**THE FOERDERER AWARDS**

**2022**

***SUBMISSION DEADLINE: April 27, 2022 – 4:00 p.m.***

**Application Forms and Instructions**

**REQUIRED SUBMISSION FORMAT**

**ELECTRONIC: online submission through eSPA**



**Timetable for Foerderer Awards**

**2022**

**March 25, 2022** Solicitation announced and application materials available

**April 27, 2022** Applications to be submitted in eSPA by 4:00 p.m.

(No extensions will be granted)

**June 25, 2022** (On or about) Announcement of grantees

**July 1, 2022** Award Start Date

### AWARD PURPOSE

The Foerderer Grants support novel and innovative basic, translational and/or clinical research.

*Foerderer Grants* are designed to encourage collaboration among investigators to develop new and productive research avenues or to apply novel techniques towards their existing investigations. The primary goal of projects should be to acquire the preliminary data to support extramural grant applications. Proposals involving collaborative research between different groups at Children’s Hospital of Philadelphia are strongly encouraged. Applicants may request up to $50,000 direct costs over one year.

**TO BE COMPETITIVE, APPLICATIONS SHOULD**

* Have the potential to improve the health of children
* Be novel in methodology or approach to the laboratory
* Incorporate interdisciplinary projects that will help foster collaborations within CHOP
* Include plans for subsequent support of the project through external funding
* Seek support for projects that are not funded through other mechanisms

### ELIGIBILITY

Individuals based at The Children’s Hospital of Philadelphia with faculty appointments at the University of Pennsylvania are eligible to apply. Postdoctoral fellows at CHOP are also eligible. If the potential applicant does not hold a faculty appointment, a letter of endorsement from the relevant Chief or Chair must be submitted with the application.

All applicants must notify the relevant Department Chair, Division Chief, Center Director, or designee (usually division chief) in writing of their plan to submit an application and obtain the signature of the Chair/designee on the application Cover Page. This will assure CHOP that the application is in accord with Department/Division/Center goals and objectives.

**RESTRICTIONS**

PIs of an awarded *Foerderer Grant* since July 2019 ***are not eligible to apply***. Investigators may only submit one application as a PI.

## **ADDITIONAL INFORMATION**

* PIs should commit effort to the proposed project commensurate with its scope. Salary may be included for the PI and other faculty-level individuals involved in the project for effort up to 10% each, applying the NIH salary cap and keeping in mind the $50,000 budget limit. Salary for non-faculty submitting as PIs is allowed up to 50%.
* Staff salaries are allowable budget items and should be included commensurate with their level of effort.
* Proposed research must be conducted at Children’s Hospital of Philadelphia.
* Subcontracts are not an allowable cost. Collaborators from other institutions may be included in applications as long as no funding is requested for them.
* Clinical studies are allowed but be mindful of the one-year time frame and potential regulatory, recruitment, and/or data acquisition delays. It should be realistic to accomplish the proposed work by 6/30/2023. Due to the fiscal-year nature of the funding, no-cost extensions are not permitted.
* Travel expenses, unless integral to the project aims, are not allowable.
* Scientific and budgetary overlap of this project with other projects is not allowed.
* An NIH biosketch and Other Support are required for the PI and co-investigators only.
* The PI of one proposal may also be included as a co-investigator on another proposal.
* No letters of support (unless required from your chair as described above), appendices, or other documents will be accepted.
* Proposals should be structured using the NIH format: Significance, Innovation, and Approach.
* Proposals should be three pages and written in no smaller than 11 point type with at least ½” margins.
* If the purchase of any equipment (>$5000) is proposed, it should be well justified and the equipment should be integral to accomplishing the aims of the study.

**ELECTRONIC SUBMISSION**

A complete Foerderer application must be submitted electronically through eSPA, CHOP’s online grants system. Log into eSPA, click on “Create New Funding Proposal/Submission,” and enter the information requested in the forms.

Please work with your Research Business Manager (RBM) to develop the budget. When the budget is finalized, your RBM can generate the budget form to include in the application package.

The eSPA application must be submitted by 4:00 pm on April 27. Please be aware that electronic submission involves multiple steps, some of which are dependent on other people, so be sure to work with your RBM and Sponsored Projects Officer (SPO) to ensure on-time submission.

If you are not familiar with eSPA, or do not have an account, please contact your SPO for assistance.

Paper copies of the application are not required.

**ELECTRONIC SUBMISSION- DETAILED INSTRUCTIONS**

After clicking “Create Funding Proposal/Submission” you will go through the forms, following the detailed instructions and notes below. Anything not specifically addressed should be apparent or answered according to the circumstances of your proposal.

**Page 1.01- 1. and 1.a** Please use the same title in both boxes, as the reviewers may see only the short title.

**Page 1.01- 3.a,b,c** Select “No”

**Page 1.01- 4.** Select “Other” and enter “Foerderer” in 4.a

**Page 1.02**  Personnel- Add any CHOP people who will work on the project in section 2.

**Page 1.04- 1.** Copy and paste “%foerderer” in the box and select “**Children’s Hospital of Philadelphia (CHOP) Foerderer, The**”.

**Page 4.01** Budget Information **Section 1.** defaults to “No.”

**Section 2.** enter “7/1/2022”

**Sections 3. and 4.** enter “1”

**Page 5.04-1.** Upload your proposal as a **single PDF document**.under #1 Complete Application. The complete application will consist of a cover page, project description page, budget, budget justification, biosketches, other support, proposal (3 pages), references cited (1 page), and chair endorsement letter if applicable. When a budget is entered in eSPA, it can automatically generate a budget page that is an acceptable substitute for the form in this package. Only signed pages (cover and chair’s letter) should be scanned if necessary. The rest should be generated in word processing software and converted and compiled with Adobe Acrobat. Please contact your Sponsored Projects Officer if you need assistance with this.

Please do not add anything in fields #2-4, and check the Not Applicable box for these. When you have uploaded your proposal and finished filling out the forms, click “Save” and “Exit” at the top of the page. **Be sure to do your Key Personnel/PI Certification**. If any other personnel were added, click “Send Personnel Certification Request” to remind them to certify as well.

Once you have finalized everything and are happy with your proposal, click “Forward Proposal.” Doing this will prevent you from making any further changes, so be sure you are finished first.

**ESTABLISHING SUBMISSION TIME**

Submission in eSPA for purposes of meeting the deadline occurs when the Funding Proposal reaches the Authorized to Submit or Awaiting Award Status state.

**QUESTIONS**

For questions or information regarding the Foerderer Awards, contact

Michael Campbell

[campbellm@chop.edu](mailto:campbellm@chop.edu)

For general questions related to eSPA or budgets, please contact your assigned SPO or RBM.

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**APPLICATION FORMAT**

**Please pay particular attention to the page limitations below. Font must be no smaller than 11 point and margins must be at least 0.5 inch.**

|  |  |
| --- | --- |
| **REQUIRED SECTIONS (provide in this order)** | **Maximum Length** |
|  |  |
| Application Cover Page *(Use Form Provided)* | One page |
| Project Description *(Use Form Provided)* | One page |
| Budget | One page |
| Budget Justification | One page |
| NIH Biosketch(es) | Up to five pages each |
| NIH Other Support | No limit |
| Specific Aims/Hypothesis(es) | Three Pages Total |
| Significance |
| Innovation |
| Approach |
| References cited | One page |
| Letter of Endorsement from Chair/Chief, if applicable  *(see Eligibility Guidelines in Foerderer announcement)* |  |

Although IRB, IACUC, IBC and other compliance requirements do not need to be met prior to submission, regulatory approvals will be required before awards are distributed. Consequently, projects should be submitted for regulatory review as soon as practical and may be submitted in advance of notification of award.

**Applications are due in eSPA by 4:00 p.m., April 27, 2022**

**No extension of the deadline will be granted.**

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**APPLICATION COVER PAGE**

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| --- | --- | --- | --- |
| PROJECT TITLE: |  | | |
| Principal Investigator: |  | Dept./Div. |  |
| Title/Position: |  |  |  |
| PI Email Address: |  | Phone # |  |
| Co-Investigator: |  | Dept./Div. |  |
| Co-Investigator: |  | Dept./Div. |  |
| Collaborator: |  | Dept./Div. |  |
| Collaborator: |  | Dept./Div. |  |

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| --- | --- |
| Amount Requested: | $ |

**APPROVAL (Signature and Printed/Typed Name Required; if Chair/Chief is unavailable, an authorized designee may sign)**

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| **Signature of Department Chair/Division Chief (or designee)** |  | **Date** |
| **Printed/Typed Name** |  |  |

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**PROJECT DESCRIPTION**

**PEER LANGUAGE ABSTRACT: (16 line limit)**

**NARRATIVE: THREE SENTENCE LAY DESCRIPTION**

**THE FOERDERER AWARDS – 2022**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DETAILED BUDGET FOR BUDGET PERIODDIRECT COSTS ONLY | | | | | | | | FROM | | THROUGH | | |
| 7/01/22 | | 6/30/23 | | |
| PERSONNEL *(Applicant organization only)* | | | |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | |
| NAME | | ROLE ON PROJECT | | TYPE APPT. *(months)* | EFFORT ON PROJ. | INST. BASE SALARY | SALARY REQUESTED | | FRINGE BENEFITS | | | TOTAL |
|  | | Principal Investigator | |  |  |  |  | |  | | |  |
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| SUBTOTALS | | | | | | |  | |  | | |  |
| CONSULTANT COSTS | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | |  |
| TRAVEL | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | |  | | | | | | | | |  |
| OUTPATIENT | |  | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)*  (Subcontracts are not allowable) | | | | | | | | | | | |  |
| TOTAL DIRECT COSTS FOR BUDGET PERIOD | | | | | | | | | | | $ |  |