

**Nestle Health Science Enteral Nutrition Grant Application**

**Grant Funding Period: January 1, 2018 – December 31, 2018**

**LOI Due Date: July 13, 2017**

**Grant Application Due Date: October 2, 2017**

Notice: you must access and read the [**Grant Application Instructions**](https://www.nutritioncare.org/uploadedFiles/Documents/Research/NHS%20Enteral%20Nutrition%20Res%20Grant%20Application%20Instructions.docx).

The Nestle Health Science Enteral Nutrition Grant will fund a project up to $50,000. Only those individuals who have been invited to apply based on their accepted Letter of Intent should submit an application.

**Grant Goals**

* To generate broader interest among early to mid-career investigators in doing enteral nutrition research.
* To provide funding for discovery of primary knowledge that will solve clinical problems in nutrition as it relates to disease states, consistent with ASPEN's Research Agenda.

**Grant Funding Scope**

* The grant is for scientific purposes, and not for the purpose of promoting any specific therapeutic or medical products.
* The focus of the 2018 grant will be: *Assessment of the relationship between macronutrient intake and absorption of amino acid and/or essential fatty acids in the critically ill.*
* Proposals will exhibit a clear translational potential "from the bench to the bedside" so that practical solutions to patient's nutritional challenges can be successfully addressed.

FACE PAGE

|  |  |
| --- | --- |
| aspen_Rhoads_cmyk**GRANT APPLICATION** | **Leave Blank. ASPEN Use Only**  |
| Date Received:  | ASPEN Membership Status:  |
| 1. **Title of Project**
 |
| 1. **Principal Investigator**
 |
| 2a. Name (last, first, middle)  | 2b. Degree(s)/Credentials  |
| 2c. Position Title  | 2d.Full Mailing Address (Institution, street, city, state, zip code) |
| 2e. Department, Service, Laboratory |
| 2g. Telephone and Fax: TEL: ( ) Ext: FAX: ( )  | 2f. ASPEN Member Number - |
| 2h. Email Address |
| 1. **Grant Award performance Site** (Organization, address, city, state, zip)
 |
| **4. Costs Requested for Initial Budget Period**  | **5. Costs Requested for an Additional Year of Support (if available)** |
| 4a. Total Costs Required to complete Project ($):  | 5a. Total Costs Required to complete Project ($):  |
| 4b. Costs Requested from Foundation ($): | 5b. Costs Requested from Foundation ($): |
| **6. Key Personnel** (Use additional pages as needed to provide the required information in the format shown below)  |
| 6a. NAMECREDENTIALSPOSITION TITLE ADDRESSASPEN Member? Y\_\_\_\_ N \_\_\_\_ROLE ON PROJECT | 6b.NAMECREDENTIALSPOSITION TITLE ADDRESSASPEN Member? Y\_\_\_\_ N \_\_\_\_ROLE ON PROJECT  |
| 6c. NAMECREDENTIALSPOSITION TITLE ADDRESSASPEN Member? Y\_\_\_\_ N \_\_\_\_ROLE ON PROJECT | 6d. NAMECREDENTIALSPOSITION TITLE ADDRESSASPEN Member? Y\_\_\_\_ N \_\_\_\_ROLE ON PROJECT |

**PROJECT NARRATIVE.** Provide a brief narrative of your proposed research in 2-3 sentences that is succinct and that can be easily understood by a general, lay audience.

This may be used, if your project is awarded, to notify the public of the grant award.

**ABSTRACT OF RESEARCH PLAN**. State below the long-term objectives and specific aims of the proposal. Describe concisely the research design and methods for achieving these goals.

**BUDGET.** List below a budget by categories for the initial budget period and an additional year of support, if applicable. The grant review committee will carefully consider the appropriateness of your budget. It must be well defined, justified, and realistic to complete the work proposed. Two columns are provided for the initial budget period and for the additional year of support, if sought and granted. The first column defines the total expenses that are expected to be necessary to realistically complete the project. The second column indicates the expenses requested from the ASPEN Rhoads Research Foundation. Applicants **will not** be penalized in funding considerations for requiring additional funds beyond what is requested from the Foundation; however, the true costs of the project must be acknowledged.

# Budget Category Initial Budget Period Additional Year of Support if available

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Total costs required to complete project: | Costs requested from the Foundation**\*** | Total costs required to complete project: | Costs requested from the Foundation **\*** |
| Personnel (salary and fringe benefits) |  |  |  |  |
| Equipment |  |  |  |  |
| Supplies |  |  |  |  |
| Other Expenses |  |  |  |  |
| **TOTAL COSTS:** |  |  |  |  |

**\* Costs from the Foundation may not exceed $50,000 for initial budget period**

**JUSTIFICATION**. Define and justify expenses in each category. The justification must include an explanation of what each category contributes to the project.

#### OTHER SUPPORT. Applicants are allowed to receive funding from other sources for parts of the project not funded by the Foundation. Please define these funding sources here (the information you provide must be linked to the total costs of the project identified in the budget):

**APPLICANT'S FUNDING HISTORY**. List below other support available to the applicant for other research projects. Include support from intramural sources and list pending as well as funded applications. For each item give the title of the project, the dollar amount available to the investigator, name of the agency, and the applicant’s role on the project.

**Project Title Amount ($) Source Role on Project**

**Applicant’s Commitment as Investigator of the Project:**

* I agree as the applicant to accept responsibility for the scientific management of this project as outlined in this application.
* I further agree to submit a progress report, including a lay summary and expense report by August 3rd, and within 3 months of the end of the end of the grant performance period. [Performance Period: January 1 of award year through December 31 of award year.]
* I also agree to submit an abstract of my research findings for consideration to the ASPEN Abstract Review Committee and to present that abstract, if accepted, at ASPEN’s Nutrition Science and Practice Conference
* I also agree to submit a manuscript within 12 months of completion of the final funding period to an appropriate ASPEN journal.

**Applicant’s Affirmation:**

I certify that the investigations involving human subjects to be carried out in the application will have approval of the applicant’s Institutional Review Board on Human Research, Committee on Clinical Investigation, Ethics Board or other appropriate body at the grantee institution (this body is to be clearly designated prior to payment of any awarded funds); that any research involving human subjects will conform ethically with the guidelines prescribed by the National Institutes of Health (NIH), including the provision of suitable explanation to human subjects or their guardians concerning experimental design and all significant hazards, so that they may be in a position to provide appropriate informed consent prior to the investigations; and that research involving animals will conform to the current “Guide for the Care and Use of Laboratory Animals,” approved by the American Physiological Society, and with federal (and any applicable state) laws and regulations including approval by the appropriate Institutional Animal Care and Use Committee at the grantee institution. Wherever applicable, the research protocol will be reviewed and approved by the Institution’s Biohazards Committee, as well as conform to NIH guidelines.

I will advise the Foundation of all publications or presentations stemming from this work.

Results of research may be made available to the public through appropriate scientific channels. All publications will bear the statement:

This work was supported by the ASPEN Rhoads Research Foundation through the Nestle Health Science Enteral Nutrition Research Grant.

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Signature of Applicant Date

**Applicant’s Institution Certification and Commitment:**

I certify that the statements herein and the Applicant’s Affirmation are true, complete and accurate to the best of my knowledge, and I agree to accept responsibility for the fiscal management of this project. I further agree to commit this institution to comply with the ASPEN Rhoads Research Foundation terms and conditions included in the application instructions if a grant is awarded as a result of this application. I further agree that this institution will not deduct any funds from the grant award to cover any fees or charges imposed upon the applicant in association with this grant application if an award is made.

Instructions are located on: <https://www.nutritioncare.org/Research/ARRF/Nestl%C3%A9_Health_Science_Enteral_Nutrition_Research_Grant/>

Funding Schedule:

This grant of $50,000 will receive ½ of the awarded funds in December preceding the January performance period start. The second funds installment will be released upon approval of the interim progress report, due August 3, 2018 and paid in September of the grant year.

**(PLEASE TYPE)**

Name of Institution Official:

Title:

Institution:

Address:

Phone: ( ) FAX: ( )

E-mail Address:

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Signature of Institution Official Date

If this application is funded*, payment* should be directed to the following institutional/organizational department:

Make check payable to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional EIN Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internal Revenue Code (i.e. 501c3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Contact:  | Title: |
| Phone:  | Email  |
| Institution:  |
| Complete mailing address: |

**BIOGRAPHICAL SKETCH**

Provide the following information for the principal investigator *and* key personnel in the order listed on the face page. Photocopy this page or follow this format for each person.

|  |  |
| --- | --- |
| **NAME** | **POSITION TITLE** |
| **EDUCATION/TRAINING *(begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.*)** |
| **INSTITUTION AND LOCATION** | **DEGREE***(if applicable)* | **YEAR (s)** | **FIELD OF STUDY** |
|  |  |  |  |

**RESEARCH AND PROFESSIONAL EXPERIENCE:** Concluding with present position, list in chronological order, previous employment, experience, and honors. Include present membership in professional societies. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. **DO NOT EXCEED TWO PAGES**.

**RESEARCH PLAN – not to exceed 10 pages.**

Part A. Specific Project Aims

Part B. Significance and background

Part C. Preliminary studies

Part D. Experimental design and methods

Part E. References

Part F. Personal Aims

Part G. Appendix (optional)

**APPLICANT’S CHECKLIST**

**THE APPLICATION SHOULD BE ARRANGED IN THE FOLLOWING SEQUENCE AND THIS CHECKLIST SHOULD BE COMPLETED AND SUBMITTED AS THE LAST PAGE OF THE APPLICATION:**

[ ] PDF including all components of the grant. Paginated at the bottom right of each page.

[ ] LETTERS - Place 1st in your file.

[ ] For junior faculty (up to Assistant Professor) and non-faculty grant applicants, three letters of reference (one letter must be from applicant's collaborator/mentor including a biographical sketch). For all others, reference letters are **not** necessary**.**

[ ] Separate letter from supervisor or department head confirming commitment to project.

[ ] If human subjects are involved, a letter from the institutional review board overseeing human studies assuring access to the proposed sample. THIS MAY BE PROVIDED AT A LATER DATE, BUT MUST BE SUBMITTED BEFORE ANY FUNDS CAN BE SENT. INDICATE IN YOUR APPLICATION THE STATUS OF IRB SUBMISSION.

[ ] If human subjects are involved, a letter from the primary care provider assuring support in recruiting patients.

[ ] FACE PAGE (form Page 2)

[ ] PROJECT NARRATIVE (Form Page 3)

[ ] ABSTRACT (Form Page 3)

[ ] BUDGET & JUSTIFICATION (Form Page 4)

[ ] OTHER SUPPORT & FUNDING HISTORY (Form Page 5)

[ ] APPLICANT AND INSTITUTIONAL ASSURANCES: SIGNATURES (Form Pages 6 and 7)

[ ] Principal Investigator signed the commitment & affirmation page including publication requirements

 [ ] Authorized Institution Official signed the application

[ ] BIOGRAPHICAL INFORMATION (Form Pages 8 – copy page as needed)

 [ ] Principal Investigator

[ ] Collaborator/Mentor (junior investigators **only**, i.e., up to Assistant Professor, and non-faculty grant applicants)

 [ ] Key Personnel

[ ] RESEARCH PLAN (Form Page 9 and additional pages as required)

 [ ] Part A. Specific Project Aims & relevance to ASPEN Research Agenda

 [ ] Part B. Significance and background

 [ ] Part C. Preliminary studies

 [ ] Part D. Experimental design and methods

 [ ] Part E. References

 [ ] Part F. Personal Aims

 [ ] Part G. Appendix (optional)

[ ] INVITATION TO APPLY LETTER

[ ] LETTER OF INTENT AS ORIGINALLY SUBMITTED

[ ] COMPLETED CHECKLIST

SUBMIT complete PDF of this application with all pages numbered no later than October 2, 2017 to saraf@nutritioncare.org.