**CFF Award Renewal Face Page**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Award:** |  | | | | **CFF Award #:** | |  |
| **Principal Investigator (PI):** | |  | | | | | |
| **Institution** | |  | | | | | |
| **Project Title:** | |  | | | | | |
| **Proposed Renewal Period:** | |  | | | | | |
| **Proposed Renewal Amount:** | |  | | | | | |
| **PI Contact Information:** | | **Mailing Address:** | | | | **Department:** | |
| **E-mail Address:** | |
| **Telephone Number:** | |
| **Principal Investigator and Institutional Assurances** | | | | | | | |
| **Human Subjects:**  **No**  **Yes** | | | **Human Subjects Assurance #:** | | | | |
| **IRB Status and Date:** | | | | |
| **IRB approval is required as a contingency of payment.** | | | | | | | |
| **Vertebrate Animals:**  **No**  **Yes** | | | **Animal Welfare Assurance #:** | | | | |
| **IACUC Status and Date:** | | | | |
| **Recombinant DNA:**  **No**  **Yes** | | | **Biohazards:**  **No**  **Yes** | | | | |
| **IBC Status and Date:** | | | | |
| **Awardee must provide copies of rDNA and/or IBC approvals upon request.** | | | | | | | |
| **Invention Disclosures/Patents?** | | | **No** | **Yes, all relevant invention disclosure and/or patent information is included in this Renewal application.** | | | |
| **Assurance Statement:** We, the undersigned, certify that the statements herein are true and complete to the best of our knowledge and accept the regulations, policies, and objectives of the Cystic Fibrosis Foundation concerning this type of project. | | | | | | | |

***(CFF accepts digital signatures that are verifiable. Please note: Principal Investigator & Authorized Institutional Official’s Signatures are required)***

**Principal Investigator’s Signature / Date**

**Mentor’s Signature (if applicable) / Date**

Mentor’s Name:

**Authorized Institutional Official’s (AIO) Signature / Date**

AIO’s Name:

Title:

Email & Telephone:

P.I. Name:

**LAY ABSTRACT**

Font: Times New Roman 12 or Arial 11. Margins: ½”. **Do not exceed ¾ of a page.**

**Directions:** Provide a brief summary of the objectives, aims, and methods of this project in non-scientific terms. Make reference to the relationship of this work to cystic fibrosis. Do not include any confidential or proprietary information.

**CFF PROGRESS REPORT**

**(Use continuation pages as necessary)**

Font: Times New Roman 12 or Arial 11. Margins: ½”. Number each page at the bottom.

1. **Detailed Progress Report for the year (or period)**

**Page limit for projects that do not include a scientific research plan (e.g., 1st Year Clinical Fellowships, PACE awards):** Maximumfive (5) single-sided pages for this section. The page count includes pages for summary charts, graphs or tables.

**Page limit for projects that include research:** Maximum seven (7) single-sided pages for this section, including pages for summary charts, graphs or tables.

**Present the following in detail:**

1. The scope of work accomplished during the year
2. The progress of training or work in clinic
3. Problems/issues encountered, and actions taken
4. Plans for the coming project year, as related to future training: Clearly indicate any anticipated and/or implemented changes from the original application in training design and/or structure, and the reasons for these changes.

For projects with a research plan, report also on any anticipated and/or implemented changes in the methods and structure and the reasons for those changes.

1. **Staffing**. Note any changes in the professional staffing of the project and the reasons for change from the original proposal.
2. **Publications/Presentations.** List authors, titles and complete citation (if available) for publications or presentations that have resulted from this work. Manuscripts and/or abstracts that have been submitted should be listed. Copies of these should accompany the application.
3. **Invention Disclosures/Patents.** Indicate all invention disclosures and/or patents filed or issued that have resulted from the relevant CFF support. If none exist at this time, please notify CFF at the time a patent(s) issues and the corresponding CFF account number(s) that provided support leading to the patent(s).
4. For research projects supported by multiple awards, please indicate the **estimated percentage of CFF support** to the total.

**Please note that the Renewal Report Budget should be submitted at the same time as the Renewal Progress Report. You can find**

**the Renewal Report Budget template at:**

<https://www.cff.org/Research/Researcher-Resources/Awards-and-Grants/Research-Awards/Reporting-Forms-for-CF-Foundation-Awards/>

**Save as a PDF and email to** [**grants@cff.org**](mailto:grants@cff.org) **with “Renewal Progress Report” and award # written in the Subject line.**

**No hardcopy is necessary**

**BUDGET JUSTIFICATION**

|  |  |  |
| --- | --- | --- |
| Year: | Start: | End: |
| Direct Costs: | Indirect Costs (if applicable): | Total Costs: |

Provide detailed justification by major categories. All subcontracts are required to provide a separate budget detail and justification.

**BUDGET JUSTIFICATION SAMPLE**

|  |  |  |
| --- | --- | --- |
| Award Year: YYYY | Start: DD/MM/YYYY | End: DD/MM/YYYY |
| Direct Costs: | Indirect Costs (if applicable): | Total Costs: |

**PERSONNEL**

Jane Doe, Ph.D., Principal Investigator (2.5 calendar months). Dr. Doe will be responsible for the overall coordination and supervision of all aspects of the study. This includes hiring, training, and supervising staff/students; recruiting study participants; coordinating treatment and assessment components; scheduling and staff assignments; and data management. In addition, she will conduct the orientation sessions, assist with statistical analyses, and be responsible for reporting the study’s findings.

Suzan Raines, Ph.D., Co-Investigator (0.8 Academic Months, 1.0 Summer Months). Dr. Raines will be responsible for the collection and analyses of the fecal materials. She will also assist in manuscript preparation.

**OTHER PERSONNEL**

TBA Post Doctoral Associate (12 Calendar Months effort). This individual will coordinate the day-to-day management of the study, assist in assessments, be responsible for data entry of all treatment-related data (i.e., scheduling and conducting weights, attendance, self-monitoring), and serve as an interventionist.

TBA Project Coordinator (6.0 Calendar Months). This individual will assist with recruitment, assessments, and serve as an interventionist. Additionally this person will aid with preliminary data analyses and manuscript preparation.

SAMPLE

TBA Research Assistant (12 Calendar Months). This individual will assist with recruitment, ordering supplies and intervention materials, assessments, collection of dietary data, daily management of study data, and scoring and data entry of assessments.

**MAJOR EQUIPMENT**

Funds are requested to purchase three Biologs ($7,150 each). These are ambulatory physiological data recorders with multiple channels that will be used to record mothers' heart rate (RSA), activity level, and electrodermal activity (e.g., skin conductance). Recorded data is compactly stored on a removable memory card. When recording is complete, the card is inserted into a card reader which is connected to a PC through a serial port. The affiliated Downloading and Plotting Software ($1,100 under supplies) which operates on the PC supervises the downloading of data to the PC and ensures data is recorded according to the needs specified by the researchers. From this program, the data can be converted into separate data files for each physiological measure. These measures are all synchronized with one another and can be synchronized with video files as well. Three Biologs are needed because there are several periods when assessment points overlap ( e.g., parental interviews, 6 months laboratory visits, 6 months home visits), and dedicated equipment for each type of visit will ease scheduling demands.

**TRAVEL**

$2500 in Year 01 is requested for the PI travel to professional conferences (domestic) to present findings associated with the study.

**OTHER EXPENSES:** (ex: training, tuition, panting)

None

**Subawards/Consortium/Contractual Costs**

A subcontract will be established with East University, a domestic State institution of higher education.

The estimated total costs per year for the 5 year project are as follows:

Year 01 $50,000

Year 02 $29,431

Year 03 $30,311

Year 04 $31,221

Year 05 $46,793

TOTAL $187,756