

Default Question Block

1. Applications are due by 11:59 PM of the due date.
2. Don't wait until the day of or the weekend prior to submit. Gather the info to submit in advance; the financial info in particular takes time and planning. In addition to any attachments, you will need to supply the following Department Finance Information: Administrator First and Last Name, Administrator Email Address, Fund (must be 5018 – this has been pre-filled in for you, UCSF Controller's Office only allows transfers from Fund 5018 to Fund 5018), Department ID, Project, and Function. Optionally, you may also supply an Activity Period and/or a Flexfield. Your Department Finance Administrator is the person in charge of managing funds for the person, department or program promising to match funds in your Letter of Support. Please ask the person supplying your Letter of Support for their finance administrator. Please then work with the finance administrator for the other info listed above.
3. Do not go forward on an application without answering all questions, including (and especially) attachments and finance information.

First Name

Last Name

Middle Initial

Degree(s) Held (select all that apply)

Master of Arts (MA)

Master of Science (MS)

MAS in Clinical Research

MPH

PhD

MD

 Other

Home Address (Please include street number, street name, unit number (if any), city, state, and zip code)

Primary Email (UCSF or other primary)

Alternate Email (NO DUPLICATE EMAILS PLEASE, personal or other email)

Primary Telephone

Resident Post-Graduate Year (PGY)

Current Residency Program

If Other, please list Program

In what year will you complete/do you expect to complete residency?

Gender Identity

Male

Female

Non-binary / third gender

 Other

Personal Pronouns (he/him/his, she/her/hers, they/them/theirs, etc.)

Sexual Orientation

Bisexual

Gay

Heterosexual/Straight

Lesbian

 Other

Are you Hispanic or Latin(x)?

Yes

No

Prefer not to say

What is your racial background?

Native American or Alaskan Native

Native Hawaiian or Other Pacific Islander

Asian

Black or African American

White

Prefer not to say

Have you successfully completed the Designing Clinical Research course?

Completion of DCR or equivalent didactic course is strongly encouraged before applying for Resident Research Funding (RRF).

Yes

No

If Yes, when?

If Yes, who was your Small Group Leader?

If No, but you have completed the equivalent, please list the name of the course, institution, instructor, and date.

If you have taken an equivalent didactic course, please attach as much supporting paperwork as you might have. Please attach a PDF. If submitting multiple documents, please combine all into one PDF.

Have you applied for Resident Research Funding (RRF) previously from the CTSI Resident Research Training Program (RRTP)?

Yes

No

If Yes, when?

Research project title you applied for:

Were you awarded an RRF grant? If Yes, do not continue with this application as you may only be awarded once.

Yes

No

Have you applied to other funding sources for the current project

Yes

No

If Yes, please provide a brief description:

Program Director's First Name:

Program Director's Last Name:

Program Director's Department

Program Director's Division

Program Director's Email

Program Director's Telephone

Lead Mentor's First Name

Lead Mentor's Last Name

Lead Mentor's Title

Assistant Professor

Associate Professor

Professor

 Other

Lead Mentor's Institution

UCSF

 Other

Lead Mentor's School

Dentistry

Medicine

Nursing

Pharmacy

 Other

Lead Mentor's Department

Lead Mentor's Division (if any)

Lead Mentor's Email

Lead Mentor's Telephone

Lead Mentor's Role: Describe your mentor's role in the project and in your career development. Please limit your answer to 1500 characters (approximately half a page).

Proposed Research Project Title: Please limit to 60 characters.

Research Proposal: A brief description of the background and significance, specific aim(s), study design, population, sample size calculation, methods (e.g. participant recruitment and measurements), and planned analyses. Please limit your answer to 9000 characters including spaces (approximately three pages).

Literature Cited: Up to ten references.

Timeline and Milestones: Please indicate major research activities to be completed (or already completed) and the expected timeline for each. Please limit your answer to 1500 characters (approximately half a page).

Expected Research Products: Please list anticipated products such as abstract or manuscript submissions, including possible target meetings or journals and possible timelines for submission.

Will human subjects or human tissues be used?

Yes

No

N/A

IRB Approval Obtained:

Yes

No

N/A

If Yes, date of approval:

If Yes, IRB Approval Number (note "Pending" if a number has not been obtained):

Proposed Budget (may request up to \$5,000 from the Resident Research Funding Program):

Personnel (e.g. Data Analysis)	<input type="text" value="0"/>
Consultation Fees (e.g. CTSI Consulting)	<input type="text" value="0"/>
Supplies and Expenses (e.g. Lab Supplies and Lab Tests)	<input type="text" value="0"/>
Equipment	<input type="text" value="0"/>
Project-Related Travel (not to be used to attend and/or present abstracts at scientific meetings. See Resident Research Travel Program for separate application.)	<input type="text" value="0"/>
Other <input type="text"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

Total amount of project funding if it exceeds \$5,000 (total requested from RRF cannot exceed \$5,000):

Budget Details and Justification. Provide a justification for the requested budget. If project requires over \$5,000 please indicate the source(s) of supplemental funds. Please limit your answer to 1500 characters (approximately half a page). Note that if a proposed project is dependent on additional outside funding (other than this RRF award), but the outside funding is not yet confirmed, then it is unlikely that the RRF award will be granted.

DEPARTMENT FINANCE INFORMATION

Department Finance Administrator First and Last Name (This is the person in charge of managing funds for the person, department, or program in your Letter of Support. Please ask the person supplying your Letter of Support for their finance administrator. Please then work with the finance administrator for all the required and optional funding numbers below.)

Department Finance Administrator Email Address:

Fund [4 digits, must be 5018 (any other Fund will result in award not being funded)]:

5018

Department ID (6 digits):

Project (7 digits):

Function (2 digits):

Activity Period (optional):

Flexfield (optional):

Please collate and submit a PDF with the following documents in order: 1) CV and 2) Letter of Support (A letter from your Research Mentor, indicating their support for your proposal request explaining how they will support you if an award is made to maximize the probability of a successful project. If applicable, the letter should also confirm that additional funds are available to cover any project costs that are in excess of the maximum RRF award amount of \$5000.)

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