## C:\Users\Ione Fine\AppData\Local\Microsoft\Windows\INetCache\Content.Word\banner.jpgCHN SEED GRANT APPLICATION FORM

## Objective and Overview

The goal of the CHN Seed Grant program is to support high quality neuroimaging research, either for obtaining pilot data for early-stage unfunded projects, or to supplement funded projects to increase sample sizes. Project proposals will be evaluated based on financial need, feasibility, potential impact, and likelihood that fulfillment of the aims will provide a basis for future extramural funding. Funding for the CHN Seed Program is a time-limited resource, so seed grants must be used within a year with limited exceptions, described below.

## Eligibility

Full time faculty and post-doctoral fellows are eligible to apply. Post-docs must have a faculty Co-I. Undergraduate and graduate students may request funding through the CHN’s Student Technology Fund (STF) Grant program. Projects must obtain IRB approval before a final award is granted, but IRB approval is not required for proposal review.

## Funding Details

All funds will be used exclusively for scanning hours on the Siemens 3T Prisma system in Kincaid Hall. The number of requested hours should be in line with the scope of the proposed research need (typically 20-30 hours).

Awarded funds should be used in a 1 year period. Projects are expected to begin scanning within 90 days of award. If scanning has not begun within 180 days of award, funds may be withdrawn so they can be utilized by other investigators. An extension of up to 1 year may be granted by the review committee if good progress is being made but obstacles have extended the timeline.

*Proposals can fall under two categories*:

**• New Research:** for projects that have not been run previously and do not have existing funding sources.

**• Supplemental Research Hours:** for projects that have already billed the originally funded hours, but require additional hours to bolster sample sizes for power needs.

**Deadlines**

Proposals will be accepted on a rolling basis, with evaluation on beginning on October 15th, 2021.

**Review**

Proposals will be reviewed by a committee of neuroimaging peers selected by the CHN Leadership for: Feasibility, Scientific Merit, Equity, and Potential for Acquiring Extramural Funding. Final funding decisions will be determined by CHN-MRI Leadership.

If you have any questions, please contact us at: [chn-mri@uw.edu](mailto:chn-mri@uw.edu)

## Project Title:

## Submission Date:

# SECTION 1: INVESTIGATORS

**Principal Investigator** (required)

Name:

Title:

Address/UW Box #:

Department or Affiliation:

Email:

Telephone #:

Signature Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Key Personnel** (List more if needed)

Post-docs must have a faculty Co-I. A Co-I experienced in neuroimaging is strongly recommended if the PI is new to neuroimaging.

Name:

Position:

Department or Affiliation:

Role:

Name:

Position:

Department or Affiliation:

Role:

Name:

Position:

Department or Affiliation:

Role:

# SECTION 2: STUDY DESCRIPTION

**Type of proposal** (choose one, see above)

☐ New Research

☐ Supplemental Research Hours

**Abstract** (up to 200 words):

**Deliverables** (up to 200 words) Deliverables can, for example, include a publication or grant proposal. If you are unable to define a deliverable, you must commit to a short (2-3 page) project report at the end of the grant. PIs (and Co-Is of postdocs) must submit all due deliverables before future development grants can be awarded:

**Requested Hours** (Please indicate usage, e.g. 3 subjects x 1 hour session/subject):

**Expected scanning dates** (period you expect the scanning to be started and completed within):

Start Date:

End Date:

**Requested support** (If needed, please describe any extra support needed from CHN Center staff in order to complete this project):

## Project Narrative (separate attachment)

***New Research***

*In cases where the PI and Co-Is do not have prior experience with the type of neuroimaging data being collected, the team should include a member of the Key Personnel who can assist with the analysis, and a description of any planned training (e.g., workshops, online classes).*

*Proposals should include the following (3 page max):*

* *Specific Aims/Project Summary\**
* *Research Background\*.* This should include the motivation for the project and any relevant prior work.
* *Research Design\*.* This should describe the research protocol, the data to be collected (including justification of the sample size), and the analysis plan (including preprocessing and primary analysis pipelines and methods.
* *Research Team\*.* Briefly describe the expertise and respective roles of the research team, and any proposed training activities.
* *Timeline*. If data collection will take longer than one year then please provide a justification for the extended data collection window.

\* In cases where a document describing the work is already available (e.g., a previously submitted grant), this documentation may be submitted in lieu of any or all of the categories above, *except the timeline*. Please make sure that this alternative documentation contains all the information requested above. Use brief additional statements to supply any missing information.

***Supplemental Research Hours***

* The proposal (3 page max) should include the following:
* *Specific Aims/Project Summary* of the aims of the previously funded research\*
* *Status.* Describe the current status of the previously funded research
* *Need for Additional Hours.* Explain why the originally awarded imaging hours are insufficient. This should include a power analysis to justify the requested supplemental hours.
* *Budget.* A copy of the original grant or contract budget that is supporting the work, to justify the financial need for more hours.

\*In cases where a document describing the work is already available (e.g., a previously submitted grant) this documentation may be submitted in lieu of the Specific Aims/Project Summary.

**☐** I have attached a Project Narrative.

**☐** I have attached the CVs of all Key Investigators as separate documents.

# SECTION 3: STATUS OF IRB APPROVAL

**☐ I have IRB approval.** Please provide the approved IRB number:

**☐ IRB approval is pending.** Pleasedescribe status of IRB review (up to 100 words):

**🡪 Submit completed Application Form to:** [**chn-mri@uw.edu**](mailto:chn-mri@uw.edu)

**FOR OFFICE USE ONLY**

Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director, For the Review Committee

CHN Center fields (leave blank, assigned by staff) -

Project ID:   
Approval Date:   
End Scanning Hours:   
Final report: