



COLUMBIA UNIVERSITY
MEDICAL CENTER

IRVING INSTITUTE FOR

clinical and translational research

PERSONALIZED MEDICINE PILOT AWARD APPLICATION
Irving Institute for Clinical and Translational Research
2014

Accelerating Discoveries Toward Better Health

irvinginstitute.columbia.edu

2014 Irving Institute Personalized Medicine Pilot Award Application

Applications are being accepted for one-year, one-time only pilot studies in personalized medicine up to \$100,000 each (\$50,000 awarded by the Irving Institute and \$50,000 provided by the Principal Investigator's home department). Awards will be made for research proposals focused on approaches to tailor medical care (prevention, diagnosis, and/or treatment) to the individual patient. Studies may include use of biomarkers, genomic data, aggregated clinical data, and/or patient reported data to develop personalized medical care. Proposals may also be based on individualizing methods to effectively educate and communicate with patients. Studies are expected to include collaborations between investigators from disparate areas and at least two different departments; collaborations between the Morningside and Medical Center campuses are especially encouraged. Projects that would lead to implementation of results into electronic health records and decision support tools are also encouraged. These pilot grants are intended to support feasibility studies that will establish a basis for applying for further research funding. As such, pilot grants are expected to turn into successful grant applications within one year. Junior investigators are particularly encouraged to apply. Up to 5 pilot studies will be selected for funding.

ELIGIBILITY:

A full-time Columbia University faculty appointment at the rank of Assistant Professor. Postdoctoral research scientists or postdoctoral research fellows may apply together with their mentor, who must have a full-time, Columbia University faculty appointment.

Departmental matching funds (\$50,000) are required. Applicants to this program must first contact their department chair to determine the level of interest in co-sponsorship. NOTE: We cannot accept any application that does not have the prior, written approval of the department chairperson. Departments may wish to conduct their own, intra-departmental competition before approving submission of proposals to this program. Departments may cost-share funds for more than one applicant. Moreover, more than one award recipient may come from the same department, provided that departmental funds are available and pre-approved.

PROPOSAL REQUIREMENTS: Must include investigators from at least 2 different departments. Each team is limited to eight (8) members. Applications containing more than 8 investigators will be disqualified.

NOTE: IRB/IACUC approval is not required at the time of application, but must be in place, in writing, at the time of the award (December 1, 2014).

APPLICATION DIRECTIONS:

- 1) **Complete all sections of the attached Application Form** (contact information for all team members, project title, abstract, current funding sources/other support, submitted applications, 12-month budget and budget justification).
- 2) **Prepare project description** (4 page maximum excluding references) as follows:
 - Aims and Background – Page 1;
 - Preliminary Findings and Innovation – Page 2;
 - Methods – Pages 3-4 (1st half);
 - Future Plans and Direction – Page 4 (2nd half).
- 3) **Provide the following supporting documents:**
 - Statement of Facilities (Resources and Environment Page) available for the research
 - NIH biosketches for each investigator
 - Signatures of Approval page
 - Letter from the department chairperson to provide matching funds
- 4) **Merge all documents into a single PDF and submit by 5:00p EST on Wednesday, October 1 to:** irving.institute@columbia.edu, with the subject heading "Personalized Medicine Pilot Application."

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Applicants without independent space or appointment should also send their mentor's NIH biosketch accompanied by a brief letter from the mentor stating approval of the application.

BUDGET: A total of \$50,000 per pilot grant will be awarded by the Irving Institute, and the Principal Investigator's home department must provide an additional \$50,000 in matching funds.

FAILURE TO FOLLOW THESE DIRECTIONS WILL RESULT IN THE PROPOSAL BEING RETURNED TO YOU, WITHOUT REVIEW.

DO NOT INCLUDE APPENDICES.

APPLICATION DEADLINE: Wednesday, October 1, 2014 by 5:00p EST

PROJECT START DATE: Monday, December 1, 2014

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APPLICATION FORM

CONTACT INFORMATION PAGE – Please include contact information for the PI and any co-investigators, collaborators, mentors and/or consultants.

PI NAME:
ACADEMIC TITLE:
HOME DEPARTMENT:
LOCAL ADDRESS:
EMAIL ADDRESS:
COLUMBIA UNI:
NIH eRA Commons username:
TELEPHONE NUMBER:
CO-INVESTIGATOR NAME:
ACADEMIC TITLE:
HOME DEPARTMENT:
LOCAL ADDRESS:
EMAIL ADDRESS:
COLUMBIA UNI:
NIH eRA Commons username:
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NIH eRA Commons username:
TELEPHONE NUMBER:

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CO-INVESTIGATOR NAME:
ACADEMIC TITLE:
HOME DEPARTMENT:
LOCAL ADDRESS:
EMAIL ADDRESS:
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CO-INVESTIGATOR NAME:
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PROJECT TITLE:

SYNOPSIS OF PROPOSAL: (use only space provided below – minimum 11 point font)

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ALL CURRENT SOURCES OF RESEARCH FUNDING (include begin/end dates and total direct costs)

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PENDING APPLICATIONS FOR RESEARCH FUNDING (include proposed begin/end dates and total direct costs)

12-MONTH BUDGET (December 1, 2014 to November 30, 2015)	
SALARIES with FRINGE (Fringe rate – 32.5%):	
SUB-TOTAL	\$
EQUIPMENT:	
SUB-TOTAL	\$
PATIENT CARE COSTS:	
SUB-TOTAL	\$
ALL OTHER EXPENSES:	
SUB-TOTAL	\$
TOTAL PROPOSED BUDGET	\$

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DETAILED BUDGET JUSTIFICATION: (use only space provided – minimum 11 point)

SIGNATURES OF APPROVAL

- A.** I certify that the information presented in this proposal is, to the best of my knowledge, complete, accurate, and developed according to practices commonly accepted within the scientific community.

Signature of Principal Investigator

Date

- B.** I have reviewed this application and agree to provide matching funds. Furthermore, I hereby take responsibility for ensuring that the necessary space, personnel, and facilities which are mentioned in the application pertaining to my Department will be available for this project should it be funded. I recommend that this application be submitted.

Signature of Department Chairperson

Date

REMINDERS

PLEASE REVIEW APPLICATION WITH DEPARTMENT CHAIR AND OBTAIN LETTER OF APPROVAL.