**Funding Opportunity Announcement** f**or Research Support from**

**The Medical College of Wisconsin’s Digestive Disease Center**

The Medical College of Wisconsin’s Digestive Disease Center is accepting grant applications for fiscal year 2015.

This Funding Opportunity Announcement issued by the Digestive Disease Center (DDC) invites submission of investigator-initiated research grants that support original research on digestive diseases, including upper gut motility and acid related diseases, inflammatory bowel diseases, pancreaticobiliary diseases, lower gut motility and functional bowel disorders, GI malignancy surveillance and treatments, and hepatology and liver transplantation. Principal Investigators must be full-time members of the Medical College of Wisconsin faculty and only one proposal may be submitted per Principal Investigator.

Proposals fall into three types:

1. **New Investigator Grant**: Provides support for junior faculty in the form of seed money for new projects. The grant is expected to provide preliminary data to allow the investigator to apply for national funding.
2. **Established Investigator ~ Bridge Funding Grant**: Provides funding for established investigators that have experienced a lapse in funding of an ongoing project. The grant should provide additional data that will allow the investigator to regain their grant support from extramural sources.
3. **Established Investigator ~ New Initiative Grant**: Allows an established investigator to extend their research in a new direction. The grant is expected to provide preliminary data for the established investigator to apply for a new grant from an extramural source.

A maximum award budget of $20,000 may include supplies, equipment and salary for technical assistance or related personnel. Funds may not be used for salary support for the Principal Investigator nor to support travel.

Approval for the use of human subjects, human material, animals, radioisotopes, carcinogens, toxic chemicals, pathogens or recombinant DNA, is the responsibility of the principal investigator and must be approved prior to receipt of funds.

**APPLICATION DEADLINE: Grants must be received in the Office of the Digestive Disease Center by September 1, 2015.** (Note: Grants & Contracts will need to review eBridge funding proposal prior to this submission.)

**Submit applications to: Cathy Wenzel \* Digestive Disease Center (DDC) \* FEC 4th Floor \* Suite 4700**

Funding will begin November 1, 2015

Please submit 6 copies of (a) ~ (f) and 1 copy of (g):

(a) Pages 1, 2, and 3 of the application form

(b) A one page Abstract

(c) An NIH formatted Biographical Sketch for each Investigator

(d) Research proposal (not to exceed 10 pages including references)

(e) Briefly state each investigator's role on the project and how resources will be shared

(f) Recent publications relevant to the project.

(g) Screenshot (Print Screen) of the eBridge Funding Proposal Workspace and/or History tab for this proposal. This will display a Current State of “Pending Sponsor Decision” and is the indication to the Digestive Disease Center that all application materials have been appropriately reviewed, processed and approved by the Grants & Contracts Office and MCW’s Authorized Institutional Official.

Obtaining review and approval by the MCW Grants & Contracts Office is the responsibility of the MCW Principal Investigator and is accomplished by completing and submitting a Funding Proposal via the web-based eBridge system. Completion of an eBridge Funding Proposal is required for all funding requests and must be completed prior to the submission of your application to the Digestive Disease Center.

The Grants & Contracts Office must receive your completed eBridge Funding Proposal at least five (5) business days prior to the submission deadline to the DDC.

### Key Dates:

* **Online Application Form Available:** July 1, 2015
* **Application Submission Deadline:** September 1, 2015
* **Funds Available for Awarded Projects:** November 1, 2015

**APPLICATION FOR RESEARCH SUPPORT**

**FROM THE DIGESTIVE DISEASE CENTER OF THE**

**MEDICAL COLLEGE OF WISCONSIN**

**PRINCIPAL INVESTIGATOR:**

Name, Degree, Title:

Department:

Mailing Address:

Telephone Number:

**CO-INVESTIGATOR(S): Name, Degree, Title, & Department**

(Co-Investigator(s) must initial proposal to confirm willingness to participate)

**TITLE OF PROPOSAL:**

**TYPE OF APPLICATION (check one):**

\_\_\_\_\_ New Investigator

\_\_\_\_\_ Established Investigator

\_\_\_\_Bridge Funding OR

\_\_\_\_New Initiative

**TOTAL AMOUNT REQUESTED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I.** **ABSTRACT.** Please prepare an abstract (not to exceed one page) as page 4 of the proposal.

1. **NIH BIOGRAPHICAL SKETCH.** For PI and each Co-Investigator ~ 2 page limit.
2. **RESEARCH PROPOSAL.** Use continuation pages for items A-E, do not exceed 10 pages including References.
3. **HYPOTHESIS AND SPECIFIC AIMS:**  State the overall objective and specific hypotheses to be tested.
4. **BACKGROUND:** Describe your work pertinent to this application and summarize concisely the results of others.
5. **EXPERIMENTAL DESIGN:** Provide sufficient information to convince the reviewer that you can accomplish the specific aims, but be concise. Remember that the reviewers are not always experts in the same area as you, although they are accomplished scientists.
6. **FACILITIES AVAILABLE:** Briefly describe where the work will be done and what special resources are available to you.
7. **REFERENCES:** Include titles.
8. **BUDGET.** (Please use this page.)

**Equipment:**

(Please itemize: limit to small items under $1,000 or justify.)

Subtotal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consumable Supplies:**

(Please itemize.) Subtotal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Expenses:**

(Please itemize: user fees, animals, per diem, etc.)

Subtotal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personnel:**

Personnel is a limited technical assistance and must be justified on a separate page. If partial salary is requested, indicate the percentage and source of remaining support, e.g., departmental or grant funds. No salary support will be given to the PI or Co-Investigator(s).

Subtotal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL AMOUNT REQUESTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

List research support of the Principal Investigator and any Co-Investigators (include national, local agencies, foundations, as well as MCW support). Active and pending applications should be listed and status indicated.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Active \_\_\_\_ Pending \_\_\_\_None \_\_\_\_

Agency/ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:

Status: Active/Pending

Period of Support \_\_\_\_\_\_\_\_\_\_ Total Direct Costs $\_\_\_\_\_\_\_\_ Current Year $\_\_\_\_\_\_\_

Relationship to Current Proposal:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Active \_\_\_\_ Pending \_\_\_\_None \_\_\_\_

Agency/ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:

Status: Active/Pending

Period of Support \_\_\_\_\_\_\_\_\_\_ Total Direct Costs $\_\_\_\_\_\_\_\_ Current Year $\_\_\_\_\_\_\_

Relationship to Current Proposal:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Active \_\_\_\_ Pending \_\_\_\_None \_\_\_\_

Agency/ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:

Status: Active/Pending

Period of Support \_\_\_\_\_\_\_\_\_\_ Total Direct Costs $\_\_\_\_\_\_\_\_ Current Year $\_\_\_\_\_\_\_

Relationship to Current Proposal: