**Grant Proposal Form**

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Instructions for Grant Seeker

-Put PI name and date in header.

-Remove italicized instructions and replace with appropriate content.

-Save all documents as PDF.

-Submit Proposal Form, BioSketch Forms, and other supporting documents as appropriate (Client consent form, etc.).

-Submit to: [ahanzlicek@miravistalabs.com](mailto:ahanzlicek@miravistalabs.com)

-Email the same address or call 317-455-2166 with questions.

# 1. Project Title

# 2. Testable Hypothesis & Objectives

# 3. Lay Abstract

*<500 words*

# 4. Scientific Abstract

*<500 words*

# 5. Introduction / Background Information

*<1000 words; <25 references*

*Brief review of current literature*

*What are the clinical challenges/problems to be addressed?*

*What is the anticipated impact of study findings?*

*Will it change clinical practice?*

*Preliminary unpublished data*

# 6. Experimental Methods

*<2000 words*

*Description for each objective*

*Basic study design – groups, numbers, inclusion/exclusion, outcome(s)*

*Validation info for analytical processes*

*Recruitment plan (if applicable)*

*Data analysis and power calculation*

*Benchmarks for successful study progression*

# 7. Anticipated Challenges & Study Limitations - OPTIONAL

*<500 words*

*Mitigation measures*

*Plan for unexpected difficulties or if benchmarks are not met*

# 8. Timeline - OPTIONAL

*Chart or Diagram is acceptable*

# 9. Dissemination of Findings - OPTIONAL

*<250 words*

*Plans for presentation at scientific meetings, webinars, other*

*Plans for publication peer-reviewed or other*

*Plans for other use of data*

# 10. Itemized Budget

*Provide justification (<250 words)*

*Provide budget per year if study duration >12 months*

*Indirect costs ≤8% of total budget*

*Total salary for technicians, students, residents/interns ≤10% of total budget*

*No faculty salary supported or travel expenses supported*

*MVD testing does not count against Total budget*

## Budget Form Year 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Salary** (direct costs only) | | | | |
| Name (LN,FN) | Time on Study (months) | Base Salary / Month ($) | | Requested Salary ($) |
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|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| SUB-TOTAL SALARY | | | |  |
|  | | | | |
| **Non-Salary** (direct costs only) | | | | |
| Disposables – Materials, Reagents, Supplies | | Number | Cost per ($) | Item Subtotal ($) |
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| Clinical - Sample collection, Diagnostics, Treatments | |  |  |  |
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| Other Expenses | |  |  |  |
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| SUB-TOTAL DISPOSABLES, CLINICAL, OTHER | | | |  |
|  | | | | |
| Indirect Costs (≤8%) | | | |  |
|  | | | | |
| MVD Testing (subtract cost of MVD testing) | | | | - |
|  | | | | |
| **TOTAL** | | | |  |

## Budget Form Year 2

(if applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Salary** (direct costs only) | | | | |
| Name (LN,FN) | Time on Study (months) | Base Salary / Month ($) | | Requested Salary ($) |
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|  |  |  | |  |
| SUB-TOTAL SALARY | | | |  |
|  | | | | |
| **Non-Salary** (direct costs only) | | | | |
| Disposables – Materials, Reagents, Supplies | | Number | Cost per ($) | Item Subtotal ($) |
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| Clinical - Sample collection, Diagnostics, Treatments | |  |  |  |
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| Other Expenses | |  |  |  |
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|  | |  |  |  |
| SUB-TOTAL DISPOSABLES, CLINICAL, OTHER | | | |  |
|  | | | | |
| Indirect Costs (≤8%) | | | |  |
|  | | | | |
| MVD Testing (subtract cost of MVD testing) | | | | - |
|  | | | | |
| **TOTAL** | | | |  |

# 11. IACUC & Informed Client Consent Form

*If IACUC approved animal care and use protocol (ACUP) is not needed include that statement here.*

*If approved ACUP is needed provide the below information.\**

*-Approved animal care and use protocol #*

*-Approved client consent form*

*\*If these are not available at time of submission note that here. These will need to be provided before funding is provided.*

# 12. Collaborator(s)- OPTIONAL

*Biosketch for all collaborators (<2 pages / person) – see MVD Biosketch Form*

*Letters of support from collaborators (optional)*