

**PROPEL Award**

**Publication Resources Offered to
Promote Emerging Leaders**

**For abstracts, manuscripts,or grant proposals
based on SD CFAR Developmental or
International Pilot grants**

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| **APPLICATION AND CONCEPT SHEET[[1]](#footnote-1)** |
| **Applicant** |
| Name:  | Email: |
| **Title of SD CFAR grant** |
|  |
| **Award Type** |  |  |
| \_\_\_ Developmental | \_\_\_ International Pilot | Year applied:\_\_\_\_\_\_\_\_\_ |
| **Writing project** |
| \_\_\_ Abstract | Name of conference:  | Due date:  |
| \_\_\_ Manuscript | Target journal(s): | Due date: |
| \_\_\_ Grant proposal | Funding agency or NIH institute: | Due date: |
| \_\_\_ Other | Describe: | Due date: |
| **Support requested***You may request support for almost anything that will help you complete your writing project, with two exceptions: postdoctoral fellows cannot receive salary support, and computers may not be purchased with these funds (software is allowed). For example, you may request funds to cover journal publication costs, specialized software, statistical or other expert consultations, or even temporary staff to allow protected writing time. If an equivalent product or service is already available for free through the SD CFAR, we will refer you to the appropriate resources so that other authors may use these limited funds.* |
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| **Mentor***Required for early-stage investigators and International Pilot grant recipients. Need not be the same person as your SD CFAR grant collaborator/mentor.* |
| Name: | Email: |
| Title 1: |
| Title 2: |
| Phone: | Mail Code: |
| **Department fund manager** |
| Name: | Email: |
| Title 1: |
| Title 2: |
| Phone: | Mail Code: |

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| **INVESTIGATOR DEMOGRAPHIC DATA**The National Institute of Allergy and Infectious Diseases (NIAID), which funds the SD CFAR, requires that we collect demographic data on our grant applicants. This information will not affect consideration of your grant application. Reporting the requested information is voluntary. Additionally, as part of SD CFAR’s commitment to diversity and inclusion, this form expands the options provided to us by our funders to allow applicants to self-identify beyond the binary male/female.  |
| **What is your current gender identity? (please check one):**\_\_\_\_ Man\_\_\_\_ Woman\_\_\_\_ Transgender Man/Trans Masculine\_\_\_\_ Transgender Woman/Trans Feminine\_\_\_\_ Non-binary/Genderqueer \_\_\_\_ Prefer to self-describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Decline to state**What sex were you assigned at birth? (please check one):**\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_ Intersex\_\_\_\_ 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 Latinx\_\_\_\_ Not Hispanic or Latinx\_\_\_\_ Decline to state |

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| **Working or actual project title** |
|  |
| **Planned or confirmed co-authors** |
|  |
| **Keywords** |
|  |
| **Timeline***Please describe or illustrate the timeline for your writing project, ending with the due date listed on Page 1*.  |
|  |
| **Project outline***If you are working on an abstract or manuscript, please summarize background, methods, results, and conclusions. If you are working on a grant proposal, please list your specific aims, goals, and objectives. If you need support for a different project, e.g., a book chapter, please provide an outline per your publisher’s instructions.* |
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**You may request up to $5,000 in direct costs. Computers and salary support for postdoctoral fellows are not allowed.**

**Travel may only be requested for use by the Developmental or International Pilot grant PI and only to present results at a scientific conference. Please list your proposed expenses below.**

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|  |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | FROM | THROUGH |
|  |  |

 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 |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
|  SUBTOTALS |  |  |  |
| CONSULTANT COSTS *(Include names and affiliations)* |  |
| EQUIPMENT *(Itemize)* |  |
| SUPPLIES *(Itemize by category)* |  |
| OTHER EXPENSES *(Itemize by category)* |  |
| CONSORTIUM/CONTRACTUAL COSTS *(itemize)* |  |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (NOT TO EXCEED $10,000) | $ |  |

**BUDGET JUSTIFICATION**

*Please explain how each item in your requested budget will further your writing project. Briefly describe the specific expertise and role of each person listed in the budget, and the reasons you are requesting specific equipment, supplies, or other expenses.*

*Follow NIH guidelines for typeface and size (minimum 11 point type).*

***Please delete the above instructions before submitting your application.***

1. **Applications may be submitted any time during or after the active period of the relevant SD CFAR grant.** [↑](#footnote-ref-1)