Postdoctoral Fellowship (accelerators) Full Proposal Form 2021

Submission Reference Identifier	
{{ submission.reference_id }}	
A. Postdoctoral Fellow (Applicant)	
First Name (i.e., JOHN Smith)	
ast Name (i.e., John SMITH)	
Academic Title(s) (MD, PhD, etc.)	
B. Mentor and Sponsoring Institution	
institution responsible for receipt and disposition of grant funds	nstitution. List the person within your department at the sponsoring
Mentor First Name (i.e., JANE Smith)	
Mentor Last Name (i.e., Jane SMITH)	
Sponsoring Institution Name	
Department Name	
Felephone	 -
Email	
Street Address 1	
Street Address 2	
City	
State	
Postal Code	
Country	
Department Grant Administrator Name	
Department Grant Administrator Email	
Department Grant Administrator Telephone	
💯 C. Project Title	
Please provide a Project Title that succinctly describes the nat	
	({{ submission.title }}) ({{ submission.title }})
	({{ submission.title }})

D. Project Abstract

Please provide a scientifically rigorous summary of the proposed research in sufficient detail to allow for a preliminary assessment of merit, RFP responsiveness and UMDF mission relevance.

NOTE: This abstract will be used for triaging purposes (250 words maximum)

pe of esearch	☐ Basic Science ☐ Translational Research ☐ Clinical Research
■ E. P	roject Costs
	stdoctoral Fellowship Prize will have a two-year, fixed 50,000 USD budget (total) to be used for Postdoctoral Fellow Salary age Benefits. Indirect Costs are not an allowable expense.
F. P. G. Refe	roject Description rences
Justifica 4. Activ gains fo of a prev 10. State research significa	is F and G must be completed offline and then uploaded as a separate task. Sections F and G should be uploaded as a combined document, no longer than six pages. F. Project Description Include and clearly identify the following sections: 1. Ition/Significance of the project**; 2. Specific goals; 3. Objectives, expected outcomes, and how resulting data will be utilized; ities and methods to be employed; 5. Target population; 6. Timeline for completion; 7. Details of any plans to use research recommercial activities and/or patents; 8. Other pertinent information, including highlighting changes if this is a resubmission vious proposal. 9. Any human or animal subject issues of concern: Is IRB or IACUC approval in process? Submission date? ement verifying this project is not a continuation of a past or current UMDF grant. **Note: UMDF recognizes that the utility of in is inherently linked to rigor and reproducibility, as highlighted by NIH Guidelines on this subject. It is suggested the unce section should briefly address efforts to ensure rigor & reproducibility in the proposed research. G. References A specific format is not required.
	s F and G must use type size no smaller than 11 point font (Times or Times New Roman) for all text and Figure legends.
Allow fo	r margins of at least ½ inch.
	GE MAXIMUM INCLUDING ALL FIGURES, CHARTS AND REFERENCES. APPLICATION WILL NOT BE REVIEWED IF UM EXCEEDED.
	d upload formats: .pdf (preferred), .txt, .odt, .doc, and .docx
	Other Funding Sources rize all forms of other support that will be used to fund the research proposal beyond the requested salary/fringe benefit
support.	
Fellow a	upport is defined as all Federal, non-Federal, and/or institutional funds or resources available to the applicant Postdoctoral and Mentor named in the application in direct support of their research endeavors through research or training grants, tive agreements, contracts, fellowships, gifts, prizes and any other means.
	all applications pending review or awards that are related to this application. Specify each amount requested and indicate m's status as "current" or "pending".
	e any potential overlap with other grants and how any overlaps would be resolved. If none, please state that there are ent or potential overlaps.
7 I. Sp	ponsoring Institution
carry ou	provide a brief description of the sponsoring institution and its facilities. Be sure to list resources necessary to adequately at the proposed research project. Letters of support should be provided for resources not directly under the control of applicant storal Fellow and Mentor.

🛂 J. Statement of Relevance
Explain how this project is responsive to the current RFP and why the UMDF is the best funding source for your project.
4 K. Postdoctoral Fellow Training (TO BE COMPLETED AND SIGNED BY MENTOR)
Postdoctoral Fellow Name
<u>~</u>
Mentored training is an important aspect of peer review for Postdoctoral Fellowship applications. Mentor and applicant are encouraged to consider the creation of an Individual Development Plan (IDP) utilizing tools developed by the American Association for the Advancement of Science.
In the space below, provide the following descriptions: Training Program for Postdoctoral Fellow, including professional and educational development plans (relevant IDP details) Mentoring Committee % Effort and Role of the Mentor
Mentor Electronic Signature By entering your name below you are acknowledging the truthfullness of the information provided above
Date
/(YYYY/MM/DD)
L. Certification and Electronic Signatures
IMPORTANT : Before electronic signatures may be entered below, the Postdoctoral Fellow applicant must agree to participation in the UMDF <i>accelerators</i> program per the guidelines posted on the UMDF website. Applicants unwilling to participate in the <i>accelerators</i> program will not be able to complete the required Electronic Signatures and submit the proposal.
I, the Postdoctoral Fellow applicant on this submission, agree to participate in the UMDF <i>accelerators</i> program and, if selected as a finalist, am willing to present a 5 minute pitch and poster to all meeting attendees at the UMDF Mitochondrial Medicine Symposium (including the group of UMDF donors known as "accelerators" based on their level of philanthropic giving to the Foundation). I understand that the decision of the <i>accelerators</i> in determining who is awarded the <i>accelerators</i> prize will be final pending the completion of an award agreement with the sponsoring institution.
☐ Yes ☐ No
🛂 Postdoctoral Fellow Electronic Signature
Please enter your name. This will serve as your electronic signature, attesting that all information included in this application is accurate and not misleading.

Date
/(YYYY/MM/DD)
Mentor Signature
Please enter your name. This will serve as your electronic signature, attesting that all information included in this application is accurate and not misleading.
Date
/(YYYY/MM/DD)