

# 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. Any ineligible grants will not be reviewed.**

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**:

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4. In a few sentences, please describe how this proposal is **clinical or translational in nature**:

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, infectious 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 above items, 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*

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

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

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

10. Does a potential conflict of interest exist?                      YES                      NO  
    If yes, please summarize:

11. Will other institutions or departments share use of equipment/personnel/supplies?    YES                      NO  
    If yes, please summarize:

12. Location where research will take place:

13. On a separate page, please provide an itemized budget (**\$15,000 maximum**). List salaries, benefits, supplies, equipment, etc. Include justifications.

14. 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.

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15. 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:

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.**

## Submission Instructions

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

- (a) Application for Whiteside Institute Research Grant form
- (b) Non-technical project summary, one page maximum
- (c) Project description, two page maximum
- (d) Copy(s) of letter(s) of commitment from each project collaborator
- (e) Copy(s) of supplemental pages (itemized budget, addendum for application questions 13, 14, and 15 as needed)
- (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 5th, 2021**

*Revised 9/10/21      Discard all previous versions.*