

**HAROLD HAMM DIABETES CENTER (HHDC)
&
PRESBYTERIAN HEALTH FOUNDATION (PHF)**

**HHDC/PHF EQUIPMENT GRANT PROGRAM
GUIDELINES AND APPLICATION FORM**

APPLICATION DEADLINE: MARCH 15, 2019

Applicants will be notified whether the application has been forwarded to HHDC and PHF for consideration for funding by May 10, 2019.

The start date for approved proposals for the HHDC/PHF Equipment Grant Program will be July 1, 2019.

HHDC/PHF EQUIPMENT GRANT PROGRAM GUIDELINES AND APPLICATION FORM

I. OBJECTIVES

The primary objective of the HHDC/PHF Equipment Grant program is to provide funding for critically needed research equipment that will promote diabetes research. Funding priority will be given to research equipment that will permit OUHSC investigators to be more competitive for external funding in the area of diabetes research and provides support to multiple users.

II. SUPPORT

The maximum allowable budget for this program is \$250,000. The minimum allowable budget for this program is \$5,000. Each budget item should be carefully justified. The budget request is for direct costs only. Funds may not be requested for the following: installation costs, alterations of laboratory space, maintenance contracts, operating personnel, or operational supplies. Funds must be used within 12 months of grant award.

III. ELIGIBILITY

- A. All Assistant, Associate, or Full Professors are eligible to apply.
- B. Principal investigators with Temporary Faculty appointments (faculty with academic titles such as instructor, lecturer, or titles modified by prefixes such as visiting, adjunct, clinical, or temporary research appointments with suffix "of Research") must obtain approval from the Vice President for Research before submitting an application for this program. Requests should be sent to ORA4PHF@ouhsc.edu.
- C. HHDC/PHF Equipment Grant applicants may not also apply for a PHF Equipment Grant. They may apply for or hold any other HHDC or PHF Grant award simultaneously.

IV. APPLICATION PROCEDURE

- A. A complete application consists of the following (see Application Form at end of Guidelines):
 - 1. Face Page
 - 2. Budget
 - 3. Budget Justification
 - 4. PI Biographical Sketch (use current NIH format). Biographical sketches for other key personnel should be included in the Appendix.
 - 5. Narrative: A blank Narrative page is provided for your convenience. The narrative section is limited to five pages. Use the following format (all items are required):
 - a. Equipment List: Identify each piece of equipment by manufacturer and model number.
 - b. Significance: Describe how your diabetes research program(s) will benefit from the equipment requested. Describe how the equipment will allow OUHSC investigators to be more competitive for external funding in the area of diabetes.
 - c. Users: Identify other major users of the equipment and describe how they will benefit from the equipment. Include letters of support from major users in the Appendix.
 - d. Location of equipment.
 - 6. Literature Cited
 - 7. Appendix - Biographical Sketch for other key personnel; letters of support from major users; if the PI has a Temporary Faculty appointment, include the letter from the

Department Chairperson here and approval from the Vice President for Research to submit an application.

- B. Font and margin specifications
Font and margin specifications must be followed. The approved font options include two serif fonts (Palatino and Georgia) and two sans serif fonts (Arial and Helvetica). Font must be 11 points or larger. Use at least one-half inch margins (top, bottom, left, and right).
- C. Routing of the sponsored programs grants routing form
At least three days prior to submission of the grant application, you must submit an electronic routing form using SOONERTRACKGRANTS (<http://soonertrack.ouhsc.edu/SoonerTrackGrants.aspx>). A copy of the application must also be sent to HSCORA@ouhsc.edu for review by your Sponsored Program Administrator. Once the review is complete the Face Page of the HHDC/PHF Equipment Grant application must be signed by the ORA Official before the PI submits the final application.
- D. Submission of final application
 1. Send the final application by e-mail to ORA4PHF@ouhsc.edu no later than 5 pm, Friday, March 15, 2019. Please title the application attached to the e-mail: HHDC/PHF-Equipment Grant-[PI Name]. **Please submit the application as a single file in a pdf format.**
 2. Failure to follow these steps could cause your application to be overlooked and not reviewed by the Review Committee.

V. PROGRAM RESTRICTIONS

- A. Funds must be used within 12 months of grant award.
- B. The maximum allowable budget for this program is \$250,000. The minimum allowable budget for this program is \$5,000.
- C. Funds may not be requested for the following:
 1. Installation costs, alterations of laboratory space, maintenance contracts, operating personnel, or operational supplies.
 2. Faculty salaries and fringe benefits.
 3. Clerical support, including office supplies, except those carefully justified as specifically required for research purposes.
 4. Office equipment or furniture, laboratory furniture, or therapeutic equipment.
 4. Alterations and renovations.
 6. Hospital per diem charges.
 7. Purchase of books, periodicals, or library services.
 8. Foreign travel.
 9. Laboratory equipment costing over \$5,000.
- D. Any unspent funds must be returned upon termination of the grant.
- E. No-cost extensions are not allowed, except in extenuating circumstances and must be approved by the Vice President for Research or designee. Re-budget requests must be submitted on the PHF Budget Modification Request Form and approved by the Vice President for Research or designee. Any significant change in the budget (e.g., deviation of expenditures in a single category, increase or decrease by 15% or more of the total amount awarded) will require approval from HHDC and PHF.

VI. REVIEW CRITERIA

- A. The committee will evaluate the application for scientific merit according to the following criteria:
 - 1. Degree of critical need for the equipment to promote diabetes research.
 - 2. General significance of the work for which the equipment will be used.
 - 3. Degree to which the equipment will contribute to the research environment of other OUHSC investigators, in addition to that of the principal investigator.
- B. Scoring for scientific merit will use NIH Study Section Guidelines. Scientific Priority scores range from 1.0 (highest priority) to 9.0 (lowest priority).

VII. POST AWARD CONDITIONS

- A. Grant administration
Questions about grant administration (e.g., budget modifications, changes in project personnel, extensions) should be addressed to the Sponsored Program Administrator assigned to the PI (find your SPA: <https://research.ouhsc.edu/Research-Administration/About-ORA/SPA>).
- B. Progress reports:
 - 1. **HHDC/PHF Progress Report** – A progress report is due to the Office of the Vice President for Research within 30 days of project termination. It is the responsibility of the PI to submit the Progress Report. The Office of the Vice President for Research will provide a Progress Report template with detailed descriptions for each section to the PI. The report shall include a summary of research results; concise summary of significant discoveries, outcomes and progress in layman's terms; funding that has been secured with the help of grant dollars; manuscripts published, submitted, or in preparation; presentations at professional meetings; and any technology development and patents derived from grant funds.
 - 2. Upon request by the Office of the Vice President for Research, the PI will provide periodic updates about funding that has been secured with the help of grant dollars; manuscripts published, submitted, or in preparation; presentations at professional meetings; and any technology development and patents derived from grant funds.

FAILURE TO COMPLY WITH AWARD CONDITIONS WILL RENDER INVESTIGATORS INELIGIBLE TO APPLY FOR ANY FUTURE HHDC AND PHF FUNDING.

FACE PAGE

HAROLD HAMM DIABETES CENTER &
PRESBYTERIAN HEALTH FOUNDATION
HHDC/PHF EQUIPMENT GRANT- APPLICATION

Principal Investigator: _____

Faculty Rank: _____

College/Department: _____

Campus Address: _____ Phone: _____

Email: _____

PROJECT TITLE: _____

PROJECT SUMMARY (layman's terms, no more than 250 words):

Budget Request: Total \$_____

Signature of Principal Investigator

Date: _____

Signature of ORA Official

Date: _____

BUDGET

EQUIPMENT (List all items specifying model and manufacturer):

TOTAL COSTS \$ _____

(Not to exceed \$250,000)

BUDGET JUSTIFICATION

PI - BIOGRAPHICAL SKETCH (Use current NIH format)

NARRATIVE (5- Page Limit)

LITERATURE CITED

APPENDIX
