

## MLSC Fund Pre-Proposal and Proposal Checklist: Required (R) and Optional (O)

Document or Section	Size Limit	
<b>Pre-Proposal</b>		
Face Page	6 PP	
Pre-Proposal Statement	Form MLSC-02	R
List of Biographical Sketches	4 page limit for statement. See instructions (Cont. Page)	R
Biographical Sketches	1 Cont. Page	R
	MLSC-04 (2 PP max. for each)	R
<b>Full Proposal</b>		
Face Page	Form MLSC-03. Page 1.	R
1. Project Title	56 characters	R
2. Proposal Group	Check applicable	R
3a. Program Director Name	30 characters	R
3b. Degrees, etc.	30 characters	R
3c. Position	30 characters	R
3d. Mailing Address	32 characters per line	R
3f. Subdivision	30 characters	O
3g. Tel/Fax nos.	2 x 25 characters	R
3h. E-mail Address	40 characters	R
4. Human Subjects	Space provided	R
5. Vertebrate Animals	Space provided	R
6a, 6b., 6c. Budget Year 1	Space provided	R
7a, 7b, 7c Budget Year 2	Space provided	R
8a, 8b, 8c. Budget Year 3	Space provided	R
9 Total Budget		R
10. Applicant Organization	32 characters per line	R
11. Organization Type	Check Applicable	R
12. Identification Number	2 x 20 characters	R
13. Notification Address	32 characters per line	R
14. Official Signing	32 characters per line	R
15. PD Signature	Space provided	R
16. Applicant Organization Signature	Space provided	R
<b>Page 2-Form MLSC 03</b>		
Project Abstract	Space provided	R
Performance Sites	Space provided	R
Key Personnel	See instructions	R
<b>Page 3- Table of contents</b>		
Biographical Sketches	See instructions	R
Letters of collaboration/consultation	MLSC-04 (2PP. Max. for each)	R
Intellectual Property Distribution Plan	See instructions	If appropriate
Program Financial Data	Cont. Page – see instructions	R
Detailed first-year budget	Form MLSC-05 (1 per organization)	R
Justification for 1st yr. budget	Cont. Page (1 per organization)	R
Budget for all years	Form MLSC-06 (1 per organization)	R
Justification for out-year	Cont. Page (1 per organization)	If appropriate
Composite Budget	Form MLSC-07 (1 per proposal)	R
Other Support	Cont. Page – See instructions	R
Resources/Facilities	Cont. Page – See Instructions	R
Program Plan	20 page limit for plan See Instructions	R

**Cont. Page = Continuation Page Form**

**Michigan Life Sciences Fund**  
**Pre-Proposal Application**

*Follow Instructions carefully.  
 Do not exceed character length restrictions in instructions.*

*Leave Blank.  
 For Office Use Only*

*Date Received:*

1a. Project Title		1b. Proposal Category (check appropriate box(es)) Category I      Category II      Category III	
2. Pages Containing Proprietary Information			
3. Program Director			
3a. Name (Last, First, Middle)		3e. Applicant Organization and Applicant Organization Address (Name of applicant organization and complete mailing address Include pertinent information for express delivery.)	
3b. Position Title			
3c. Telephone and Fax (Area code, number, extension) Phone:  Fax:			
3d. Email Address:			
4. Type of Organization (Applicant Organization) <input type="checkbox"/> Michigan University (MU)  <input type="checkbox"/> Michigan-based Non-Profit (private or public) (MN)  <input type="checkbox"/> Michigan-based For Profit (MFP)		5. Collaborating Organizations (list all collaborating organization names, use an * to indicate non-Michigan organizations and indicate organization type in parenthesis (MU, MN, MFP))	
6. Point of Contact with MLSC Fund: (Include: Name, Title, Telephone, Fax, and Email)		7. Official Signing For Applicant Organization: (Include: Name, Title, Telephone, Fax, and Email)	
8. Duration of Support (number of years)	9. First Year Costs (\$) (estimated)	10. Total Costs (\$) (estimated)	
11. Abstract			
12. Content Areas of Proposal			

<b>Michigan Life Sciences Fund Full Proposal Application</b> <i>Follow Instructions carefully. Do not exceed character length restrictions in instructions.</i>				<i>Leave Blank. For Office Use Only</i>	
				<i>Date Received:</i>	
1a. Project Title			1b. Proposal Category ( <i>check appropriate box(es)</i> ) Category I      Category II      Category III		
2. Pages Containing Proprietary Information					
3. Program Director					
3a. Name ( <i>Last, First, Middle</i> )			3b. Degree(s)		
3c. Position Title			3d. Delivery Address ( <i>Street, city, state, zip code</i> )		
3e. Company, Department, Laboratory, or Equivalent					
3f. Major Subdivision					
3g. Telephone and Fax ( <i>Area code, number, extension</i> ) Phone:  Fax:			3h. Email Address		
4. Human Subjects <input type="checkbox"/> No <input type="checkbox"/> Yes	4a. If "Yes," IRB approval date.	4b. OPRR Assurance Number.	5. Vertebrate Animals <input type="checkbox"/> No <input type="checkbox"/> Yes	5a. If "Yes," IACUC approval date:	5b. Animal Welfare Assurance No.
6a. Budget Year 1 "MM/DD/YY From:                      Through:	7a. Budget Year 2 MM/DD/YY From:                      To:		8a. Budget Year 3 MM/DD/YY From:                      To:		
6b. Direct Cost	6c. Indirect Cost	7b. Direct Costs	7c. Indirect Costs	8b. Direct Costs	8c. Indirect Costs
9. Total Project Cost					
10. Applicant Organization ( <i>Name and Address</i> )			11. Type of Organization <input type="checkbox"/> Michigan University (MU)  <input type="checkbox"/> Michigan-based Non-Profit (private or public) (MN)  <input type="checkbox"/> Michigan-based For Profit (MFP)		
			12. Entity Identification Number  DUNS No. ( <i>If Applicable</i> )		
13. Administrative Official To Be Notified If Award Is Made: ( <i>Include: Name, Title, Full Address, Telephone, Fax, and Email</i> )			14. Official Signing For Applicant Organization: ( <i>Include: Name, Title, Full Address, Telephone, Fax, and Email</i> )		
15/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.			SIGNATURE OF PD NAMED IN 3a. ( <i>In ink. "Per" signature not acceptable.</i> )		DATE
16. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and accept the obligation to comply with the terms and conditions of the Michigan MLSC Trust Fund if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.			SIGNATURE OF OFFICIAL NAMED IN 13. ( <i>In ink. "Per" signature not acceptable.</i> )		DATE

16. **ABSTRACT:** State the program's broad, long-term objectives including the life science theme, health-related goals, and . for Category I, the relationship to aging research. Indicate how the program will build Michigan's research capacity and/or economic development. Indicate the strengths and resources the program will build on and enhance. The abstract is meant to serve as a succinct and accurate description of the proposed project and, if the application is funded, it will become public information as is. Therefore, **do not** include any proprietary/confidential information in it. Do not exceed the space provided. Use a font size that is legible.

17. **Performance site(s)** (organization, city, state): List all collaborating organizations

18. **Key Personnel** (List Program Director and all co-investigators)

Name	Organization	Role on Project

**Biographical Sketch** -- Provide the following information for the key personnel in the order listed on Form MLSC-03, Page 2 (or in pre-proposal participant list). Photocopy this page or replicate this format for each person.

Name		Position Title	
<b>Education/Training</b> <i>(Begin with Baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
Institution and Location	Degree <i>(if applicable)</i>	Year(s)	Field of Study

- **Research and Professional Experience.** Concluding with present position, list in chronological order previous employment, experience, and honors.
- **Professional Publications.** List in chronological order the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years will exceed the allotted space, select the most pertinent publications.
- **Expertise Summary** Provide a brief summary of research and commercial expertise including patents and licenses attained in the past five years.
- For **all** entries, **DO NOT EXCEED TWO PAGES**

Organization: \_\_\_\_\_

DETAILED BUDGET FOR FIRST YEAR. DIRECT COSTS ONLY.			From:	Through:		
1. Personnel (Applicant organization only)			2. Dollar Amount Requested (omit cents)			
1a. Name	1b. Role on Project	1c. % Effort on Project	2a. Salary Requested	2b. Fringe Benefits	2c. Total	
3. SUBTOTALS						
4. Consultant Costs:						
5. Equipment: (itemize)						
6. Supplies: (itemize by category)						
7. Travel:						
8. Patient Care Costs:	8a. Inpatient					
	8b. Outpatient					
9. Alterations and Renovations: (itemize by category)						
10. Other Expenses: (itemize by category)						
11. Total of Direct Costs for First Year:						
12. Indirect Costs:						
<b>13. Total Costs for First Year</b>						

Organization: \_\_\_\_\_

**ORGANIZATIONAL SUMMARY BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT**

Budget Category Totals		First Year <i>(from Form MLSC -05)</i>	Additional Years of Support Requested	
			2nd Year	3rd Year
3.	Personnel: <i>Salary &amp; fringe benefits. Applicant organization only.</i>			
4.	Consultant Costs			
5.	Equipment			
6.	Supplies			
7.	Travel			
8.	Patient Care Costs			
	8a. Inpatient			
	8b. Outpatient			
9.	Alterations and Renovations			
10.	Other Expenses			
11.	Total of Direct Costs			
12.	Indirect Costs			
13.	<b>Total Costs</b>			
14.	<b>Organization Total Cost for Entire Proposed Project Period</b>			

**Use "Justification for Detailed Budget"**  
**for explanations and justification of**  
**significant changes from first year to additional years.**

**COMPOSITE BUDGET FOR PROGRAM FOR ENTIRE PROPOSED PERIOD OF SUPPORT**

Budget Category Totals		First Year <i>(from Form MLSC -06)</i>	Additional Years of Support Requested	
			2nd Year	3rd Year
3.	Personnel: <i>Salary &amp; fringe benefits. Applicant organization only.</i>			
4.	Consultant Costs			
5.	Equipment			
6.	Supplies			
7.	Travel			
8.	Patient Care Costs			
	8a. Inpatient			
	8b. Outpatient			
9.	Alterations and Renovations			
10.	Other Expenses			
11.	Total of Direct Costs			
12.	Indirect Costs			
<b>13. Total Costs</b>				
<b>14. Total of Direct Costs for Entire Program for Entire Proposed Period of Support</b>				
<b>15. Total of Indirect Costs for Entire Proposed Period of Support</b>				
<b>16. Total Cost for Entire Program for Entire Proposed Period of Support</b>				

