

# WHITESIDE INSTITUTE FOR CLINICAL RESEARCH

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

## Application for Whiteside Institute Research Grant

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).

**To be eligible for the Whiteside Grant Program, the answer to all three questions above must be YES**

1. Principal Investigator Name:

Position/Title: Department:

Mailing Address:

Email: Telephone: Fax:

2. Project Title:

3. In a few sentences, please describe how this proposal relates to **cancer, heart, or lung disease**:

4. Proposed funding period:

5. Total funding requested: \$

6. Does this project involve:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Human subjects  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b. Animal subjects   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c. Human blood or bodily fluids  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d. Recombinant DNA, infectious agents or biological toxins             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e. Radioactive materials and/or ionizing radiation-producing equipment | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| f. Chemicals   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

*If you answered YES to any of the above items, special training, approvals, or registrations may be required by participating institutions prior to project initiation*

# WHITESIDE INSTITUTE FOR CLINICAL RESEARCH

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

**Collaboration is required for the Whiteside Grant Program and interdisciplinary, substantial collaborations will be looked upon more favorably**

7. Name(s) and affiliation of project collaborator(s):

8. Please outline the role of each collaborator and how much effort will be put toward the project:

9. Does a potential conflict of interest exist? YES  NO

If yes, please summarize:

10. Will other institutions or departments share use of equipment/personnel/supplies?

YES  NO

If yes, please summarize

11. Location where research will take place:

12. On a separate page, please provide an itemized budget (**\$30,000 maximum, no exceptions. Most awards are between \$15,000 and \$20,000**). List salaries, benefits, supplies, equipment, etc. Include justifications.

13. List titles, sources, and amounts of outside funding that you have received in the last five years, or that are pending or contemplated. Indicate whether you are the PI or a co-investigator. Include dates and, when relevant, explain how they relate to this request. Use a separate sheet if necessary.

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. Additionally, please state how data from your previous Whiteside-funded research have shaped the application currently being submitted:

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Attach to this application a non-technical project summary (one page maximum) as well as a description (two pages maximum) of the purpose of the project, research design, methods, and significance. State the RESEARCH HYPOTHESIS if pertinent to the project.**

# WHITESIDE INSTITUTE FOR CLINICAL RESEARCH

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

## Submission Instructions

### Attach to original application form and each copy:

- (a) Non-technical project summary, one page maximum
- (b) Project description, two page maximum
- (c) Copy(s) of letter(s) of commitment from each project collaborator
- (d) Copy(s) of supplemental pages
- (e) A biographical sketch of the investigator(s)

### Send or deliver original and eleven copies to:

Attn: Marilyn Odean, Whiteside Institute for Clinical Research

915 East First Street  
Suite 3FE Whiteside  
Duluth, Minnesota 55805

**or**

Dept of Family Medicine and Biobehavioral Health  
1035 University Drive  
Duluth, MN 55812  
(Deliver to 351 Med or Whiteside box in 141 Med)

*Revised 8/2/19 Discard all previous versions.*