



**Detailed Application Instructions for  
Special Call for Grant Applications:  
Florida Research Challenge (RC1) Grants  
for Tobacco-Related Diseases  
Fiscal Year 2009-2010**

**Issued: August 10, 2009**

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## OVERVIEW

This document contains detailed instructions for completing the James & Esther King Biomedical Research Program Florida RC1 Grant application. Use this document along with the *Special Call for Grant Applications: Florida Research Challenge (Florida RC1) Grant for Tobacco-Related Diseases Fiscal Year 2009-2010* (hereafter referred to as “the Call”) to complete the application.

***Important: All submitted materials are subject to the provisions of Art. 1, Sec. 24, Florida Constitution and Chapter 119, F.S., Florida’s public records law. These laws grant a right to inspect any public record. Refer to Chapter 14 B of the Call for instructions on how to properly identify confidential information.***

Direct all questions about the online application process and related issues (e.g. username and password problems, other technical issues) to:

Technical Support  
Lytmos Group  
(816) 347-9449 (phone)  
[techsupport@floridabiomed.com](mailto:techsupport@floridabiomed.com) (e-mail)

**If you experience technical difficulties during the final hours of the competition, please contact technical support immediately for assistance.** The Department recommends that applications be submitted early and that you do not wait until the last day.

## SECTION A. GENERAL RESEARCH INFORMATION

### Project Information

1. **Title of Project:** The title you list in your Florida RC1 Grant application should exactly match the title used on your NIH RC1 proposal. Note: This exact project name must also appear on all submissions of regulatory approvals such as local IRB approval.
2. **Amount of Florida RC1 Grant Funds Requested.**
  - a. **Total Amount of Grant Funds Requested (all eligible years):** Enter the amount of funds (direct and indirect) requested for the life of the grant. The award amount will not exceed the level of annual project funding originally sought for direct costs in the NIH RC1 Proposal, plus ten percent indirect costs.
  - b. **Amount of Grant Funds Requested in Year 1:** Enter the amount of funds (direct and indirect) requested for the initial 12-month period of the grant.
3. **Type of Project:** Select the type of grant mechanism for which you are applying (Florida RC1).

4. **Previous James & Esther King Applicant:** If you have been a previous grant applicant to the James & Esther King Biomedical Research Program, check “Yes,” otherwise check “No.” If you answered “Yes,” indicate the date of the most recent submission.
5. **Research Site:** Indicate the site where the work described in the Research Plan will be conducted, including institution name, city, and state.
6. **Human Subjects:** If activities involving human subjects are **not planned at any time** during the proposed project period, check “No.” If activities involving human subjects, whether or not exempt from Federal regulations for the protection of human subjects, **are planned at any time** during the proposed project period, either at the applicant organization, or at any other site or collaborating organization, check “Yes.” If the answer to this question is “Yes,” an additional section in the Online Application will appear called “Human Subjects Used.”
7. **Vertebrate Animals:** If activities involving vertebrate animals **are not planned at any time** during the proposed project period, check “No.” If activities involving vertebrate animals **are planned at any time** during the proposed project period, either at the applicant organization or at any other site or collaborating organization check “Yes.” If the answer to this question is “Yes,” an additional section in the Online Application will appear called “Vertebrate Animals Used.”
8. **Recombinant DNA Molecules:** If research activities involving recombinant DNA molecules **are planned at any time** during the proposed project period, check “Yes.” All research involving recombinant DNA techniques must meet the requirements of the *NIH Guidelines for Research Involving Recombinant DNA Molecules*, including submission of the project for approval, if necessary.
9. **Excluded Peer Reviewers:** List individuals that you wish to exclude from peer reviewing your application. The Program already excludes peer reviewers from the state of Florida so please don't include Florida scientists in your list. List the name and institution or city/state for each individual. Separate each individual with a semicolon. *Entry is limited to 200 characters.*
10. **Stem Cell Research:** If activities involving stem cells are **not planned at any time** during the proposed project period, check “No.” You do not need to complete the next question. If activities involving stem cells, whether or not exempt from Federal regulations for the protection of human subjects, **are planned at any time** during the proposed project period, either at the applicant organization, or at any other site or collaborating organization, check the type of stem cell – “Adult,” “Embryonic,” or “Animal.” If your project involves stem cells, please identify the source(s) of stem cells being used and include a very brief description of the relevant research activity. *Entry is limited to 1200 characters.*

## Research Classification

In order to receive funding, an application must include a compelling case for its relationship to the prevention, treatment, diagnosis, or cure of tobacco-related diseases; however, many types of research may qualify. Please select the research categories that best fit the work described in the application.

## Principal Investigator Information

1. **Name of Principal Investigator:** The Principal Investigator (PI) is the individual designated by the applicant organization to direct the grant project. The Principal Investigator is responsible and accountable to the applicant organization officials for the project's scientific and technical direction as well as the proper conduct of the project. Name the **one** person responsible to the applicant organization for the scientific and technical direction of this Florida RC1 Grant project. The Principal Investigator's name on the Florida RC1 Grant application must be the same as on the NIH RC1 grant application.
2. **Suffix:** Indicate the Principal Investigator's degree(s) or credential(s) (e.g., Ph.D., M.D., R.N.). The PI will be addressed using this suffix (example: Jane Doe, Ph.D, R.N.).
3. **Position Title:** Provide the academic or professional title of the Principal Investigator. If more than one title, indicate the one most relevant to the proposed project, such as Professor of Biochemistry, Chief of Surgical Service, et cetera.
4. **Department or Office, Service, Laboratory, or Equivalent:** Indicate the organizational affiliation of the Principal Investigator, such as Department of Medicine, Materials Research Laboratory, or Social Sciences Institute.
5. **Institution/Organization:** Name the eligible institution that will be legally and financially responsible for this grant.
6. **Mailing Address:** Provide complete and exact information, as it should appear on the mailing label, for postal delivery to the Principal Investigator. Most written communications to the Principal Investigator will use this address. Note: Providing precise mailing information is critical to resolving any problems with your application that might otherwise result in disqualification, and for making timely award notification.
7. **Courier Address:** Provide complete and exact information, including room number, building identifier and street address, necessary for courier delivery. This address will be used for certain written communication, such as delivery of award notification and Award Terms and Conditions. Do not indicate a post office box.
8. **Telephone Number:** Provide a daytime telephone number (including extension, if applicable) for the Principal Investigator.
9. **Fax Number:** Provide a fax number (including area code) for the Principal Investigator.
10. **E-mail Address:** Enter the appropriate electronic mail address for the Principal Investigator.
11. **U.S. Citizenship:** If you are a U.S. Citizen check "Yes," otherwise check "No." If you are a lawful permanent resident (as demonstrated with evidence of a green card, I-151 or I-155 paperwork) check "Yes" and provide the expiration date from your green card. This information is being collected from all applicants for purposes of statistical analysis and will not be used in award determinations.

**12. Full Time Faculty or Equivalent at Florida Institution:** If you are a full-time faculty member at an eligible institution (or a postdoctoral fellow in his/her final fellowship year, by the time the application is submitted) check "Yes." (See full time faculty, full-time equivalent, and eligible institution definitions in Chapter 15 of the Call.) If you do not meet the definition of full-time faculty (or equivalent) or are not a final year postdoctoral fellow check "No."

**13. First Full Time Faculty Appointment:** This information is being collected from all applicants for purposes of statistical analysis.

- a. **Date:** Specify the date of your first full-time appointment as a university faculty member or an equivalent position at a research institution.
- b. **Institution:** Identify the university or research institution where you first became a full-time faculty member or held an equivalent position. (See full time faculty and full-time equivalent definitions in Chapter 15 of the Call.)
- c. **Title:** Identify the title or position held in your first full-time faculty or equivalent position. (See full time faculty and full-time equivalent definitions in Chapter 15 of the Call.)

**14. PI or Co-PI on a National Grant:** Check either "Yes" or "No," depending on whether the Principal Investigator has previously served as the Principal Investigator or Co-Principal Investigator on a non-mentored, peer-reviewed, national research grant with a budget of \$100,000 per year in direct costs. This information is being collected from all applicants for purposes of statistical analysis.

## Applicant Organization Information

1. **Organization Federal ID Number:** Enter the nine-digit federal identification number assigned to the applicant organization by the Internal Revenue Service.
2. **Applicant Organization Type:** Select the one description from the drop down box that best describes the applicant organization.
3. **Financial Conflict of Interest:** Does the applicant organization have a Financial Conflict of Interest policy and procedure that is consistent with NIH requirements? Check either "Yes" or "No."

## Official Signing for Applicant Organization

Provide the name and title of the official authorized to sign on behalf of the applicant organization to certify all statements as true and authorize all commitments contained within, including matching funds if applicable. Provide complete and exact information as it should appear on a mailing label for postal delivery. Following these fields, also enter complete and exact information necessary for courier delivery, including building identifier, room number, and street address. Do not include a Post Office box number. Enter the telephone number (and extension, if applicable), fax number, and E-mail address.

## Administrative Official Information

Whether or not this is the same person previously described, provide the name and title of the administrative official to be notified if an award is made. This official would sign the Terms and Conditions (contract) issued by the Program if an award is made. Provide complete and exact information as it should appear on a mailing label for postal delivery. Following these fields, also enter complete and exact information necessary for courier delivery, including building identifier, room number, and street address. Do not include a Post Office box number. Enter the telephone number (and extension, if applicable), fax number, and E-mail address.

## SECTION B. GENERAL AUDIENCE ABSTRACT OF FLORIDA RC1 GRANT RESEARCH

Explain the research proposed to be completed with a Florida RC1 Grant in layman's terms, and help general readers understand how it may advance progress toward the prevention, diagnosis, treatment, or cure of tobacco-related diseases. **If the application is funded, this description will be used to compile reports and provide information to the Governor, Legislature, and the general public**, so ensure this summary is suitable for a general audience as opposed to the scientific community. Do not exceed the space provided. Some scientific notations and formatting may not show in the online application sections. Use only conventional alphanumeric letters and numbers with no drawings or symbols for on-line abstracts, project descriptions, or project titles. Do NOT include information in this section that is considered proprietary unless you think it is essential for proper evaluation of the application. *Entry is limited to 1500 characters.*

## SECTION C. TOBACCO-RELATEDNESS

Provide a clear and concise explanation of how the proposed research is related to tobacco-use prevention or the diagnosis, treatment, and cure of tobacco-related diseases such as cancer, cardiovascular disease, stroke, and pulmonary disease. **Applicants must demonstrate the relatedness of the proposed research to tobacco use.** *Entry is limited to 3000 characters.*

## SECTION D. BUDGET

The Budget section of the application consists of online questions about the percent effort of the Principal Investigator (PI), the differences between the Florida RC1 budget direct cost and the NIH RC1 budget direct cost, and a downloadable Budget Form must be completed, signed by the designated Administrative Official, converted to PDF format, and uploaded into the application. A budget is required for all grants. See requirements and limits regarding PI effort and direct costs in Chapter 5C of the Call.

## 1. PI Effort Changes

- a. **Total PI percent effort on NIH RC1 Proposal:** Enter the average percent effort for the Principal Investigator over all years included in the NIH RC1 Proposal.
- b. **Total PI percent effort on Florida RC1 Proposal:** Enter the proposed percent effort of the Principal Investigator for the work described in this Florida RC1 Grant application. The entry should match the percent effort included on Page 1 of the Budget Form uploaded into this application.
- c. **Change in percent effort:** Identify any difference in effort between the level of effort proposed in the NIH RC1 Proposal and that planned for the Florida RC1 Grant research.
- d. **Explanation of any difference:** If applicable, explain the change in effort. If there is no difference, no entry is required. *Entry is limited to 1200 characters.*

## 2. Budget Direct Cost Changes

- a. **Total Direct Costs in the NIH RC1 Proposal:** Enter the total direct cost from the budget submitted within the NIH RC1 proposal.
- b. **Total Direct Costs in the Florida RC1 proposal:** Enter the proposed total direct costs for the work described in this Florida RC1 Grant application. The entry should match the direct cost included in the Budget Form uploaded into this application.
- c. **Change in Direct Costs:** Identify any difference between the total direct cost of the NIH RC1 Proposal and the Florida RC1 Grant proposal.
- d. **Explanation of any difference:** If applicable, explain the change in total Direct Cost. If there is no difference, no entry is required. *Entry is limited to 1200 characters.*

## 3. Download, complete, and upload Budget Form

Use the link provided to download the Budget Form. Complete all required information and obtain the required signature. It is NOT necessary to obtain a signature from the Department of Health at this time. Convert the document to PDF format and upload it into the application by clicking on the *Budget Form* button.

Any differences in costs or personnel between the Florida RC1 budget and the NIH RC1 budget must be specified, clearly explained, and justified in the uploaded Florida RC1 budget form narrative section.

Detailed instructions on how to complete the Budget Form, including lists of allowed and disallowed costs are located in Appendix 1 of these instructions.

## SECTIONS E & F. NIH RC1 PROPOSAL INFORMATION

In this section you will submit information about your NIH RC1 Proposal, Challenge Area Topic information, evidence of very strong support from the NIH scientific peer reviewers, and an electronic copy of the full NIH RC1 proposal.

1. **Peer Review Summary Statement Results:** To assist the Program in interpreting the results of your evaluation as accurately as possible, enter any quantitative or descriptive labels assigned by the NIH in the any of the following fields that apply.
  - a. Percentile – If available, provide the percentile information from the qualifying summary statement.
  - b. Score or Rating – Provide the score or rating from the qualifying summary statement. You will probably have 5 scores from each of the 3 reviewers in the summary statement. Sum all 15 scores and divide the total by 15 to get an average score. Enter that average amount in this field. For example, if the 15 scores total 32, divide 32 by 15 to obtain an average score of 2.13.
2. **Summary Statement Date:** Provide the date printed on the Peer Review Summary Statement issued by the NIH.
3. **Copy of NIH peer review summary statement with merit score:** Upload a PDF copy of the complete summary statement or debriefing report provided by the NIH. This document must confirm the percentile and/or score or rating and date entered earlier on this screen. In cases where a summary statement is not yet available, the Program will accept a screen print of the NIH Web page(s) supporting the peer review rating or priority score for the NIH RC1 Proposal, as long as the following information is clearly contained in the image(s):
  - the name of the federal agency (NIH)
  - an assigned score or rating (and a percentile ranking if available)
  - a posting date
  - a proposal title that exactly matches the title provided for the NIH RC1 Proposal

If a screen print of the Web page(s) is submitted as evidence of qualifying information, you must submit the official summary statement for receipt by the Program no later than November 15, 2009 via e-mail to: [programsupport@floridabiomed.com](mailto:programsupport@floridabiomed.com) and by overnight courier to the Biomedical Research Programs, Florida Department of Health, 4030 Esplanade Way, Suite 280, Tallahassee, FL 32399.

4. **NIH RC1 Proposal:** Provide a PDF copy of the **ENTIRE/FULL** NIH RC1 Proposal as it was submitted to the NIH (all pages of the submitted application **MUST** be provided). No additional data will be accepted. To shorten the time required to upload the document, please reduce the size of the file by choosing a lower resolution or higher compression factor when converting the document to PDF format; however, please ensure that the document is still legible and is the full application as submitted. **The full NIH proposal must be submitted or the application will be disqualified.**

5. **NIH RC1 Challenge Area Topic Number and Title:** Enter the NIH RC1 Challenge Area Topic Number and title. An example of a topic number is “05-CA-104” and title is “Comparative Effectiveness Research on Cancer Treatment.” To view a list of the NIH Challenge Area Topics, click on the following link:  
[http://grants.nih.gov/grants/funding/challenge\\_award/Omnibus.pdf](http://grants.nih.gov/grants/funding/challenge_award/Omnibus.pdf).

## SECTION G. RESEARCH MILESTONE CHART

All grant applications require a Research Milestone Chart that provides a high-level overview of the anticipated project schedule with references to the major aims, tasks, and experiments planned for the research. The online application contains a link to an example of a completed Milestone Chart. Instructions are included in the Milestone Chart form.

To complete this section, download the Milestone Chart form by following the online instructions, complete it in Microsoft Excel, convert it to PDF format, and upload it into the online application.

## SECTION H. OTHER SUPPORT

Completion of the Other Support section consists of downloading the appropriate form, completing it, converting it to PDF format, and uploading it into the online application. A completed Other Support Form is required for all grants. On the Other Support Form, include all additional current and pending support for the Principal Investigator.

More detailed instructions for completing the Other Support Form and a set of relevant definitions are provided in Appendix 2 of these instructions.

## SECTION I. IRB AND IACUC APPROVALS

### IRB Information (Human Subjects Used)

This section only applies if the research involves the use of human subjects.

1. **Exemption Number:** If human subjects are to be used in your research but an approval exemption applies, enter the exemption number provided by your local IRB, if it is available.
2. **Review Status:** If approval has already been received for the proposed research from your institutional IRB, indicate whether the approval was granted by a full IRB review or an expedited review.
3. **IRB Approval Date:** Enter the date the IRB was approved, if available.

- 4. Effective and End Dates:** Enter the dates the IRB approval became effective, as well as the date of its expiration, if available.
- 5. Assurance of Compliance:** Identify the compliance number associated with the IRB Assurance, if available.

IRB approvals are not required at the time of application, however, if available please upload the approval(s). Convert the document(s) to PDF format and upload into the online application. The IRB approval(s) must have the same project title as the application project title and must be signed by the IRB chairperson.

#### IACUC Information (**Vertebrate Animals Used**)

This section only applies if the research involves the use of animal subjects.

- 1. Review Status:** Check the appropriate status box for the IACUC approval.
- 2. IACUC Approval Date:** Enter the date that Animal Welfare Assurance approval was received, if available.
- 3. Assurance of Compliance:** Enter the Animal Welfare Assurance number associated with the IACUC Assurance, if available.
- 4. Effective and End Dates:** Enter the dates the IACUC approval became effective, as well as the date of its expiration, if available.

IACUC approvals are not required at the time of application, however, if available please upload. Convert the document(s) to PDF format and upload into the online application. The IACUC approval(s) must have the same project title as the application project title and must be signed by the IACUC chairperson.

## **SECTION J. COVER/CERTIFICATION - SIGNED PAGE 1**

Click on the *Print Forms* link on the upper right side of this screen to generate and print a PDF document displaying the information you entered online, as well as copies of all the files you uploaded. Review this information carefully. If you want to make modifications, change your entries within the online form or upload replacement files and reprint the appropriate sections of your application.

The Principal Investigator and designated Organization Official must sign the first page of the printed application to show agreement with the listed certifications. **It is important to read them carefully. These certifications apply to all information contained on ALL required sections of the application.** Signatures must be in an ink color other than black (preferably blue) so the original is easily recognized. "Per" or "For" signatures are not acceptable.

After obtaining the appropriate signatures, scan this first signed page ONLY into a PDF formatted document and return to this screen to upload it into your application.

The original signed cover page must be delivered to the Florida Department of Health by the date and time listed in Chapter 9 of the Call. The delivery address may be found in Chapter 14 of the Call as well as in the *Final Instructions for James & Esther King Biomedical Research Program* section of the online application.

## **APPENDIX 1. FLORIDA RC1 BUDGET INSTRUCTIONS**

The contents of the Budget Form will be used to establish the official budget for the Florida RC1 Grant, if awarded.

When preparing your proposed budget, consider the following Program guidelines as well as those shown in Chapter 6 of the Call.

### **Allowed Direct Costs**

Allowed direct cost expenses must be directly related to the project and may include:

- salaries
- fringe benefits
- supplies
- equipment
- domestic travel
- consultant costs
- patient-care costs
- Department of Health IRB fees (if applicable)
- consortium or contractual costs

Administrative costs *may* be included in direct cost categories, but only under two conditions:

- the services, functions, or activities are directly necessary for this grant,  
AND
- these administrative costs have not been included in the calculation of the indirect costs.

### **Allowed Indirect Costs**

Indirect costs (also referred to as IDC, or F&A, or administrative costs) are limited to 10% of the direct costs requested.

### **Disallowed Costs**

The following items shall NOT be purchased with grant funds:

- Construction, renovation, or remodeling
- International travel

- Vehicles
- Entertainment
- Employment subsidies
- Dues/Membership fees
- Meals/Food (other than as part of travel costs)
- Malpractice insurance premiums

## Budget Summary

The Budget Summary breaks down the total amount of project costs by budget category. Each entry **must be directly related** to the project.

**Amount Requested for Initial Year:** Enter the amount of grant funds being requested for the initial 12-month funding period for each budget category.

**Total Project Budget:** Enter the total amount of funds needed to complete the project over the maximum allowable project time (two years).

**Indirect Costs:** Indirect costs may be requested and are limited to ten percent of total direct costs. The sum of direct and indirect costs must NOT exceed the maximum allowable amount outlined in the Call.

**Project Income:** If project income is anticipated, indicate the amount.

**Currency:** All amounts must be in U.S. dollars. List only the costs requested in this application that are necessary to carry out the Research Plan.

## Instructions for form fields

The first page of the Budget Form breaks down the total amount of project costs by budget category. Each entry **must be directly related** to the project. You may find it easier to complete the Budget Narrative/Justification (Page 2) first. If your Florida RC1 project consists of more than one project, you must complete a Year 1 Budget Form page 1 and 2 for each sub-project with the total of all sub-projects given on the Budget Summary.

### Year 1 Budget – Page 1

**Personnel:** Describe personnel information as indicated on the Budget Form.

**Name:** Starting with the Principal Investigator, list the names of all applicant organization employees who will be involved on the project during the entire funding period, regardless of whether salary is requested. Include all collaborating investigators, individuals in training, and support staff. Do not include consultants in this area. Use “TBA” (to be announced) for any necessary positions, other than key personnel, for which an appointment has not yet been made.

**Role on Project:** Identify the role of each individual listed on the project.

**Type Appointment (months):** Indicate whether the base salary is a 9-month salary or a 12-month salary.

**Percent Effort on Project:** For each individual or position, list the percent of time to be spent by each person on this project even if no salary is requested. *Percent effort must be greater than or equal to the percent of salary requested.*

**Percent Salary on Project:** For each individual or position, list the percent of base salary requested for this project. *Percent salary requested cannot exceed percent effort on the project.*

**Institution Base Salary:** List the annual base salary (without fringe benefits) for each position. The **maximum annual base salary** used in calculating these payments must not exceed the Executive Level 1 annual salary rate of the Federal Executive Pay Scale that is in effect as of September 18, 2009. See Chapter 15, Definitions, for more information about the Federal Executive Pay Scale. This salary cap excludes fringe benefits, facilities, and administrative (F&A) expenses, and also excludes any income that an individual may be permitted to earn outside of the duties to the applicant institution. This provision is consistent with the NIH salary limitations on grants, cooperative agreements, and contracts.

**Salary Requested:** List the total salary (without fringe benefits and for the total funding period) for each position. The percent FTE (Full Time Equivalent) salary support requested cannot exceed the actual percent of effort.

**Fringe Benefits:** State the percent used to calculate fringe benefits.

**Total Amount Requested:** List the totals (total salary with fringe benefits for the total funding period) for each position (cannot exceed percent effort).

In the next section of Page 1, provide the budget amount requested for each category listed. If project income is anticipated, indicate the amount. This budget amount should match the corresponding *budget narrative* section information on page 2 of the Budget Form.

## **Year One Budget Narrative/Justification – Page 2**

On the second page, provide a narrative justification for each budget category by describing how it is related to the project. Where appropriate, include details that show how the estimated cost was calculated. Any differences in any costs or personnel between the Florida RC1 budget the NIH RC1 budget must be specified, clearly explained, and justified in the budget narrative. Use additional sheets as necessary.

**Personnel:** Provide the names of all personnel and their roles on the project. Describe their responsibilities on the project. Further explain salary and effort figures from the Personnel Table on page 1 if clarification is needed. In cases where an individual's appointment is divided into academic and summer segments, please explain and provide calculations.

**Consultant Costs:** Provide the names of any consultants, their role(s) on the project, and the total amount requested. Whether or not costs are involved, provide the names and organizational affiliations of all consultants, other than those involved in consortium/contractual arrangements. Include consultant physicians in connection with patient care and persons who serve on external monitoring boards or advisory committees to the project. Describe the services to be performed. Include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

**Consortium/Contractual Costs:** List each consortium and/or contractual arrangement, the total dollar amount, and provide justification. Each participating consortium/contractual organization may be required to submit a separate detailed budget for the budget period.

Any consortium arrangements may involve personnel costs, supplies, and other allowable costs, including indirect costs. Contractual costs for support services, such as laboratory testing of biological materials, clinical services, or data processing, are occasionally sufficiently high to warrant a similar categorical breakdown of costs.

**Equipment:** List each item separately, with dollar amount, and justify each purchase. Property and equipment are defined as non-expendable, tangible property having a useful life of more than one year.

**Supplies:** Itemize supplies (with costs) in separate categories, such as glassware, chemicals, radioisotopes, etc. Categories in amounts less than \$1,000 do not have to be itemized. If animals will be purchased, state the species and the number to be used. (Note: animal maintenance costs should be included in the Other Expenses category, not supplies).

**Travel:** Itemize domestic travel requests and provide justification. Provide the purpose and destination of each trip and the number of individuals for whom funds are requested. Travel of a reasonable amount (\$1,500 per year for one traveler) may be proposed to attend conferences and similar meetings in the scientific field(s) of endeavor. Requested travel may be no more than travel requested in the NIH RC1 grant application budget; however, international travel is not allowed.

**Patient Care Costs:** If inpatient and/or outpatient costs are requested, list them and provide the names of any hospitals and/or clinics and the amounts requested for each. State whether each hospital or clinic has a currently effective DHHS-negotiated research patient care rate agreement, and if not, what basis is used for calculating costs. If an applicant does not have a DHHS-negotiated rate, a provisional rate can be approved. Indicate, in detail, the basis for estimating costs in this category, including the number of patient days, estimated cost per day, and cost per test or treatment. If both inpatient and outpatient costs are requested, provide information for each separately. If multiple sites will be used, provide detailed information by site.

Include information regarding projected patient accrual for the project/budget periods and relate this information to the budget request for patient care costs. If patient accrual will be lower at the start or during the course of the project, plan budget(s) accordingly.

Provide specific information regarding anticipated sources of other support for patient-care costs, e.g., third-party recovery or pharmaceutical companies. Include any potential or expected utilization of General Clinical Research Centers.

**Other Expenses:** Itemize any other expenses by category and unit cost. These might include animal maintenance (unit care costs and number of care days), patient travel, donor fees, publication costs, computer charges, rentals and leases, equipment maintenance, service contracts, tuition remission, and Department of Health (DOH) IRB fees (if applicable). Provide justification of these costs. All items listed in this category must meet the definition of direct costs.

**Project Income:** If project income is anticipated, provide detailed information and justification. If the application is funded, the award document(s) will provide specific instructions regarding the use of such income.

When you have completed the Budget Form, obtain the signature of the designated Administrative Official (*it is NOT necessary to obtain a signature from the Department of Health at this time*), convert the signed document to PDF format, and upload it into the online application where indicated.

## APPENDIX 2. FLORIDA RC1 OTHER SUPPORT INSTRUCTIONS

Other Support information assists peer reviewers and Program staff in the identification and resolution of potential overlap of support. **Overlap, whether scientific, financial, or commitment of an individual's effort greater than 100 percent, is not permitted.** The goals in identifying and eliminating overlap are to ensure that sufficient and appropriate levels of effort are committed to the project; that there is no duplication of funding for scientific aims, specific budgetary items, or an individual's level of effort; and that funds not otherwise necessary for the approved project are not included in the award.

The following definitions may guide you in determining the appropriate information to report on the Other Support form.

**Financial overlap** occurs when duplicate or equivalent budget items (e.g., equipment, salary) are requested in an application and are already funded by another source.

**Commitment overlap** occurs when any project personnel has time commitments exceeding 100 percent. This is the case whether or not the grant includes salary support for the effort. While information on other support is only requested for the Principal Investigator, **no personnel on the project may have combined commitments of more than 100 percent.**

**Scientific Overlap** occurs when: (1) substantially the same research is proposed in more than one application or is submitted to two or more different funding sources for review and funding consideration, or (2) a specific research objective and the research design for accomplishing that objective are the same or closely related in two or more applications or awards, regardless of the funding source.

### Instructions for Other Support Report form fields:

**Principal Investigator:** The Principal Investigator is the individual designated by the applicant organization to direct the project to be supported by the Florida RC1 Grant.

**Project Title:** Indicate the title of the project being entered for Florida RC1 Grant consideration.

**Institution:** Indicate the university or institution.

**Date:** Enter the current date.

**PI Percent Effort on Non-Research Activities (teaching, mentoring, etc.) at the Institution:** Indicate the PI's percent effort on non-research activities such as teaching, clinical work, mentoring, or administrative responsibilities at the institution.

The rest of the form consists of as many Section A's as are required to completely report the instances of Other Support for the Principal Investigator associated with the proposed Florida RC1 Grant project.

**Name of Key Person:** Name of the key individual associated with the other support being described.

**Role in the King Project:** Indicate the role of this person on the Florida RC1 Grant (Principal Investigator).

**Grant Number:** Enter the code or identifier for the project assigned by the funding organization. If this is a pending proposal, enter N/A.

**Dates of Grant:** Indicate the inclusive dates of the project as approved/proposed. For example, in the case of DOD support, provide the dates of the approved/proposed grant.

**Source:** Identify the agency, institute, foundation, or other organization that is providing the support.

**Total Annual Costs:** In the case of an active project, provide the current year's total budget amount (sum of direct and indirect costs). For a pending project, provide the proposed total budget amount (sum of direct and indirect costs) for the initial budget period.

**Grant Status:** Indicate the status of the award, such as applied for, pending, or active.

**Total Annual Direct Costs:** Provide the current year's direct costs. For a pending project, provide the proposed direct cost amount for the initial budget period.

**Percent Effort:** For an active project, provide the level of effort (even if unsalaried) as approved for the current budget period. For a pending project, indicate the level of effort as proposed for the initial budget period. In cases where an individual's appointment is divided into academic and summer segments, indicate the proportion of each devoted to the project.

**This Project PI:** Identify the principal investigator for the other support project being reported.

**Percent Salary:** For an active project, provide the percent of salary paid for the current budget period. For a pending project, indicate the percent of salary as proposed for the initial budget period. In cases where an individual's appointment is divided into academic and summer segments, indicate the proportion of each devoted to the project.

**Title of Project:** Provide the exact title of the funded or proposed "other" project.

**Major Project Goals:** Provide a brief statement of the overall objectives of the project, subproject, or subcontract.

**Overlap Status:** Summarize any potential scientific, financial, or time commitment overlap with active or pending projects and this application. If there is no overlap, state this. Any necessary resolution of overlap due to this application being funded will be arranged with the applicant prior to award.

When you have completed the Other Support Report Form, convert the document to PDF format and upload it into the online application.