

**Application for the**

**COVID-19 Fund to Retain Clinical Scientists at Yale School of Medicine**

**Instructions:**

* Completed applications are due by October 31, 2022
* Applicants must use the application and budget templates provided in this package.
* The application package is to be uploaded to an online application questionnaire. The link is available on the YCCI Fund to Retain Clinical Scientists web page.
* Applicants must answer a few additional questions through the online application questionnaire.
* Information collected regarding age, gender, ethnicity, race, disability and disadvantaged status will be kept confidential and is only used for aggregate reporting.
* Please consolidate all items into a single PDF and upload that document.

**A complete application consists of the following items in the order shown. Do not exceed page limits.**

|  |  |  |
| --- | --- | --- |
| Item # | Item | Page Limit |
| 1 | Research Abstract | 1 page |
| 2 | Clinical ResearchClinical Responsibilities (if applicable) | 1 page |
| 3 | Career Development and Mentorship Plan  | 1 page |
| 4 | Statement of Need | 1 page |
| 5 | Applicant’s NIH-format biosketch | 5 pages |
| 6 | Other Support (NIH format) | as needed |
| 7 | Current Support Summary | as needed |
| 8 | Detailed Budget  | 1 page |
| 9 | Budget Justification | as needed |
| 10 | Letters of Support | 1 page each |

**Other Application Instructions**

1. Research Abstract. Please provide an abstract of your funded research project. To be completed by applicant.
2. Clinical Research/Clinical Responsibilities. On this page, please provide (1) a description of how your funded research meets the definition of clinical research, as listed in the RFA (required for all applicants); and (2) a description of the nature and extent of your clinical responsibilities.
3. Career Development and Mentorship Plan. Describe your career plans, including a path to independence, as well as a mentorship plan. To be completed by applicant.
4. Statement of need. Describe your role as a caregiver and how you will use the funds to support your research. If you have access to other funds or resources, explain why the FRCS award will make a difference and why the other funds or resources are insufficient to meet your need. Please include a description of how your caregiving responsibilities were increased because of COVID-19. Maximum length is one page. To be completed by applicant.
5. Applicant’s NIH-format biosketch (using the latest NIH format). See instructions and an example here: <https://grants.nih.gov/grants/forms/biosketch.htm>. Please use the “non-fellowship” version. To be completed by applicant.
6. Other Support. Provide details of all current and pending support, with amounts and dates of all external and internal sources. See instructions and an example here: <https://grants.nih.gov/grants/forms/othersupport.htm>. Please use the version for new and renewal applications. You must list all current and pending sources of support. To be completed by applicant with business office support as needed.
7. Current Support Summary. This section must provide a breakdown by percentage of all your current sources of support, including all sources of funds. Amounts and end dates for each external and internal source must be included, including any start-up funds. External sources must also be listed on your Other Support page. If you have start-up funds, provide details regarding the amount and date received, and the current balance. Please use the template provided below. This section is to be completed by applicant’s business office.
8. Detailed budget. Applicants may request up to $90,000. Please see the 2022 COVID-19 FRCS RFA for allowable expenditures. Please use the template provided below. This section is to be completed by the applicant in conjunction with the applicant’s business office.
9. Budget justification. Please provide details to support budget calculations and provide sufficient information to draw a link between expenditures, your research project plans and how it will alleviate your caregiving need. This section is to be completed by the applicant in conjunction with the applicant’s business office.
10. Letters of support. Please request letters of support from your primary mentors (each letter is limited to one page). To be completed by mentors.

**Appointment Letter**

A signed copy of your most recent letter appointing you to faculty status should be included. This document should be an official offer letter and include details of your position. It is to be uploaded separately from the application package detailed above, will not be provided to reviewers and will not be used in the review process. It is to be used to confirm eligibility only.

**Research Abstract**

Please provide an abstract of your funded research project.

**Clinical Research/Clinical Responsibilities**

On this page, please provide (1) a description of how your funded research meets the definition of clinical research, as listed in the RFA (required for all applicants); and (2) a description of the nature and extent of your clinical responsibilities.

**Career Development and Mentorship Plan**

Describe your career plans, including a path to independence, as well as a mentorship plan.

**Statement of need**

Describe your role as a caregiver and how you will use the funds to support your research. If you have access to other funds or resources, explain why the FRCS award will make a difference and why the other funds or resources are insufficient to meet your need. Please include a description of how your caregiving responsibilities were increased because of COVID-19.

**Applicant’s NIH-format biosketch**

(using the latest NIH format). See instructions and an example here: <https://grants.nih.gov/grants/forms/biosketch.htm>. Please use the “non-fellowship” version.

**Other Support**

Provide details of all current and pending support, with amounts and dates of all external and internal sources. See instructions and an example here: <https://grants.nih.gov/grants/forms/othersupport.htm>. Please use the version for new and renewal applications. You must list all current and pending sources of support.

**Current Support Summary**

This section must provide a breakdown by percentage of all your current sources of support, including all sources of funds. Amounts and end dates for each external and internal source must be included, including any start-up funds. External sources must also be listed on your Other Support page. If you have start-up funds, provide details regarding the amount and date received, and the current balance.

Name of Applicant:

Breakdown of Current Support

|  |  |  |
| --- | --- | --- |
| % Effort | Description | Expected End Date |
|  |  |  |
|  |  |  |
|  |  |  |

*Add more rows as necessary.*

*Description should include sponsor, grant #, PI, and applicant’s role on project, as applicable.*

*% effort should add up to 100%.*

Start-Up Funds

|  |  |
| --- | --- |
| Amount |  |
| Date Received |  |
| Remaining Balance |  |
| Other Relevant Information |  |

Matching Funds

|  |  |
| --- | --- |
| Amount |  |
| Source |  |

Departmental representative completing this section

|  |  |
| --- | --- |
| Name |  |
| Telephone Number |  |
| Email Address |  |

*Signature of departmental representative:*

 Signature Date

**Detailed budget**

|  |  |
| --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): |       |
|  |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | FROM | THROUGH |
| 04/01/2021 | 03/31/2022 |

 List PERSONNEL *(Applicant organization only)*

Use Cal, Acad, or Summer to Enter Months Devoted to Project

 Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ONPROJECT | Cal.Mnths | Acad.Mnths | SummerMnths | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PD/PI |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| SUBTOTALS |       |       |       |
| CONSULTANT COSTS      |       |
| EQUIPMENT *(Itemize)*      |       |
| SUPPLIES *(Itemize by category)*      |       |
| TRAVEL      |       |
| INPATIENT CARE COSTS       |       |
| OUTPATIENT CARE COSTS       |       |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)*      |       |
| OTHER EXPENSES *(Itemize by category)*      |       |
| CONSORTIUM/CONTRACTUAL COSTS | DIRECT COSTS |       |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD  | $ |       |

**Budget justification**

Please provide details to support budget calculations and provide sufficient information to draw a link between expenditures, your research project plans and how it will alleviate your caregiving need. This section is to be completed by the applicant in conjunction with the applicant’s business office.

**Letters of support**

Please request letters of support from your mentors (each letter is limited to one page).

**Field of Training (FOT) Code List**

**(required for the final question in the online application questionnaire)**

