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) 0
Consultation Fees (e.g. CTSI Consulting) 0
Supplies and Expenses (e.g. Lab Supplies and Lab Tests) 0
Equipment 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.) 0

Other 0
Total 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.)