



## OPTI Research Mini-Grant program

### **PURPOSE:**

The HEARTland OPTI seeks to promote and facilitate research and scholarly activities of our resident physicians. We have established a pool of money to provide up to ten (10) \$500 research awards per year. The awards are to be used to offset expenses encountered in performing the work. It is hoped that the award of these funds will be leveraged by the investigator to enhance the available funds through program or institutional support.

### **ELIGIBILITY:**

1. All OPTI Resident physicians are eligible to submit a proposal
2. An individual Resident may submit only one (1) proposal per cycle as the Principal investigator, though they may be named as a co-investigator on more than one proposal.
3. An individual Resident may only receive one award as the Principal investigator and only one award can be made for a given project, though multiphase projects will be considered.

### **APPLICATION AND SUBMISSION PROCESS:**

1. All application materials must be submitted in an electronic format to expedite the review process.
2. The Cover Page must be completed fully including the contact information of the Principal Investigator and the signatures of the Program Director and Research Coordinator. (electronic signatures accepted) and a copy of the letter of IRB and/or IACUC approval.
  - If an award is made, contact information for the institutional officer for award payment must be provided
3. Proposal must include all requested information and not exceed seven (7) typed pages (Ariel 11 point, 1 inch margins), *excluding* the Cover sheet, Letters of support, CV and Research Compliance Sheet(s).
  - Resources needed should include a description of any resources, facilities or equipment that would be needed to accomplish the study.
  - Timeline should outline the plan of study
  - Budget needs to include all itemized costs and justification
4. Letters of support
  - Letter of commitment and recommendation of the Program Director.
  - Letter of commitment for the faculty mentor.
  - Letter of commitment describing the role and effort from each collaborator.
5. CV of Principal investigator

### **SUBMISSION DEADLINE AND REVIEW PROCESS:**

1. Proposals and supporting information must be received in electronic format by Oct 15 for a (Jan 1 award) for review and consideration.
2. Proposals will be reviewed by panel selected by the OPTI leadership. They will use the Mini-Grant Reviewer worksheet as the guide (adapted from the AOA Grant Reviewer Worksheet).

**Cover Page**

Primary Investigator (Resident): \_\_\_\_\_

Co-Investigators: (Resident) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Title: \_\_\_\_\_

Duration of Study: \_\_\_\_\_

Primary Investigator contact information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Program: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Mentor: \_\_\_\_\_

**Animal Research**

Yes  No

If yes, date of IACUC Review and Approval \_\_\_\_\_

IACUC Protocol Number \_\_\_\_\_

*Include copy of IACUC letter of approval and the compliance sheet*

**Human Subject Research**

Yes  No

If yes, date of IRB Review and Approval \_\_\_\_\_

IRB Protocol Number \_\_\_\_\_

*Include copy of IRB letter of approval and the compliance sheet*

**Biosafety, Biohazard or Radiation Research** *(include a copy of the letter of review and approval from the appropriate institutional oversight committee)*

Program Director \_\_\_\_\_  
Signature Date

Program Research Coordinator: \_\_\_\_\_  
Signature Date

Signatures of the Program Director and Research Coordinator attest to review of the project and commitment to supporting its completion.

<i>For HEARTland Committee Use:</i>	
Date Received: _____	Proposal #: _____
Score: _____	

**Project Proposal**

**Summary abstract of the study (limit 500 words):**

**Statement of the Problem:**

**Literature Review and Background:**

**Methods:**

**References:**

**Resources needed:**

**Project timeline:**

**Budget:**

Identify required items including equipment, materials, expendable items, travel, technical support (salary), etc. (Excluded items include: food, alcohol)

**Letters of Support**

*(Include letters of commitment from Faculty Mentor and any collaborating individuals or groups)*

**Biographical Sketch**

**Curriculum Vita for Principal Investigator**

**Research Subject Compliance Sheet  
(Human subjects)**

Title of project: \_\_\_\_\_  
PI Name: \_\_\_\_\_  
Institution: \_\_\_\_\_

**HUMAN SUBJECTS**

I, as chairman of the Institutional Review Board (IRB), certify that the IRB meets the regulations in all federal, state, and local laws concerning the use of human subjects.

Typed or Printed Name \_\_\_\_\_

\_\_\_\_\_  
Signature Date

OPRR Assurance of Compliance Number: \_\_\_\_\_

**Committee on use of human subjects**

Our committee has reviewed this project and the following is noted:

- The project does not include activities involving human subjects.
- The project includes activities involving human products or unidentifiable patient data, and is exempt from review under DHHS regulations.
- The project does include activities involving human subjects.
  - The committee reviewed and approved the protocol on (date) \_\_\_\_\_
- Review and Approval Pending Award

Signed (Chair IRB Committee) \_\_\_\_\_

\_\_\_\_\_  
Name (printed) Date

*(adapted from Form I, AOA Research Grants Application CERTIFICATE OF COMPLIANCE PROTECTION OF RESEARCH SUBJECTS)*

**Research Subject Compliance Sheet  
(Vertebrate Animals)**

**VERTEBRATE ANIMALS**

I, as chairman of the Institutional Animal Care and Use Committee (IACUC), certify that the IACUC meets the regulations in all federal, state, and local laws concerning the use of vertebrate animals.

Typed or Printed Name \_\_\_\_\_

\_\_\_\_\_  
Signature Date

OPRR Animal Welfare Assurance Number: \_\_\_\_\_

**Committee on animal welfare**

Our committee has reviewed this project and the following is noted:

- The project does not include activities involving animal subjects.
- The project includes activities involving animal products, and is exempt from review under DHHS regulations.
- The project does include activities involving animal subjects.
  - The committee reviewed and approved the protocol on (date) \_\_\_\_\_
- Review and Approval Pending Award

Signed (Chair IACUC) \_\_\_\_\_

\_\_\_\_\_  
Name (printed) Date

*(adapted from Form I, AOA Research Grants Application CERTIFICATE OF COMPLIANCE PROTECTION OF RESEARCH SUBJECTS)*