***Proposal Template:***

**Vanderbilt University School of Medicine Basic Sciences Realignment Funding Request**

***Before completing your application please carefully read the “VU School of Medicine Basic Sciences (VBS) Bridge and Realignment Programs: Description and Policies”, which is available at the Vanderbilt Basic Science bridge funding web site. This is the template for the Realignment Funding Request.***

***The completed proposal should be fully assembled (including all attachment) and converted to a single pdf file, which should be submitted to the Assistant Dean for Research of VBS (selene.colonATvanderbiltDOTedu)***

**Name of Applicant:**

**Department of Primary Appointment:**

**Number and Title of NIH Grant for Which Realignment Funding is Sought:**

**End date of the most recently funded grant year:**

**Most Recent Competitive Renewal Application was “none”, A0, or A1?**

**Score and %-tile of Most Recent Competitive Renewal Application (if relevant)**

**Month and Year that Reviews of Most Recent Competitive Renewal Application Were Received (if relevant)**

**Score and %-tile of Previous Recent Competitive Renewal Application (if relevant; this would be the A0 score if this application follows an A1 review)**

**As required by the Realignment program, have you scheduled and/or held a VICTR Studio session to seek advice regarding your upcoming renewal application? Please provide the date of your Studio.**

**By what NIH grant program deadline date do you hope to submit a grant for the new project that you will use Realignment support to develop?**

**Provide an Abstract that summarizes the scope, long term aims, and significance of the new project to which you wish to realign.**

**Please work with your pod administrator to determine the sum of your available unrestricted funds. If you have in excess of $40,000, the amount in excess will be subtracted from your $50,000 award. This means that if you have $90,000 or more in unrestricted funds, you are not eligible for a realignment award.**

**Please Complete the Following NIH-format Year 1 Budget Form (See Next Page). The maximum total realignment grant budget is $50,000. There is no need to provide an end date, although it is hoped that all awarded funds would be spent out by the end of 9 months after the funding date.**

**Required Signatures:**

 **We certify that the information presented in this application is, to the best of our knowledge, accurate:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Applicant Departmental Chair**

**REQUIRED ATTACHMENT FOR THIS BRIDGE FUNDING REQUEST: Signed Cover Letter (goes before template sections). This cover letter should provide a detailed rationale for why you are discontinuing your previous project and realigning the related effort toward the new project.**

|  |  |
| --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): |       |
|  |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | FROM | THROUGH |
|       |       |

 List PERSONNEL *(Applicant organization only)* Use Cal, Acad, or Summer to Enter Months Devoted to Project

 Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ONPROJECT | Cal.Mnths | Acad.Mnths | SummerMnths | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PD/PI |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| SUBTOTALS |       |       |       |
| CONSULTANT COSTS      |       |
| EQUIPMENT *(Itemize)*      |       |
| SUPPLIES *(Itemize by category)*      |       |
| TRAVEL      |       |
| INPATIENT CARE COSTS       |       |
| OUTPATIENT CARE COSTS       |       |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)*      |       |
| OTHER EXPENSES *(Itemize by category)*      |       |
| CONSORTIUM/CONTRACTUAL COSTS | DIRECT COSTS |       |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)* | $ |       |
| CONSORTIUM/CONTRACTUAL COSTS | FACILITIES AND ADMINISTRATIVE COSTS |       |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD  | $ |       |