

F-1 Application for Health Effects Institute Research Agreement

All Agreements Use the Cost Reimbursement Format

Number (Leave Blank)

1. TITLE OF APPLICATION (20 words maximum)

2. RESPONSE TO RFA OR RFPA NUMBER AND TITLE

3. TYPE OF ORGANIZATION (Check all that apply)

Private Non-Profit Private Profit Minority Owned
 Educational Small Business
 Public (Federal, State, Local) Woman Owned

4. PRINCIPAL INVESTIGATOR

4A. NAME (LAST, FIRST, MIDDLE) *With Signature and Date*

Signature and Date

4B. MAILING ADDRESS (Organization, Street, City, State, Zip Code)

4C. TELEPHONE NUMBER (Area Code, Extension)

4E. EMAIL

4F. POSITION TITLE

5. TOTAL COST REQUESTED FIRST 12-MONTH PERIOD
(Enter from Page F-4a)

6. HUMAN SUBJECTS OR DERIVED MATERIALS INVOLVED?

YES _____ NO _____

7. TOTAL COST REQUESTED ENTIRE PROJECT PERIOD
(Enter from Page F-5a1) / Number of Years

_____ / _____ Years

8. APPLICANT INSTITUTION, CONGRESSIONAL DISTRICT, AND DUNS NUMBER

9. NAME, TITLE, ADDRESS, EMAIL & TELEPHONE NUMBER OF INDIVIDUAL(S) AUTHORIZED TO NEGOTIATE AGREEMENT

Signature and Date

10. NAME, TITLE, ADDRESS, EMAIL & TELEPHONE NUMBER OF INDIVIDUAL(S) AUTHORIZED TO EXECUTE AGREEMENT (if different than above)

Signature and Date

Include a signed, scanned copy of this form with the electronic application.

F-2 TABLE OF CONTENTS OF APPLICATION

Number pages consecutively at the bottom throughout the application (automatic page numbering is activated but please double check). Type the name of the Principal Investigator at the top of each page and each continuation page (see page header).

COVER LETTER (Rosenblith Award only)

FACE PAGE (Signed) ----- F-1

TABLE OF CONTENTS ----- F-2

ABSTRACT ----- F-3

BUDGET

Detailed Budget for First 12-Month Budget Period ----- F-4a

Detailed Budget for First 12-Month Budget Period (Subcontract) ----- F-4b

Estimated Budget for Total Project with Justification ----- F-5a

Estimated Budget for Total Project with Justification (Subcontract) ----- F-5b

PROJECT PLAN -----F-6

A. Specific Objectives

B. Anticipated Results and Significance

C. Related Previous Studies

D. Experimental Plan and Methods

E. Statistical Design and Analysis Plans

F. Research Translation and Dissemination Plan

G. Milestones and Timeline

H. Literature Cited

(Sections A + B + C should not exceed 4 pages total)

(Sections D + E should not exceed 15 pages total)

COMMUNITY ENGAGEMENT PLAN (if applicable) ----- F-7

OTHER SUPPORT ----- F-8

RESOURCES AND ENVIRONMENT ----- F-9

BIOGRAPHICAL SKETCHES ----- F-10

Principal Investigator (*Maximum 2 pages*)

Other (*Maximum 2 pages per person*)

ADDITIONAL SUBMISSIONS -----F-11

- Human participants, laboratory animals, recombinant DNA, quality assurance/quality control, sponsor participation, previous HEI funding, conflict of interest, letters of support

- Additional Materials (Rosenblith Award only): letter indicating institutional support, mentoring plan, letters from mentors, three recent publications, and list of all publications by the applicant

PERSONAL DATA (*Optional, please submit separately*) ----- F-12

F-3 ABSTRACT OF PROJECT PLAN

DO NOT EXCEED ONE PAGE.

PRINCIPAL INVESTIGATOR: *(Name, Position, and Institution)*

..

PROJECT TITLE: *(20 words maximum)*

..

ABSTRACT OF PROJECT PLAN:

..

F-4a BUDGET FOR FIRST 12 MONTH PERIOD

From			Through				
Personnel			Time Effort		Dollar Amount Requested (<i>omit cents</i>)		
Name	Title or Position	Role in Project	%	Hours /Week	Salary	Fringe Benefit	Totals
		Principal Investigator					
Subtotals							
Consultant Costs							
Supplies (itemized)							
Other Expenses (itemized)							
Travel (domestic only)							
Subtotal Direct Costs							
Indirect Costs - Limited to 30% of direct costs excluding equipment and subcontracts. See budget instructions.							
Equipment (itemized)							
Subcontractors (<i>Enter total from 4b</i>)							
Total First 12-Month Budget Costs (<i>Enter on Form 1 Item 5 and on Form 5a</i>)							

F-4b BUDGET FOR FIRST 12 MONTH PERIOD (Subcontract) _____
(Enter subcontractor name)

From			Through				
Personnel			Time Effort		Dollar Amount Requested (<i>omit cents</i>)		
Name	Title or Position	Role in Project	%	Hours /Week	Salary	Fringe Benefit	Totals
		Principal Investigator					
Subtotals							
Consultant Costs							
Supplies (itemized)							
Other Expenses (itemized)							
Travel (domestic only)							
Subtotal Direct Costs							
Indirect Costs - Limited to 30% of direct costs excluding equipment and subcontracts. See budget instructions.							
Equipment (itemized)							
Total Subcontract Costs (<i>Enter on Form 4a under Subcontracts</i>)							

F-5a BUDGET FOR TOTAL PROJECT

BUDGET CATEGORY	1ST BUDGET PERIOD <i>(From page F-4a)</i>	ADDITIONAL YEARS SUPPORT REQUESTED		
		2ND	3RD	TOTAL
PERSONNEL (Salary and Fringe Benefits) (Applicant Organization Only)				
CONSULTANT COSTS				
SUPPLIES				
OTHER EXPENSES				
TRAVEL				
SUBTOTAL DIRECT COSTS				
INDIRECT COSTS <i>(Note 30% Cap)</i>				
EQUIPMENT				
SUBCONTRACTS <i>(From Form 5B)</i>				
TOTAL COSTS				
TOTAL FOR ENTIRE PROPOSED PROJECT <i>(Enter on Form 1, Item 7)</i>				

Budget Justification: Total Budget

..

F-5b BUDGET FOR TOTAL PROJECT (Subcontract) _____
(Enter subcontractor name)

BUDGET CATEGORY	1ST BUDGET PERIOD <i>(From page F-4a)</i>	ADDITIONAL YEARS SUPPORT REQUESTED		
		2ND	3RD	TOTAL
PERSONNEL (Salary and Fringe Benefits) (Applicant Organization Only)				
CONSULTANT COSTS				
SUPPLIES				
OTHER EXPENSES				
TRAVEL				
SUBTOTAL DIRECT COSTS				
INDIRECT COSTS <i>(Note 30% Cap)</i>				
EQUIPMENT				
TOTAL COSTS				
TOTAL FOR ENTIRE PROPOSED PROJECT <i>(Enter on Form 5a under Subcontracts)</i>				

Budget Justification: Subcontract Budget

..

F-6 PROJECT PLAN

The Project Plan should contain the sections listed below. Sections A, B, and C together should not exceed 4 pages. Sections D and E combined should not exceed 15 pages. Please refer to the instructions for details.

A. Specific Objectives

..

B. Anticipated Results and Significance

..

C. Related Previous Studies

..

D. Experimental Plan and Methods

..

E. Statistical Design and Analysis Plans

..

F. Research Translation and Dissemination

..

G. Milestones and Timeline

..

Milestone Chart

Year	Year 1				(etc.)
Quarter	1	2	3	4	(etc.)
Specific Aim 1: (add text)					
Task 1: (add text)					
Task 2: (add text)					
(etc.)					

H. Literature Cited

..

F-7 COMMUNITY ENGAGEMENT PLAN

Please refer to the instructions for details (2 pages maximum)

A. Objectives for engagement

..

B. Anticipated community groups and other end users

..

C. Approach to engage community groups and other end users

..

D. Approach for communication of study designs and results

..

E. Measures of success

...

F. Research team member expertise

...

F-8 OTHER SUPPORT

(1) Active Support

..

(2) Pending Support

..

F-9 RESOURCES AND ENVIRONMENT

A. FACILITIES:

Laboratory ..

Animal ..

Clinical ..

Computer..

Other ..

B. MAJOR EQUIPMENT:

..

C. SPONSOR PARTICIPATION ___ YES ___ NO

F-10 BIOGRAPHICAL SKETCH

Please provide the following information for professional personnel and consultants beginning with the Principal Investigator, not exceeding 2 pages per individual. Copy this page for each additional person.

NAME	POSITION

Education (*Begin with baccalaureate training and include postdoctoral training*)

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY

PERSONAL STATEMENT

POSITIONS AND HONORS: *Concluding with present position, list in chronological order previous employment, experience, and honors.*

CONTRIBUTIONS TO SCIENCE

SELECTED PUBLICATIONS: *List, in chronological order (newest first), the titles and complete references to recent representative publications, especially those most pertinent to this application.*

F-11 ADDITIONAL SUBMISSIONS

Please refer to the instructions for details. Headers that do not apply to your application can be deleted.

Human Participants *(if applicable)*

..

Laboratory Animals *(if applicable)*

..

Recombinant DNA *(if applicable)*

..

Quality Assurance/ Quality Control

..

Sponsor Participation *(if checked "Yes" on form F-8)*

..

Previous HEI Funding

..

Conflict of Interest

..

Letters of Support

...

A. Consultant(s)

B. Statistician(s)

C. Other *(e.g., access to facilities, data sharing, collaboration with community group)*

...

Additional Materials for Rosenblith Award *(letter indicating institutional support, mentoring plan, letters from mentors, complete publications list, three recent publications.)*

..

F-12 PERSONAL DATA ON PRINCIPAL INVESTIGATOR

(OPTIONAL – PLEASE SUBMIT SEPARATELY)

Health Effects Institute has a continuing commitment to monitoring the operation of its review and award process to detect, and deal appropriately with, real or perceived inequities with respect to age, ethnicity, race, or gender of the proposed principal investigator. To provide HEI with the information it needs for this important task, please complete this form and send it together with the application. This form will be updated as new federal guidance becomes available.

Upon receipt of this application by HEI, this form will be kept separate from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential. All analyses conducted on the data will report aggregate statistical findings only and will not identify individuals.

HEI strongly appreciates completion of this form to support its efforts to track diversity of applications and funded investigators and to expand investment into diversity, equity, and inclusion as part of its [2020 action plan](#). If you decline to provide this information, or leave any questions blank, it will in no way affect consideration of your application.

Your cooperation is appreciated.

YEAR OF BIRTH: _____

GENDER: __ Female __ Male __ Non-binary __ Transgender
 __ Self-indicated or other:

RACE AND/OR ETHNIC ORIGIN (*check one*)

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black, not of Hispanic origin
- Hispanic
- White, not of Hispanic origin

NOTE: The category that most closely reflects the individual’s recognition in the community should be used for purposes of reporting mixed racial and/or ethnic origins. Definitions are as follows:

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

Black, not of Hispanic origin: A person having origins in any of the black racial groups of Africa.

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

White, not of Hispanic origin: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.