Proposal Title:

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Lead Investigator (LI): *List name and title*

ISB research team and collaborators: *List name(s)*

External collaborators (if any): *List name(s) and affiliate institutions*

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Priority Area(s) addressed:

Project Keywords:

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| **RESEARCH PLAN** (Please limit the Research Proposal to SIX pages: ONE page for the Cover; TWO pages for the research plan - this page limit includes figures and tables; ONE page for references , ONE page for budget and detailed timelines and ONE page listing conflicts (for review purposes). The proposal and literature cited should use either 12-point Calibri or 11-point Arial as the minimum font size. The research plan [PDF format] and detailed budget [excel file] should be emailed to usheth@systemsbiology.org by 5pm on March 1, 2019) |
| 1. **Overview**

*Describe the scientific problem or challenge that you propose to address, and its importance. Why is the planned research uniquely suited to the ISB Innovator Award program? How is the proposed work going to be transformational?* |
| 1. **Significance**

*Address the significance and potential impact of the project.* |
| 1. **Innovation**

*Describe why and how the approach is innovative and how you will address risks and challenges.* |
| 1. **Research Strategy**

*Describe the overall strategy, methodology and analyses that will be used to accomplish the project. Discuss potential problems, alternative strategies and benchmarks for success. Please break it down into specific aims/objectives. Preliminary data are not required, but may be included.* |
| 1. **Anticipated Outcomes**

*Describe the expected outcomes for the proposed work. Describe the metrics for success and any plans to apply for future funding.* |

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| **References** |

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| **RESEARCH BUDGET** (Please work with Sponsored Projects to prepare a detailed budget worksheet using the template provided and enter the values below) |
| Please enter the total for the direct costs here:  |
| Expense Type | Amount requested |
| Total Salaries for personnel, please note effort should not exceed 10% per employee listed |  |
| Supplies (including reagents and consumables) |  |
| Other expenses (for e.g. use of core facilities) |  |
| **DETAILED TIMELINE** (List specific aims and key deliverables, please include go/no-go decision points, if any. Please add/delete additional rows as needed. Colored cells indicate when deliverables will be conducted and completed. Please refer to the example below) |
|  | 2018 | 2019 |
|  | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| Activities | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
| **Example:****Specific Aim 1: Develop a single-cell RNA seq protocol** |  |  |  |  |  |  |  |  |  |  |  |  |
| * *Deliverable 1: Cell sorting*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * *Deliverable 2: Optimize cell lysis*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * *Deliverable 3: RNA amplification and extraction*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| **List Specific Aim 1:** |  |  |  |  |  |  |  |  |  |  |  |  |
| * *List Deliverable 1*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * *List Deliverable 2*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * *List Deliverable 3*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| **List Specific Aim 2:** |  |  |  |  |  |  |  |  |  |  |  |  |
| * *List Deliverable 1*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * *List Deliverable 2*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| **List Specific Aim 3:** |  |  |  |  |  |  |  |  |  |  |  |  |
| * *List Deliverable 1*
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * *List Deliverable 2*
 |  |  |  |  |  |  |  |  |  |  |  |  |

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| **PROPOSAL REVIEW**  |
| Each proposal will be reviewed by at least three ISB faculty and they will assign scores based on the review criteria described on the website (similar to NIH style review process) |
| PIs from the group that you are affiliated with and PIs of the ISB collaborators listed in your proposal will be excluded from the review process due to conflict of interest.  |
| Please list PIs (PI’s that you are affiliated with and PIs pf the ISB collaborators listed in your proposal | 1. Affiliated Lab PI |
| 2. Collaborator lab PI |
| 3. Please add PIs if more than one collaborating ISB labs |
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| To request for a particular ISB faculty to review your proposal based on the alignment of research, please list three choices in the order of decreasing preference. Please note that this is optional and your request will be considered while making the assignment but might not be honored. Please keep in mind the exclusion criteria and do not request PI of your lab as well as the collaborating lab. |
| Review Faculty Request | 1. |
| 2. |
| 3. |