



NEWTON-WELLESLEY
HOSPITAL

Internal Research Grants Program

Proposal Guidelines and Application Form

Submission Deadlines: September 1st and March 1st

Submit to: Office of Research

Online at: NWH Office of Research, Research Grand Rounds

Webpage

Email: NWHResearchOffice@Partners.org

617-243-6517



The Lot Page Research Fund is an internal, peer-reviewed award program established to foster and expand the research enterprise at Newton-Wellesley Hospital, promote growth in clinical research areas, stimulate requests for external sponsorship, and strengthen NWH's reputation as an innovative community hospital and research institution.

Eligibility:

Awards are open to applicants having a primary clinical appointment at Newton-Wellesley Hospital.

Limitations of awards:

- Application for any amount up to \$20,000.
- Limited to an investigator receiving one award per fiscal year.
- Support for salary, stipends, personal computers and publications will not be funded. Additionally, requests to support travel, conferences and small equipment are not encouraged, but will be considered on a special needs basis. Internal award funds do not support the use of funds outside of Newton-Wellesley Hospital.

Submission Process:

The application must be completed and submitted by the application deadline as a PDF. Each application consists of the following:

- Project Narrative and Work Schedule
- Biographical sketch (for PI and co-PI if applicable), not to exceed 3 pages
- Budget and Budget Justification
- Application Endorsements Form

Submission Deadline:

Proposals must be submitted by 5pm on September 1 or March 1 of each year.

Review Process:

Incomplete applications or those submitted after the deadline will not be reviewed. Incomplete applications are those deviating from the guidelines listed below.

Members of the Medical Research Committee will serve as primary reviewers of proposals with submissions coordinated and facilitated by the Office of Research. Upon receipt, the Office of Research will assign a random number to each application. The Medical Research Committee will conduct a peer review of applications "in the blind" and rank proposals based on scientific merit, appropriateness of the budget, and budget justification using the scoring criteria below. The MRC will make recommendations with respect to the general distribution of research funds.

Scoring Criteria:

Scoring of each application will be based on the following six criteria:



1. Overall impact.
2. Significance of the research.
3. Qualifications of the investigators.
4. Innovation of the project.
5. Quality of the research plan.
6. Impact on acquiring or enhancing external funding.

Announcement of Awards:

Awards will be announced on November 1 and April 1 each year

Project Period:

The Lot Page Research Fund award period is 18 months. Projects funded on November 1 will have an award period that runs from November 1 to April 30. Projects funded on April 1 will have an award period that runs from April 1 to September 30.

Recipient Responsibilities:

- Any project involving human subject research also requires that an IRB application be submitted to the IRB. All research involving human subjects requires prospective approval by the IRB before project initiation. For questions and assistance with determinations of human subjects research, contact the Office of Research.
- A final report of the Fund-sponsored results must be submitted to the Office of Research within 60 days after the **conclusion of the grant period**. The report should explain briefly and in layman's terms, what work was completed, what results were obtained, what publications or presentations of the work are planned, and what external grant applications are planned. The report must be signed by both the Principal Investigator and his or her department chair.



Lot Page Research Fund: Proposal Narrative and Work Schedule

Please complete the application form in its entirety. The application package consists of:

- Proposal Narrative and Work Schedule
- Biographical Sketch(es)
- Budget and Budget Justification Form
- Application Endorsements Form

The complete package should be assembled and saved as a PDF for submission.

Project Investigator Information

First Name		Last Name	
Position Title			
Department			
Email		Phone No.	
Proposal Title			

Abstract

Briefly summarize your project (100 words or less)

Purpose

State the purpose of the project.

Contributions to the Field

List selected peer-reviewed publications or other evidence of research as defined by the field of practice. Describe the significance of this research to the field.



Plan of Activities/Work Plan

Activity	Start Date	Completion Date
Final Report to MRC		

Expected Outcomes

List selected peer-reviewed publications or other evidence of research as defined by the field of practice. Describe the significance of this research to the field.

Potential Impact of Specific Funding Opportunities under Consideration



Lot Page Research Fund: Biographical Sketch

The Principal Investigator and Co-Principal Investigator(s) must complete a biographical sketch. **Each biographical sketch is limited to 3 pages.**

Investigator's Information			
First Name		Last Name	
Department		School/Unit	

Education & Training			
Detail your educational history, beginning with baccalaureate or other initial professional education. Include postdoctoral training and residency training if applicable.			
Institution or Location	Year	Degree	Field of Study

Personal Statement
Briefly describe why your experience and qualifications make you particularly well-suited for your role in the proposed project.



Positions & Honors

List previous positions in chronological order, concluding with your current position. List any honors.

Contributions to the Field

List selected peer-reviewed publications or other evidence of research as defined by the field of practice (e.g. juried exhibitions). Evidence should be recent and based on importance to the field and/or relevance to the proposed project. **The list should not exceed 15. Do not include manuscripts submitted or in preparation.**

Research Support

List selected ongoing, completed, and pending research projects for the past three years that have been extramurally supported (Federal and non-Federal). **Begin with the projects that are most relevant to the proposed application.**



List previous positions in chronological order, concluding with your current position. List any honors.

Contributions to the Field

List selected peer-reviewed publications or other evidence of research as defined by the field of practice (e.g. juried exhibitions). Evidence should be recent and based on importance to the field and/or relevance to the proposed project. **The list should not exceed 15. Do not include manuscripts submitted or in preparation.**

Research Support

List selected ongoing, completed, and pending research projects for the past three years that have been extramurally supported (Federal and non-Federal). **Begin with the projects that are most relevant to the proposed application.**



Newton-Wellesley Hospital Research Budget

Title:		PI:	
Funding Source:			
Projected # of Patients:			
Projected Time Frame:			
Total Budget:			

Personnel

<u>ROLE</u>	# of Months	% Effort	Base Salary ¹	Salary Requested ²	Fringe Benefits ³	Total
Investigator						
Co-Investigator						
Study Coordinator						
Secretary						
Other (Specify): _____						

1. Base Salary is the Annual Salary Paid to the Employee
2. Salary Requested is (Monthly Base Salary x # of months) x % Effort
3. Fringe Benefits is salary requested x current f/b allocation % (Currently 26%)

Consultant Costs

Itemize		Total

Equipment

Itemize		Total

Supplies

Itemize by Category		Total
Office Supplies		



	Copying Expenses		
	Other:		
	TOTAL:		
Travel Expenses			
Specify			Total
Patient Care Costs			
Laboratory Tests (List Procedures)			Total

Radiology Exams (List Procedures)			

Other Procedures (List)			

Pharmacy Charges	Complete the Pharmacy Charge Form if Applicable		
Room Charges			
Other (Itemize)			



					TOTAL	
Alterations & Renovations						
Specify						Total
Other Expenses						
Itemize						Total
	Recruiting/Advertising					
	Postage					
	Telephone Charges					
	Patient Parking					
	Other: _____					
					TOTAL	
Sub-Contract Expenses						
Expenses						Total
	Direct					
	Indirect					
					TOTAL	
Total Direct Costs						
Costs	Total Costs for Personnel, Consultant Costs, Equipment, Supplies, Travel Expenses, Patient Care Costs, Alterations & Renovations, Other Expenses, and Sub-contract Expenses					Total
Indirect Costs						
Indirect Cost Rate (10%)	Total Costs for Personnel, Consultant Costs, Supplies, Travel Expenses, and Other Expenses					Total
	Indirect Costs	10% of Above Total				
Total Budget						
	Total Direct Costs + Indirect Costs					Total
				TOTAL		



Lot Page Research Fund: Application Endorsements Form

Complete an application endorsement form for the Principal Investigator and each Co-Principal Investigator. The signed form should be saved as a PDF and assembled with the final application package as Page 1.

Project Information			
Project Title			
Budget Request	TOTAL	\$	

Investigator's Signature			
First Name		Last Name	
Department			
Email			
Signature		Date	

Chair's Endorsement (or designee)			
Name		Title	
Signature		Date	

Endorsements			
I endorse this application and the information provided therein.		<input type="checkbox"/> Yes	<input type="checkbox"/> No