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2026 Research Grant Application

		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	Have you considered how your research will benefit rural or underserved communities?
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	Does the proposal focus on cancer, lung or heart disease? Note: At least 50% of awarded grants must focus on cancer, lung or heart disease.

- 1. Project Title:
- 2. In a few sentences, please describe if your proposal is related to cancer, heart, or lung disease. If your proposal is unrelated to these subjects, please explain the general subject area of your proposal.

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 rural or underserv	ed commun	ities
	В.	If you are working with human subjects and/or recruiting participants, produced description of the strategies that will be used to recruit, enroll and retain disadvantaged populations.		
5.	Pro	pposed funding period:		
6.	То	tal funding requested:		
7.	Do	es 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
		answered YES to any of the items in question 7, special training, approvals or reticipating institutions prior to project initiation. Please describe any plans for L	_	

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8. Please provide an itemized budget (\$25,000 maximum). List salaries, benefits, supplies, equipment, etc., and include justifications.

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.

Please **INCLUDE** the project title in the header on each page of the attachment.

For internal purposes only

WHITESIDE INSTITUTE FOR CLINICAL RESEARCH

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

Submission Instructions

Applicant Signature:

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

Date:

- (a) Application for Whiteside Institute Research Grant form
- (b) Non-technical project summary, one page maximum
- (c) Project description, two page maximum

14. Have you previously received a grant from Whiteside?

- (d) Letter(s) of commitment from each project collaborator
- (e) A biographical sketch of the investigator(s)

Email the single PDF file to marilyn.odean@aspirus.org by 4:30pm on Friday, November 7, 2025.

Form revised 8/25 Discard all previous versions.

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