

# WHITESIDE INSTITUTE FOR CLINICAL RESEARCH

A collaboration of St. Luke's and the  
University of Minnesota Medical School Duluth Campus

## 2024 Research Grant Application

### PART A

Please check Yes/No as appropriate for the following questions:		
YES	NO	Is the PI a healthcare professional or researcher at an institution in the Whiteside catchment area? (Northeastern MN, Northwestern WI, UP of Michigan)
YES	NO	Does the proposal focus on cancer, lung or heart disease?
YES	NO	Does this project involve an active collaboration between investigators? A minimum of 2 investigators is required (applicant plus at least one collaborator)
YES	NO	Have you considered how your research will benefit underserved communities?

1. Project Title:
2. In a few sentences, please describe how this proposal relates to **cancer, heart or lung disease**.
3. In a few sentences, please describe how this proposal is **clinical or translational in nature**.

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4. A. Briefly explain the potential impact of this research on historically disadvantaged populations (e.g., rural Minnesotans; Black, Indigenous and People of Color)

B. If you are working with human subjects and/or recruiting participants, please include a brief description of the strategies that will be used to recruit, enroll and retain members of historically disadvantaged populations.

5. Proposed funding period: -

6. Total funding requested:

7. Does this project involve:

a. Human subjects	YES	NO
b. Animal subjects	YES	NO
c. Human blood or bodily fluids	YES	NO
d. Recombinant DNA, infections agents or biological toxins	YES	NO
e. Radioactive materials and/or ionizing radiation-producing equipment	YES	NO
f. Chemicals	YES	NO

*If you answered YES to any of the items in question 7, special training, approvals or registrations may be required by participating institutions prior to project initiation. Please describe any plans for IRB and/or IACUC approval.*

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8. Please provide an itemized budget (**\$25000 maximum**). List salaries, benefits, supplies, equipment, etc., and include justifications.

**To part A of this application, please attach a non-technical project summary (one page maximum) and a description of the purpose of the project, research design, methods, and significance (two pages maximum).**

**State the RESEARCH HYPOTHESIS if pertinent to the project.**

In order to make the grant review process more equitable:

Please **INCLUDE** the project title in the header on each page of the attachment.  
**DO NOT** include any information about the PI or the collaborators in the attachment.

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## PART B

9. Principal Investigator Name:

Position/title:

Department:

Institution:

Mailing Address:

Email:

Telephone:

Fax:

**Collaboration is required for the Whiteside Grant Program.**

**Interdisciplinary, substantial collaborations will be looked upon more favorably.**

10. Name(s) and affiliations(s) of project collaborator(s):

11. Please outline the role of each collaborator and how much effort will be put toward the project for each person involved in the research project.

12. Does a potential conflict of interest exist for anyone involved in the project      YES      NO  
If yes, please summarize.

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13. List titles, sources and amounts of outside funding that the PI and/or collaborators have received in the last five years, as well as those that are pending or contemplated. Include dates, and, when relevant, explain how they relate to this request.

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14. Have you previously received a grant from Whiteside? YES NO

If yes, please list title(s) amount(s) and date(s) below. Please include publications and leveraged funding/grants that have resulted from previous Whiteside grants received and note which publications acknowledge Whiteside. Additionally, please state how data from your previous Whiteside-funded research have shaped the application currently being submitted.

15. (optional) Please explain how the proposed research will advance the careers and training of people historically underrepresented in science and medicine. This information will be used during discussions of funding, not in scoring. Leaving this question blank will NOT prevent a grant from being reviewed.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Submission Instructions

**To complete your application, please include the following files in the order shown below as a single PDF:**

- (a) Part A of application for Whiteside Institute Research Grant form
- (b) Non-technical project summary, one page maximum
- (c) Project description, two page maximum
- (d) Part B of application for Whiteside Institute Research Grant form
- (e) Letter(s) of commitment from each project collaborator
- (f) A biographical sketch of the investigator(s)

Email the **single** PDF file to [marilyn.odean@slhduluth.com](mailto:marilyn.odean@slhduluth.com) by **4:30pm on Friday, November 3rd, 2023**

*Form revised 9/23 Discard all previous versions.*

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