support from the New Investigator Award in any publications describing research conducted during the tenure of the award.

The applicant agrees to abide by these regulations and to respond to any reasonable requests for information about the research work conducted during the tenure of the award.

|  |
| --- |
|       |

Applicant’s Name

|  |  |  |
| --- | --- | --- |
|  |  |       |

Applicant’s Signature Date