Frederick C. Binter Center for Parkinson’s Disease and Movement Disorders
Binter Research Grant Program (BRGP) Guidelines

POLICIES: BRGP monies are intended to support clinical or translational research studies by University of Vermont faculty aimed specifically at Parkinson’s disease or other movement disorders. Investigations must involve cross-college or cross-departmental collaboration or if within a single department, must be translational in nature. Proposals must include a College of Medicine faculty member, but they need not be the principle investigator.

AWARDS: One award of $25,000 will be available annually. Funding period is one year, but in certain justified circumstances a proposal for a two year distribution of funding will be considered.

***PLEASE READ GUIDELINES AND APPLICATION INSTRUCTIONS CAREFULLY PRIOR TO SUBMISSION***

1. All full-time/salaried University of Vermont faculty members (0.75 FTE or greater) are eligible to request research support from the BRGP funds.

2. Applications are accepted once annually (March 31st), are normally reviewed within 6 weeks by the internal review panel and, if approved, are usually funded within two weeks of this action. All applications must be submitted electronically as a single PDF document to Charlotte Anderson (Charlotte.M.Anderson@uvm.edu) by midnight on March 31st. It is the PI's responsibility to assure that all necessary components of the application are included and the application is received on time.

3. Applications are subject to competitive review. In all cases, major consideration is given to: 1) the extent to which the proposed studies, if successfully completed, will enhance the investigator's competitiveness for extramural funding; 2) the ability of the proposed studies to strengthen the research activity and productivity of the College of Medicine and other faculty within the University; and 3) the need of the investigator.

4. BRGP funds may be requested for only those items that are absolutely essential to accomplish the research including investigator salaries. Questions concerning the suitability of funding requests should be directed to the Chair of the committee, James Boyd, MD (james.boyd@uvm.edu).

5. Investigators that have received prior funding through the BRGP mechanism will not be eligible for repeat funding until 3 years after the start date of the prior award. Furthermore, if the applicant received prior BRGP funding, a separate section must be added
to the new request for funding specifically outlining how prior BRGP monies were spent and whether extramural support was obtained from the proposed studies (see Application Process instructions below for details).

6. Submission of a progress report is mandatory at 6 month intervals. A progress report template will be supplied to the PI. It is the PI's responsibility to assure that the progress report is fully completed and submitted within 2 weeks of the 6-month anniversary. Funds will remain available for a total of 2 years with year 2 funding availability contingent upon timely progress report submission.

Application Checklist

☐ Cover letter
☐ Face Page, Itemized Budget, Other Support Information
☐ Body of Application
☐ Explanation of use of prior BRGP funds (if applicable)
☐ CV (NIH biosketch)
☐ Department Chair letter of support
☐ Appendices
APPLICATION INSTRUCTIONS

Frederick C. Binter Center for Parkinson’s Disease and Movement Disorders
Binter Research Grant Program (BRGP)

APPLICATION PROCESS – An electronic version of the full application in PDF format should be submitted to the Committee Chair (charlotte.gowen@uvmhealth.org) by March 31st. If the deadline falls on a weekend, PIs are still required to meet these deadlines (i.e., deadline does not move to the next business day). Paper applications will not be accepted. Late applications will not be considered. It is the PI’s responsibility to assure that all necessary components of the application are included and the application is received on time. If there are any questions regarding logistical, scientific or administrative aspects of the application process, please contact the chair of the committee prior to the deadline.

INSTRUCTIONS

1. COVER LETTER: Submit a cover letter briefly describing the submission, the circumstances surrounding the need for the funds, and how the funds will be used to enhance clinical/translational research into Parkinson’s disease and/or other movement disorders. This letter is not a substitute for more in depth discussions of these issues in other sections of the application but is meant to provide an overview at the beginning of the grant.

2. ADMINISTRATIVE INFO: Complete Face Page, Itemized Budget Page and Other Support.

3. BODY OF APPLICATION: The proposal should not exceed 10 pages, which addresses each of the items listed below (A to C). The format, including type size, is to follow the standard NIH PHS grant (PHS-SF424). That is, “type should be 10-12 points (approximately 1/8” in height for capital letters). If constant spacing is used, there should be no more than 15 cpi, whereas proportional spacing should average no more than 15 cpi. Finally, there must be no more than 6 lines of text within a vertical inch.” Leave 1/2” margins.
   A. Specific Aims and Hypothesis (<1 page); we recommend that you limit to 1 or, at most, 2 Specific Aims that can reasonably be completed within the 1-2 yr grant period.
   B. Background and Significance (1-3 pages); state the research problem and review relevant literature in the area.
   C. Preliminary Data (1-3 pages); include relevant preliminary data that has led to the proposed studies.
   D. Research Design and Methods (3-6 pages); outline the methods used to address the proposed studies.
NOTE: If the application is a resubmission, a brief (1 pg max) response to the prior critiques of the Review Committee should be included.

4. PRIOR BRGP FUNDING: If the applicant received prior funding, a separate section should be added to the new request for funding specifically outlining how prior monies were spent and whether extramural support was obtained from the proposed studies.

5. CURRICULUM VITAE: Include a curriculum vitae of the PI in current NIH biosketch format (maximum 4 pages see the following link for details: http://grants1.nih.gov/grants/funding/424/index.htm#inst)

6. PRIOR REVIEWER CRITIQUES: If this is a request for research support that is intended to address reviewers’ critiques, you must include previous review critiques, including scores. It should be clear in the proposal how this support will be used to develop information to respond to the critique(s).

7. DEPARTMENT CHAIR LETTER: Principal investigators are required to obtain a department chair letter of support. The letter should specifically address confirmation of adequate time allocation for successful completion of the proposed project.

8. APPENDICES: Only letters of support or reprints or their equivalents should be included that are germane to judging the science of the application or support for the proposed work/PI.

A one page narrative progress report is required within 1 month of the termination of the award.
APPLICATION FOR COLLEGE OF MEDICINE RESEARCH FUNDS

Date: __________________     DOES THIS PROJECT INVOLVE:

Proposed Title:__________________________________

• Human Subjects        Yes    No
  If Yes, IRB approval or exemption #

______________________________________________

• Vertebrate Animals   Yes   No

______________________________________________

• Recombinant DNA    Yes   No

Principal Investigator:_________________________Department:_________________________

Email Address:________________________________ Extension:_________________________

Co-Investigator:_______________________________Department:_________________________

Email Address:________________________________ Extension:_________________________

Estimated Start Date:_________________________Estimated End Date:_____________________

PI ASSURANCE: I certify that the statements herein are true and accurate to the best of my knowledge. I am aware that any false, fictitious or fraudulent statements or claims may subject me to disciplinary action according to the bylaws of the College of Medicine and/or University of Vermont. I agree and accept responsibility for the scientific conduct of the project and to provide the required progress reports if the grant is awarded.

Signatures:

Principal Investigator:_____________________________________________________________

Department Chair:______________________________________________________________

Co-Investigator:______________________________________________________________

Department Chair:_____________________________________________________________

Record of Committee Action

Received on: __________________ Acted on: __________________

Approved for: $____________________ Dates of Award: From:_____________ To:_____________

Notification to Applicant:__________________________________________________________

Comments
BUDGET REQUEST

Please itemize individual categories in your budget using sections such as personnel, equipment, consumable supplies, patient costs, animal costs, and whatever else is necessary for the review committee to understand how you determined your budget; please provide justification for budget items on a separate page. The form below is a general template – please add categories as needed.

Personnel:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role on Project</th>
<th>Salary Requested</th>
<th>Fringe Benefits</th>
<th>Total</th>
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Total Personnel: $___________

Supplies $___________
Human subject costs $___________
Simulation Center $___________
Equipment $___________
Other Expenses $___________

Budget Total: $___________

BUDGET JUSTIFICATION: (use additional pages as needed)
**OTHER RESEARCH SUPPORT**

Please list below all other research support (current, pending and planned) regardless of relevance to this application. Indicate and provide explanation for any overlap between this proposal and current or pending support. (INFORMATION SHOULD COVER THE PAST THREE YEARS). Any overlap between the current request for IGP funds and any on-going or pending applications **must** be clearly described.

**Previous Research Support from College of Medicine:**

<table>
<thead>
<tr>
<th>Grant #</th>
<th>Project Title</th>
<th>Amount/year</th>
<th>Dates of Award</th>
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</table>

**All Current Research Support:**

<table>
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<th>Source/Agency</th>
<th>Project Title</th>
<th>Amount/year</th>
<th>Dates of Award</th>
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**Pending Requests for Research Support:**

<table>
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<th>Source/Agency</th>
<th>Project Title</th>
<th>Amount/year</th>
<th>Dates of Award</th>
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**Other Requests for Research Support not funded:**

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