



**Detailed Application Instructions for  
Special Call for Grant Applications:  
Shared Instrument Grant (SIG)  
for Tobacco-Related Diseases  
Fiscal Year 2009-2010**

**Issued: August 10, 2009**

## **TABLE OF CONTENTS**

### **James & Esther King Biomedical Research Program Detailed Application Instructions for Special Call Shared Instrument Grant**

<b>Overview .....</b>	<b>3</b>
<b>Section A. General Research Information .....</b>	<b>3</b>
Project Information .....	3
Principal Investigator Information .....	4
Applicant Organization Information .....	5
Official Signing for Applicant Organization .....	5
Administrative Official Information.....	6
<b>Section B. General Audience Abstract of Proposed Shared Instrument Project.....</b>	<b>6</b>
<b>Section C. Tobacco-Relatedness .....</b>	<b>6</b>
<b>Section D. Proposed Tobacco-Related Research Activities.....</b>	<b>7</b>
Proposed Tobacco-Related Research Activities – Project 1, Project 2 and Project 3 .....	7
Additional Tobacco Related Projects .....	8
<b>Section E. Description of Instrument and Need .....</b>	<b>8</b>
<b>Section F. Management Plan Overview .....</b>	<b>9</b>
<b>Section G. Advisory Committee.....</b>	<b>9</b>
<b>Section H. Budget.....</b>	<b>10</b>
<b>Section I. Institutional Letter of Commitment .....</b>	<b>12</b>
<b>Section J. Biographical Sketches .....</b>	<b>12</b>
<b>Section K. Vendor Itemized Quote.....</b>	<b>13</b>
<b>Section L. Cover/Certification – Signed Page 1 .....</b>	<b>13</b>

## OVERVIEW

This document contains detailed instructions for completing the James & Esther King Biomedical Research Program Shared Instrument Grant (SIG) application. Use this document along with the *Special Call for Grant Applications: Shared Instrument Grant (SIG) 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:** Enter the title for the project that identifies the instrument requested.
- 2. Amount of Grant Funds Requested:** Enter the amount of funds requested for the life of the grant.
- 3. Type of Project:** Select the type of grant mechanism for which you are applying (Shared Instrument).
- 4. Research Classification:** Identify one or more major categories of research that will be directly supported by the instrument requested in this application.
- 5. Previous James & Esther King Applicant:** If you have been a previous 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.
- 6. Shared Instrument Site:** Indicate the site where the shared instrument will be located and used. Include the institution/organization name, city, and state.

## Principal Investigator Information

- 1. Name of Principal Investigator:** The Principal Investigator is the individual designated by the applicant organization who will have administrative/scientific oversight responsibility for the instrument supported by the grant. Provide prefix, first name and last name where requested.
- 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 mailed 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 or a Final Year Postdoc Fellow at Florida**

**Institution:** If you are a full-time faculty member (or full-time equivalent) or a postdoctoral fellow in your final year by the application due date (indicated in Chapter 9 of the Call) at an eligible institution, check “Yes,” otherwise check “No.” (See full-time faculty, full-time equivalent, and eligible institution definitions in Chapter 15 of the Call.)

## **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.)

## **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 your institution 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 PROPOSED SHARED INSTRUMENT PROJECT

If an award is made, this summary will be made available to the public as a source of information about this award. **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 directed for a general audience as opposed to the scientific community. To help general readers best understand the importance of this request, this summary should include very brief descriptions of the following information:

- the instrument to be purchased
- a high level explanation of how the proposed shared instrument will be used, highlighting its significance for the prevention, treatment, diagnosis, or cure of tobacco-related illnesses
- the reasons why this instrument is essential and not just more convenient.

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 project 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 project to tobacco use.** *Entry is limited to 3000 characters.*

## SECTION D. PROPOSED TOBACCO-RELATED RESEARCH ACTIVITIES

### Proposed Tobacco-Related Research Activities – Project 1, Project 2 and Project 3

These three project sections (project 1, project 2, project 3) are identical. In each, identify and describe one representative research project for one of three major user groups who will utilize this instrument for tobacco-related research. No more than 60% of instrument usage time may be allocated to one research group or its collaborator. Provide the following detail for each major user group.

1. **User Group (Department or Office, Laboratory, or Equivalent):** Identify the name of the major user group who will utilize this instrument for tobacco-related research.
2. **Anticipated % Instrument Usage Time:** Identify the anticipated percentage of total available useable time that this instrument will be allocated to this research user group.
3. **Title of Representative Project:** Identify the title of one significant project for which this research group will use this instrument for tobacco-related research. This should be the project that demonstrates the need for this shared instrument most clearly. The project may or may not have already been funded.
4. **Name of Principal Investigator:** Identify the Principal Investigator of the representative Project.
5. **Status of Representative Project:** The next several questions ask for basic information about the representative project:
  - a. **Anticipated:** If the project is funded by an existing grant, check “No.” If it applies to a proposal that has already been submitted to a funding agency, or will be submitted within the next 12 months, check “Yes.” If the project is planned for a period more than 12 months in the future, it is not a good choice for a representative project.
  - b. **Percent Complete:** If the project is sponsored by an existing grant, indicate the overall percent complete. If it is a proposed project, no entry is needed.
  - c. **Potential or Current Funding Organization:** Identify the organization that is currently funding, or is anticipated to fund, the representative project (e.g. NIH, ACS, DOD, etc.).
  - d. **Award Type:** Describe the grant mechanism associated with this project (e.g. R01, P01, IRG, etc.).
  - e. **Award Interval:** Indicate the interval of the anticipated or actual grant award for the cited project. The format for this response should be “MM/YY to MM/YY,” where the first MM/YY indicates the beginning of the award period and the subsequent MM/YY indicates the end of the award period.

6. **Technical Description of Research:** This should be a very concise technical description of the research to be pursued. Even though the space allowed is short, try to provide enough information regarding the experimental procedures to allow reviewers to consider the match between the project needs and the capabilities of the instrument described later in the application. *Entry is limited 4200 characters.*
7. **Case Supporting the Need for the Instrument:** Provide a case statement supporting why the requested instrument is essential rather than only more convenient for the cited research (such as a need for higher capacity, increased sensitivity, or new capabilities). The need for special features and accessories must be justified. If the research has been conducted adequately without the proposed instrument, explain what features are needed in the future and what aspect of the research will be enhanced as a result of obtaining the proposed instrument. If the requested instrument is available on a fee-for-service basis, there must be careful justification of why existing commercial services are inadequate or inappropriate for the scientific requirements of the projects. *Entry is limited 4200 characters.*
8. **Proposed Regular Instrument Users:** Enter estimates of the total numbers and types of personnel who will use the requested instrument on a regular basis for this project.

## Additional Tobacco Related Projects

This section requests information about additional tobacco-related projects that may use this instrument. See field level instructions for items 1 – 5 above.

## SECTION E. DESCRIPTION OF INSTRUMENT AND NEED

This section should provide a description of the instrument and the need for such instrument. Complete this section offline in a Microsoft Word document addressing the specific items listed below. Once complete, create a PDF document and upload the file by clicking on the button indicated. *This file is limited to 3 pages.*

1. **Technical Description:** Provide a technical description of the requested instrument (including manufacturer and model number), along with an estimate of its useful life. The description should be comprehensive enough to allow reviewers to evaluate the extent to which it will satisfy the needs expressed in the Proposed Tobacco-related Research Activities section of your application.
2. **Available Related Instrumentation:** Provide a listing and/or description of related instruments currently available at or near the applicant organization. Describe why they are unavailable or inappropriate for the proposed research. Provide a clear justification of why a new or updated instrument, including accessories, are needed. Include specific documentation on the current usage and downtime of existing instruments and a realistic estimate of the projected usage for the requested instrument. Such documentation should be expressed as hours of use, setup time, etc., per day or week, not simply as percentage of available time. Be specific and quantitative.

## SECTION F. MANAGEMENT PLAN OVERVIEW

The Management Plan Overview should outline general projections for the maintenance and operational support for the requested instrument over its useful life. The management plan section consists of three online questions. Make sure you address the specific question being asked. Enough detail should be given to allow reviewers to evaluate if the instrument will be well managed for the duration of its useful life.

- 1. Technical Expertise Required:** Describe the technical expertise needed to set up, maintain and operate the instrument and specify anticipated costs. Specify who will operate the instrument, train new users, ensure that it is operated safely and appropriately maintained. If the appropriate expertise is not already on staff, identify planned staffing or contracting arrangements as well as sources of funding for these costs. *Entry is limited to 4200 characters.*
- 2. Facility:** Describe the facility where the instrument will be housed. If the instrument will become part of a laboratory that houses similar equipment, include information on historical usage and downtime. *Entry is limited to 4200 characters.*
- 3. Financial Plan for Long-term Operation and Maintenance:** Submit a high level financial plan for long-term operation and maintenance of the instrument. Explain how costs will be met to initially place the instrument in operation as well as the maintenance, support personnel, and service costs associated with effective long-term use of the instrument. *Entry is limited to 4200 characters.*

## SECTION G. ADVISORY COMMITTEE

Enter the requested information for between one and six individuals who, together with the Principal Investigator, will be responsible for overseeing the use and maintenance of the instrument. The membership of the committee should be broadly based and include members without conflicts of interest who can resolve disputes as they arise. One member of the advisory committee must be identified as a Chair.

### Committee Chair

Complete the information below for the advisory committee chairperson where indicated in the online application.

- 1. Name of Advisory Committee Chair:** Enter full name, first and last and including any prefix or suffix, as the individual prefers to be addressed. (e.g. John Doe, M.D.)
- 2. Title:** Provide the academic or professional title. If more than one title, indicate the one most relevant to the proposed project, such as Professor of Biochemistry, Chief of Surgical Service, etc.

- 3. Department or Office, Laboratory, or Equivalent:** Indicate the organizational affiliation of the Chair, such as Department of Medicine, Materials Research Laboratory, or Social Sciences Institute.

## Committee Members

Complete the information below for each advisory committee member where indicated in the online application.

- 1. Name of Committee Member:** Enter full name, first and last and including any prefix or suffix, as the individual prefers to be addressed. (e.g. John Doe, M.D.)
- 2. Title:** Provide the academic or professional title. If more than one title, indicate the one most relevant to the proposed project, such as Professor of Biochemistry, Chief of Surgical Service, etc.
- 3. Department or Office, Laboratory, or Equivalent:** Indicate the organizational affiliation, such as Department of Medicine, Materials Research Laboratory, or Social Sciences Institute.

## SECTION H. BUDGET

Use the link provided online to download the Budget Form. 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 by clicking on the *Budget Form* button.

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

When preparing your proposed budget, consider the following Program guidelines.

**Allowed project costs** include instrument upgrade or initial purchase, installation, commissioning, and calibration. The amount requested should be based on the net price of the instrument, including all academic discounts and other special purchase arrangements. Computer systems, clusters of advanced workstations, networks, and other information infrastructure components necessary for research are allowed. You must show how obtaining the instrument will further the search for prevention, diagnosis, treatment, and/or cure of tobacco-related diseases.

The budget may include up to \$50,000 for physical alterations (see definition for “physical alteration” in the Call, Chapter 15) necessary to accommodate the instrument.

**Disallowed project costs** are listed below. Proposals that include funding for these items may not be peer-reviewed:

- computer networks as general equipment;

- lists of assorted instruments or general lab equipment that do not share a common or specific research or research training focus;
- renovation or modernization of research facilities; the term “research facilities” refers to the bricks-and-mortar physical structure in which research activities (including research training) take place, including related infrastructure systems (e.g., HVAC and power systems, toxic waste removal systems);
- fixed equipment; the term “fixed equipment” refers to the permanent components of a research facility that are integral (i.e., built in, rather than affixed) to the facility (e.g. clean rooms, fume hoods, elevators, laboratory casework), and whose removal would affect the integrity or basic operation of the facility;
- instruments for purely instructional purposes;
- costs of instrument maintenance and operations;
- instrument development projects;
- and direct and indirect costs associated with research projects to be conducted using the requested instrument (including researcher’s salary, students’ stipends, project supplies and travel).

## **Instructions for SIG application budget:**

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.

### **Budget Form - Page 1**

On the first page of the budget form, identify the Principal Investigator, applicant organization, and grant period and break down the total amount of project costs by budget category. Each budget category entry **must be directly related** to the grant. This budget amount should match the corresponding budget narrative section information on the second page of the budget. It is recommended that the Budget Narrative (Page 2) be completed first.

### **Budget Form – Page 2**

On the second page of the budget 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. Use additional sheets as necessary.

**Instrument:** If the request involves more than one instrument, list each separately and justify each purchase. An Instrument is defined as non-expendable, tangible property having a useful life of more than one year.

**Installation and Calibration:** List and describe all installation, set-up, and calibration costs.

**Shipping and Handling:** Identify shipping and handling costs for all components of the instrumentation.

**Physical Alterations:** Up to \$50,000 may be used for physical alterations (see definition for “physical alteration” in the Call, Chapter 15) necessary to accommodate the instrument. Specifically identify all proposed physical alterations, including why the alterations are needed.

**Other Expenses:** Itemize any other direct allowable expenses.

**Other Contributions:** If the amount of funds requested will not cover the total cost of the instrument, briefly describe the proposed source(s) and amount(s) of additional funding for the balance of the cost of the instrument.

## **SECTION I. INSTITUTIONAL LETTER OF COMMITMENT**

Prepared on official letterhead, this letter must show the institution’s commitment to support and maintain the shared instrument for the duration of its useful life, including all associated operating and maintenance expenses. Additionally, if the amount of the funds requested does not cover the total cost of the proposed acquisition and installation costs, the letter must include a description of the proposed source(s) and amount(s) of funding for the balance of the costs. This letter must be signed by the appropriate Department Chair and the designated Administrative Official (most commonly, a representative from the Sponsored Research Office).

You may click on the link provided to get a copy of the instructions for this section that may be given to the individual preparing the letter.

The signed letter must be scanned into PDF format and uploaded into the Institutional Letter of Commitment section of the online application.

## **SECTION J. BIOGRAPHICAL SKETCHES**

Assemble current biographical sketches (each no more than 4 pages in length) for the following individuals:

- The Principal Investigator for this Shared Instrument Grant
- The Advisory Committee Chairperson.

All biographical sketches should be combined into a single PDF document and uploaded into the online application where indicated.

## SECTION K. VENDOR ITEMIZED QUOTE

Upload a PDF copy of at least one itemized quote for the proposed instrument from qualified vendor(s) dated no earlier than January 1, 2009. This quote should list the price for the basic instrument along with all significant options planned to be included, and must include the period of time for which the quote will be honored. Vendor brochures and marketing materials will not be considered to justify the features or capabilities of the instrument. If you wish to include copies of the vendor marketing materials, please limit them to no more than 5 pages total for this application.

## SECTION L. 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 C of the Call as well as in the *Final Instructions for James & Esther King Biomedical Research Program* section of the online application.