**HEALTH CENTER RESEARCH ADVISORY COUNCIL**

**University of Connecticut Health Center**

**Application for an Emergency Grant**

### Lapse of Grant Support for an Ongoing Project Funded for 3 Years or longer

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| --- | --- |
| **NAME:** | **RANK:** |

|  |  |
| --- | --- |
| **DEPARTMENT:** | DATE: |

|  |  |
| --- | --- |
| **PARENT GRANT FUNDING AGENCY AND IDENTIFYING NUMBER:** | **FOAPAL ACCT# ASSOCIATED WITH PARENT GRANT:** |

**PROJECT TITLE OF PARENT GRANT:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PERIOD OF SUPPORT REQUESTED | | |  | **Indicate which period of emergency support you are requesting in this Application.** | | | |
| **From:** | **To:** |  | | **1st** | **2nd** | **3rd** | **4th** |

|  |  |  |
| --- | --- | --- |
| 1st Emergency grant period FOAPAL account number (for Research Finance use only): |  | **FOAPAL acct # Assigned to 1st Emergency Grant period:** |

Identification of on-going research project.

IA. Prepare a **one-paragraph** (250 words maximum) overview of the ongoing research to be supported. Specific Aims must be clearly identified.

IB. Complete the following table describing your attempts to obtain continued extramural funding for the Parent Grant linked to this E-Grant application. List **all** Submissions (applications for funding) that would continue the overarching project established by the Parent Grant; this includes competitive renewals (CR) of the Parent Grant and New grant applications for projects that grew out of the Parent Grant. Add rows as needed.

Prior to application for a 2nd E-grant installment, you MUST HAVE RECEIVED the evaluation (i.e., summary statement) for at least one Submission for extramural funding.

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| --- | --- | --- | --- |
|  | Date(s) | Application number, Title, Funding Agency. Indicate if application is a competitive renewal “**CR**” or a new grant “**New**” | Percentile score or “unscored” |
| Parent Grant – start/end dates |  |  |  |
| No-cost extension(s) (if applicable) |  |  |  |
| Submission #1 |  |  |  |
| Receipt of Submission #1 summary statement |  |  |  |
| Submission #2 |  |  |  |
| Receipt of Submission #2 summary statement |  |  |  |
| Submission #3 |  |  |  |
| Receipt of Submission #3 summary statement |  |  |  |
| Submission #4 |  |  |  |
| Receipt of Submission #4 summary statement |  |  |  |

IC. If any of your Submissions are identified as New, instead of Competitive Renewals (CR), briefly describe the relationship between the Parent Grant and the New application(s) being developed/submitted.

ID. Provide a rationale if you are either requesting a 1st six-month installment prior to submission of an extramural research grant application and/or receipt of the corresponding evaluation, or plan not to submit an extramural grant application during the currently requested installment period.

IE. If you are requesting a 1st six-month installment and it has been longer than 1 year since the parent grant has ended, provide an explanation as to why this request was not made earlier as well as a brief summary of ongoing research efforts during this time gap that have been directed towards the goal of re-establishing extramural funding.

IF. Indicate the number of years the Parent Grant for which you are seeking continued support has been funded and the total direct costs of the award for each of the last 3 years. **The emergency grant maximum allowable request is 20% of the average annual direct costs for that final 3 years of the original grant, not to exceed $70,000**.

II. Prepare an itemized budget with justification of the particular need for which you are seeking support.

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| --- | --- | --- | --- | --- | --- |
| **Budget Category** | **Total Amount Needed** | **Justification** | **HCRAC**  **Share** | **Department Share** | **PI Share** |
| Personnel (List by person and title) |  |  |  |  |  |
| Fringe Benefits  (Total for all staff) |  |  |  |  |  |
| Supplies (Itemize) |  |  |  |  |  |
| Other (Describe) |  |  |  |  |  |
| Total (May not exceed $50,000 from all sources) |  |  |  |  |  |

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| --- |
| Explanation for Insufficient Departmental/Center Match (Required only if Department Fails to commit 20%) |
| Departmental/Center Approval:  Signed, Dept. Head/Center Director |

III. Summarize all other support available to you during the period of the requested emergency support. If you have continuing support for other research programs, describe how they relate to the program for which you are seeking emergency support. List grant (including carryover funds) and contract support, as well as departmental, or school (including any discretionary funds, start-up funds, residual funds from expired contracts, etc.) sources, but exclude funds used for your salary.

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| --- | --- | --- | --- |
| **Source** | **End Date** | **Description** | **Available Balance** |
| **Individual DCAA Account** |  |  |  |
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IV. If this application is seeking emergency support for a component project of a program project or center grant, please provide the following information.

***Name of PI, title and direct costs of the parent grant.***

***Describe the background relating to loss of support for your project.***

V. Describe steps you have taken, in addition to this application, to secure emergency support from Health Center sources.

VI. Describe your efforts and plans for securing additional extramural support.

**Unobligated funds may not be carried over from one six-month period to the next, but the six-month period of the award can be extended. Because the goal of the E-grant program is to provide support for PIs who are actively working to obtain external support for their research program, the E-grant (including all installments awarded) may not remain active for longer than 3 years. PIs requesting for the E-grant to remain active beyond 2 years should provide within Sections V and VI a summary of what has been done with the current E-grant funds thus far to obtain long-term funding for this project as well as plans for upcoming grant applications.**

**Report the award of grants obtained with the help of the emergency grant program to the chair of HCRAC.**