

# Research

Office of the Associate Dean for Research  
College of Veterinary Medicine

*One health at the interface of animals, humans, and the environment*

To: CVM Residents and Faculty

From: Srirama Rao, Associate Dean for Research

Subject: 2018 Small Companion Animal Research Grants

This year approximately \$30,000 is available to residents to support 3-4 competitive grants for small companion animal research. We encourage veterinary residents to consider this opportunity to become engaged in research to improve companion animal health. Only proposals that support projects by residents conducting research on small companion animals including, but not limited to, dogs and cats will be considered. To apply for these grants residents must identify an established research mentor. First year residents are encouraged to apply. Second year residents may apply with a strong statement that outlines an achievable timeline for completion of research during the remaining residency period. Budget requests **up to \$10,000** will be considered. While residents are identified as the grant recipient, the faculty mentor will assume fiscal responsibility for the project. **Targeted project start date is July 1. Timing may vary depending on resident/mentor's ability to get timely IACUC approvals.**

We are looking for clearly written projects that can be completed in approximately 1 year with the expected outcome of a publication with the resident as first author or scientific presentation of research at grand rounds/professional society meeting, etc. **Grants funds will not be released until documentation of IACUC and other necessary research approvals/training is submitted to the Research Office, so applicants are strongly encouraged to begin the IACUC application process ASAP.** Please contact the Research Office with questions relating to the application process.

The intent of this funding mechanism is to provide a stimulating research experience by working with experienced scientist mentors. **APPLICATION DEADLINE: APRIL 16, 2018**

## **Format of proposal:**

The proposal should consist of a **title page** (see cover pages), body of proposal (limited to five pages, not including references), and itemized budget. It should be **double-spaced, 12 pt. type, with 1-inch margins**. Proposals not following this format will be returned.

### Title page

Title

Name of resident applicant

Expected residency completion date

Name of CVM faculty mentor

Department/Affiliation

Total funds requested (Residents encouraged to contact Kathy Stuebner in the CIC if this is a clinical study using space/resources in the clinic).

Project summary (250 words)

Body of proposal (5-page limit)

Introduction/Justification (Rationale and Significance of the Problem)

Objectives/hypothesis to be tested and preliminary data (if available)

Experimental Methods and Design, including timetable

References

Itemized budget and justification (please contact research office staff with questions regarding level of detail required, allowable expenses, etc.) Tel: 612-624-2744

Biographical sketches for both resident and mentor(s)

(NIH format, do not include funding)

Current and pending support of mentor(s) and resident

(Funding agency, Project Dates, Title, Total Project Funding, PI/Co-PI status and **statement regarding budgetary or scientific overlap with this proposal for all funding sources**)

**Criteria for evaluation:**

1. Objectives/hypothesis

2. Justification

3. Plan of work

4. Research timeline

(Include estimated date for project completion in relation to expected date of residency completion)

5. **Plan to complete statistical analysis** and disseminate results

6. Mentor (qualifications and mentoring plan\*\* see additional details for mentor statement)

**\*\*\*INSTRUCTIONS FOR MENTORS:**

The resident must name a mentor, who together with the resident is responsible for the planning, direction and execution of the project. Letter of support from mentor must contain details concerning:

1). Description of nature of mentorship - a mentoring plan describing the nature of supervision and mentoring that will occur during the proposed award period. If more than one mentor is proposed, the respective areas or expertise and responsibility of each should be described. Co-mentors should describe clearly how they will coordinate the mentoring of the candidate.

A good mentoring plan should address:

WHAT (aspects or development would be targeted. For example, study design, manuscript preparation, patient management, ethical care of animals, scientific manuscripts).

WHO (would be responsible for each section or aspect of the mentees development?)

HOW (for example, time in the lab, visiting scholar, working with a statistician)

WHEN (in the set-up of the study, during regular meetings as the study progresses, after each case, times for manuscript writing and review)

WHERE (with the statistician, with a collaborating scientist, the with primary mentor)

2). Description of resident involvement in the major planning and writing of the current application. (If the project is a sub-project of mentor's research activities, please describe what is unique about this opportunity for this resident, how the experience will lead to a stand-alone publication/presentation for the resident, and what new techniques or methods the resident will learn as a result of the research experience). **How will statistical analysis be completed by the resident and mentor?** Also, how do you describe a successful outcome for the resident involved in this project?

3). Description of research qualifications and previous experience as a research supervisor. This section **MUST** include list of previously received Small Companion Animal Awards and outcomes of the project (Publications, Presentations, Current Position of Resident who worked on the Project and other relevant statement about general benefits gained by resident as a result of working on the project).

To be successful, please include the following when appropriate:

1. Clear, concise hypothesis
2. Control group(s) and justification as to their appropriateness
3. When using client/patient material, justification that hospital admissions will support sample collection within a useable time frame
4. Power calculation to indicate sufficient numbers of cases
5. **Clear statistical plan for data evaluation**

Successful applicants and their faculty mentors will be required to submit a final report at the end of the project period. Faculty mentors/investigators should submit a one-page progress report **with their proposal** if they have a current Small Companion Animal Grant.

**Mentors/investigators who have not submitted a final report for a previous completed Small Companion Animal Grant award will not be eligible to compete for future collegiate funding and are not eligible for this opportunity.**

**Proposals should be submitted electronically (with signatures) as a single PDF file to the Office of the Associate Dean for Research by April 16, 2018 or to [vetres@umn.edu](mailto:vetres@umn.edu).** The CVM Research Committee will review all proposals. Please contact the CVM Research Office with questions regarding this application at [vetres@umn.edu](mailto:vetres@umn.edu) or 612.624.2744

Anticipated date of award announcement is late May with an approximate start date of July 1 (so plan your IACUC submissions accordingly to facilitate award start dates in June). **Cover pages begin on next page.**

**CVM Small Companion Animal Grants 2018**

**Title of Proposal:** \_\_\_\_\_  
**Resident/PI:** \_\_\_\_\_ **Dept/Affiliation** \_\_\_\_\_  
**Expected Date of Completion of Residency** \_\_\_\_\_  
**Mentor/Co-Mentors**  
**(Signatures):** \_\_\_\_\_  
**Department Head (Signature of Department Heads for Mentors and Co-Mentors)** \_\_\_\_\_

**Total funds requested** \_\_\_\_\_

**(Approximately 250 words)**

**PROJECT SUMMARY**

To ensure research compliance is satisfied, the following questions must be answered. For detailed information on any question, please visit the following link: <http://www.research.umn.edu/support/nirvana/form-help/PRF/PRFhelp.htm>

By signing the cover pages of this proposal, all investigators and department heads are indicating that the information listed below is correct.

**Does this project involve any of the following?**

- Human Subjects
- Animal Subjects
- Purchase/Use of Custom Antibodies produced in animals housed outside the University
- Human Blood, Body Fluids, or Other Potentially Infectious Materials
- Stem Cell
- Recombinant DNA, Infectious Agents or Biological Toxins
- Radioactive Materials and/or Ionizing or Nonionizing Radiation Producing Equipment
- Chemicals

If yes please answer the following:

**a. Human Subjects**

Yes  No

If yes, what is the status of the Human Subjects' Application?

Pending  Approved  Exempt

Exempt Category: \_\_\_\_\_

Study Code Number: \_\_\_\_\_ Approval Date: \_\_\_\_\_

**b. An Animal Subjects**

Yes  No

If yes, what is the status of the Animal Subjects' Application?

Pending  Approved

Study Code/Protocol ID: \_\_\_\_\_

Approval Date: \_\_\_\_\_

**c. Purchase/Use of custom antibodies that have been or will be housed outside the university?**

No  Yes

**d. Human Blood, Body Fluids, or Other Potentially Infectious Materials Help**

No  Yes

If yes, do you have Blood-borne Pathogen training and immunizations?

No  Yes

**e. Stem Cell**

Will your research involve:

Human embryonic stem (hES) cells  No  Yes

Human embryos less than 14 days old  No  Yes

Human induced pluripotent stem (iPS) cells, or other human stem cell sources, that are intended to make or contribute to an embryo  No  Yes

If you answered yes to any of the questions above please obtain approval for your protocol from the human Embryonic Stem Cell and human embryo Research Oversight (ESCRO) committee.

f. Recombinant DNA, Infectious Agents or Biological Toxins

No  Yes

If yes, what is the status of the Institutional Biosafety Committee Application?

Pending  No  Yes

g. Radioactive Materials and/or Ionizing or Nonionizing Radiation Producing Equipment Help

No  Yes

If yes, do you have the appropriate permits and adequate radiation safety information?

No  Yes

Department of Environmental Health and Safety (DEHS): (612) 626-6002

h. Chemicals

No  Yes

If yes, do you have the appropriate chemical safety training and hazardous waste training records?

No  Yes

i. Financial and Business Conflict of Interest:

a. Do you, or your co-investigators, or key personnel (i.e., anyone responsible for the design, conduct or reporting on this project), or a family member (yours or theirs) have a significant financial interest, OR business interest in a business entity that could benefit from the results of this project? See? For help with definitions.

No  Yes

If yes, please indicate the most recent REPA # where these interests have been identified:

**REPA #**

**Approval Date:**

Additional Comments - NOTE: Comments will display on and print on the PRF.  
Please do not include information you prefer to keep private:

b. Do you, or your co-investigators, or key personnel have a familial connection OR financial or business interest (of any amount) with any proposed subrecipient or collaborator?

No  Yes

If yes, please contact SPA for further direction.

Additional Comments - NOTE: Comments will display on and print on the PRF.  
Please do not include information you prefer to keep private:

j. Inventions:

Is it likely that anything patentable (i.e. new, useful, or improved) will result from the current research project?

No  Yes

If this a renewal or continuing project, have any inventions been conceived or reduced to practice under prior research on this project?

No  Yes

Does this proposal contain private commercial or trade secret information? If yes, clearly identify the private commercial information in the text of the proposal.

\_\_\_\_\_ No \_\_\_\_\_ Yes

Does the PI or any investigator have any active patent disclosures with the Office of Technology Commercialization relating to the work contemplated in this proposal?

\_\_\_\_\_ No \_\_\_\_\_ Yes

k. Does this project involve University resources, space or staff from more than one department or college?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, LIST DEPARTMENT/COLLEGE BELOW this form must be approved by all department heads and deans involved.

- 1.
- 2.
- 3.
- 4.
- 5.

l. Program Income:

Is program income anticipated on this project?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, indicate specific type(s) of program income by selecting one or more items from questions a through d below:

\_\_\_ From fees for services performed?

\_\_\_ From the use or rental of real or personal property acquired under this project?

\_\_\_ From the sale of commodities or items fabricated under the award?

\_\_\_ From license fees and royalties on patents and copyrights that may develop from this project?