

# 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

1. Principal Investigator Name \_\_\_\_\_

Position / Title \_\_\_\_\_

Department \_\_\_\_\_

Mailing Address \_\_\_\_\_

2. Project Title \_\_\_\_\_

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

3. Include a clear description of how this proposal relates to cancer, heart, or lung disease.

4. Proposed funding period \_\_\_\_\_

5. Total funding requested: \$ \_\_\_\_\_

6. Does this project involve:

Human Subjects

Y \_\_\_ N \_\_\_

Animal Subjects

Y \_\_\_ N \_\_\_

Human Blood or Body Fluids

Y \_\_\_ N \_\_\_

Recombinant DNA, Infectious Agents or Biological Toxins

Y \_\_\_ N \_\_\_

Radioactive Materials and/or Ionizing Radiation Producing Equipment

Y \_\_\_ N \_\_\_

Chemicals

Y \_\_\_ N \_\_\_

*If you answered **Yes** above, special training, approvals or registrations may be required by participating institutions prior to project initiation*

7. a. Name(s) and affiliation of project collaborator(s): Note: collaboration is required: basic scientists must have a clinical collaborator; clinical scientists may have either basic or clinical collaborator.

7. b. Role of the collaborator on the project \_\_\_\_\_

8. Does a potential conflict of interest exist? Y\_\_ N\_\_  
If yes, please summarize. \_\_\_\_\_

9. Will other institutions or departments share use of equipment/personnel/supplies? Y\_\_ N\_\_  
If so, list: \_\_\_\_\_

10. Location of the research project: \_\_\_\_\_

11. 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. Use a separate page if necessary.

12. 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 principal investigator or a co-investigator. Indicate dates and, where relevant, explain how they relate to this request. Use a separate page if necessary.

13. Have you received any previous grants from the Whiteside Institute? Y \_\_\_ N \_\_\_  
If so, list title(s), amount(s) and date(s) below.

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

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

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 9/12/18 Discard all previous versions.*