

Intramural Grants Program
Pilot Study Research Program (PSRP)

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<u>Section I: Basic Administrative Data</u>	Page Numbers
Intramural Routing Sheet	1 - _____
http://www.mcg.edu/grantscontracts/forms/intramural.pdf	
(Obtain appropriate signatures)	
PSRP Face Page	_____
(Obtain appropriate signatures)	
Table of Contents	_____
Department Chair's Evaluation and Report Form	_____
(Obtain appropriate signature)	
Research Description (250 words maximum)	_____
Program Justification (250 words maximum)	_____
Year 1 Itemized Budget and Justification (PHS 398 format)	_____
Biographical Sketch including Other Support (PHS 398 format)	
(Not to exceed four pages)	_____
Co-Investigator(s) Biographical Sketch include Other Support (PHS 398 format)	
(Not to exceed four pages)	_____
Resources and Environment (PHS 398 format)	_____
<u>Section II: Specialized Information</u>	
Introduction to Revised Application (Not to exceed 3 pages)	
<u>Section III: Research Plan (Items A-G not to exceed 10 pages)</u>	
Introduction to Revised Application	
(Not to exceed 3 pages; does not count toward 10-page limitation)	_____
A. Goals and Specific Aims (1 page or less)	_____
B. Background and Significance (1-2 pages)	_____
C. Preliminary Results/Progress Report (1-2 pages suggested)	_____
D. Research Design and Methods (1-3 pages)	_____
E. Anticipated Results, Power Estimates, and Data Analysis (1 pages)	_____
F. Potential for Extramural Funding (1 paragraph)	_____
G. Timetable (Milestones leading to extramural grant submission) (1 page)	_____
H. Literature Cited	

Check if Appendix is included

Appendix (Five collated sets. No page numbering necessary for Appendix)

Number of publications and manuscripts accepted or submitted for publication (not to exceed 10)

Other item(s):

Intramural Grants Program
Pilot Study Research Program (PSRP)

FACE PAGE

Principal Investigator: _____ **Effort:** _____ %

Project Title: _____

School: _____ Department: _____ Center/Institute: _____

Project Title: _____

Campus Address: _____ Email: _____

Phone #: _____ Fax #: _____ Contact Person: _____

Co-Investigator: _____ **Effort:** _____ %

School: _____ Department: _____ Center/Institute: _____

Campus Address: _____ Email: _____

Phone #: _____ Fax #: _____ Contact Person: _____

Co-Investigator: _____ **Effort:** _____ %

School: _____ Department: _____ Center/Institute: _____

Campus Address: _____ Email: _____

Phone #: _____ Fax #: _____ Contact Person: _____

Check all that apply:

New application

Revised application

Competing Continuation

Response to Extramural Critique
(attach summary statement)

Amount Requested (maximum budget should not exceed \$25,000): _____

SIGNATURES

Principal Investigator Date

Co-Investigator Date

Co-Investigator Date

Paid extramural review requested (provide names, fax numbers, and e-mail addresses of three suggested reviewers on a separate page). Extramural reviews are at the discretion of the Committee.