

**High-Impact Microgrant Application**

For emerging investigators collecting data

in support of new NIH R applications

***(2-page limit—page 3 reserved for requested demographic information)***

|  |  |  |  |
| --- | --- | --- | --- |
| **1. APPLICANT** | | | |
| Name: | | | Email: |
| **2.** **TITLE OF PROPOSED PROJECT** | | | |
|  | | | |
| **3.** **RECOMMENDED REVIEWERS (two who are not in conflict of interest; a third is optional)** | | | |
| Name: | | | Email: |
| Name: | | | Email: |
| Name: | | | Email: |
| **4.** **TYPE OF SUPPORT REQUESTED (check one):** | | | |
|  | An in-process application for larger NIH funding. The application must be submitted within 12 months of the Microgrant. | | |
| Title of planned larger application: | | | |
| Planned submission date: | | NIH Institute: | |
|  | Revision of a previously submitted NIH grant application. The resubmission must occur within 12 months of the Microgrant. | | |
| Title of resubmission: | | | |
| Planned resubmission date: | | Application identification number: | |
|  | Filling unforeseen gaps in active NIH-funded grants, for needs that cannot be funded through the current award. | | |
| Title of funded grant: | | | |
| NIH grant number: | |  | |

**Description of proposed project:**

**Amount of support requested** (direct costs not to exceed $3,000):

**Details of budget request**:

**Budget justification**:

|  |  |
| --- | --- |
| **INVESTIGATOR DEMOGRAPHIC DATA**  The National Institute of Allergy and Infectious Diseases (NIAID), which funds the CFAR, requires that we collect demographic data on our Developmental grant applicants. This information will not affect consideration of your grant application. Reporting the requested information is voluntary. | |
| **Gender (please check one)**  \_\_\_\_ Male  \_\_\_\_ Female  \_\_\_\_ Decline to state  **Racial category (please check one)**  \_\_\_\_ American Indian/Alaska Native  \_\_\_\_ Asian  \_\_\_\_ Native Hawaiian or Other Pacific Islander  \_\_\_\_ Black or African American  \_\_\_\_ White  \_\_\_\_ More than one race  \_\_\_\_ Decline to state | **Ethnic category (please check one)**  \_\_\_\_ Hispanic or Latino/Latina  \_\_\_\_ Not Hispanic or Latino/Latina  \_\_\_\_ Decline to state |
| Electronic Signature | **Date** |
|  | |