NIAID CEIRR Network Pilot Program Submission Form

Instructions

1. Complete all fields in this submission form using the latest version of Adobe Reader.

   a. Use of Chrome, MacOS Preview, or Microsoft Word could result in errors with your submission.

   b. Use 10-point Arial font. Special characters are allowed (e.g., α, β, γ).

   c. Responses are limited to the size of the text box.

2. Save the file as a single PDF using the following naming format: "LastName_ShortTitle"

3. To submit:

   a. Please visit www.ceirr-network.org/pilot-program

   b. Enter your name and email address in the fields provided, upload your file, complete the verification, and click Submit.

4. Questions? Please contact support@ceirr-network.org or visit the Pilot Program page for more information.

Project Information

1. Short Title: _____

2. Please provide a 1-2 sentence description of work to be performed.

3. Requested budget range (cannot exceed $600,000 total cost):

4. Requested Period of Performance (cannot exceed 24 months):   Months

5. Is there a specific Center you are interested in working with?

   No Preference

   Center for Influenza Disease and Emergence Research (CIDER)

   Center for Research on Influenza Pathogenesis and Transmission (CRIPT)

   Emory University (Emory-CEIRR)

   Influenza Data Processing and Communication Center (iDPCC)

   Johns Hopkins University (JH-CEIRR)

   University of Pennsylvania (Penn-CEIRR)

   St. Jude Children's Research Hospital (SJCEIRR)

6. Will reagents be generated, such as plasmids, virus isolates, or proteins?

7. Is this a cross-CEIRR project involving work with multiple Centers?

8. For each section, please select all that apply:

   a. Area(s) of focus:

      Zoonotic Influenza

      Human Influenza

      SARS-CoV-2

      Universal Influenza Vaccine Related

      Other: _____

   b. Stage(s) of research:

      Basic

      Translational

      Clinical

   c. Area(s) of science addressed:

      Assay Development

      Computational/Modeling

      Emerging Pathogen Surveillance

      Human/Animal Interface

      Immunology

      Pathogenicity

      Risk Assessment

Project Background and Significance

9. Please develop a short summary describing the background and significance of the study to be performed.

Project Approach

10. Please develop a short summary describing scientific and technical approaches for the study to be performed.

Project Deliverables

11. Please list the number and type of deliverables to be developed under this study. Possible deliverables include: Numbers animals to be tested, variants or virus isolates of variants, experiments and type, other reagents generated, and data to be generated, including sequencing data.

Project Budget (Estimated $US)

12. Please include direct and indirect costs. Total requested budget cannot exceed $600,000 over two years.

Salaries	
Materials	
Other Direct Costs	
Indirect Costs	
Total amount requested, including direct and indirect costs:	

Project Timeline

13. Please list tasks and select the estimated timeline for the study to be performed. Leave blank any extra rows.

Tasks	Months																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

Investigator Information

1. Lead PI Name: _____

2. Lead PI Email Address: _____

3. Lead PI Institution: _____

4. Lab Website: _____

5. Lead PI Career Stage:

6. Name(s) of Additional PIs: _____

Biosketch

If you would prefer to use a separate NIH Biosketch document to provide the below information, it may be included as a second file during submission. The Biosketch must be saved as a PDF to be accepted. Name the file "LastName_Biosketch".

    Check this box if you are submitting the Biosketch as a separate PDF

7. Lead PI Education and training:

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY

8. Lead PI Personal Statement

9. Lead PI Positions, Scientific Appointments, and Honors

10. Lead PI Contributions to Science