**ROCSTARR Pilot Program Application Face Page**

**Submission deadline: September 15, 2025**

Proposal Title

Principle Investigator

 Department

 Area of Research

 E-mail Address

 Phone

Co-Investigator (if applicable)

 Department

 Area of Research

 E-mail Address

 Phone

 Institution (if not URMC)

Amount Requested $

       Human Subjects involved – IRB status:

       Vertebrate Animals involved – UCAR status:

I attest that I, the PI, currently meet the Early-Stage Investigator (ESI) Status.

[ ]  I completed my terminal research degree or end of post-graduate clinical training within the past 10 years.

[ ]  I have not previously competed successfully as PD/PI for a substantial NIH independent research award.

PI       Date

Please include page number and name of PI in a footer on the application.

|  |  |  |
| --- | --- | --- |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | FROM | THROUGH |
| 1/1/26 | 12/31/26 |

 List PERSONNEL *(Applicant organization only)*

Use Cal, Acad, or Summer to Enter Months Devoted to Project

 Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ONPROJECT | Cal.Mnths | Acad.Mnths | SummerMnths | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|  | PD/PI |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
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| SUBTOTALS |       |       |       |
| CONSULTANT COSTS      |       |
| EQUIPMENT *(Itemize)*      |       |
| SUPPLIES *(Itemize by category)*      |       |
| TRAVEL      |       |
| INPATIENT CARE COSTS       |       |
| OUTPATIENT CARE COSTS       |       |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)*      |       |
| OTHER EXPENSES *(Itemize by category)*      |       |
| CONSORTIUM/CONTRACTUAL COSTS | DIRECT COSTS |       |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)* | $ |       |
| CONSORTIUM/CONTRACTUAL COSTS | FACILITIES AND ADMINISTRATIVE COSTS |       |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD  | $ |       |

**BUDGET JUSTIFICATION**