VIRGINIA COMMONWEALTH UNIVERSITY

Postdoctoral Scholar Small Grant Program

Cover Page

Instructions:

Upon compiling the requested materials, please save your application as a PDF. Documents should be named “lastname, firstinitial\_month/year” (e.g. "DoeJ\_July2015.pdf"). All applications should be forwarded via email to the Office of Postdoctoral Services at [aebranch@vcu.edu](mailto:aebranch@vcu.edu) no later than midnight August 1. Your email will serve as verification of the time and date of submission.

ELIGIBILITY

To be eligible for this research grant program you must meet the following requirements:

1. Your initial appointment as a postdoc at VCU must be prior to September 16 of the previous year.

2. The Office of Postdoctoral Services must have verification that you have completed an approved Responsible Conduct of Research course within the last 4 years.

3. You have not previously received one of these postdoctoral scholar small grant program awards.

**INVESTIGATOR**

Postdoctoral Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.O. Box: \_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial date of appointment as a postdoc at VCU \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
RESEARCH

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Key Words: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested: $\_\_\_\_\_\_\_\_\_\_ (cannot exceed $5,000)

Endorsement by Mentor

Mentorname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the mentor of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I endorse this application and the information provided above.

This project will be conducted in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which will be available for this purpose. (room and building)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abstract(250 words)

Novelty of research: Describe the relationship between your mentor’s research and the proposed research, explaining how this grant will advance your career goals. (250 words)

Research plan**:** Include specific aims, background, significance, approach and innovation (maximum 2 pages single-spaced 11-point type)

References(1 page maximum)

NIH or NSF Biosketch

Budget

Please provide the following budgetary information: Itemize and identify any item in excess of $500. (Chemicals may be grouped into major categories such as solvents, radio-labeled compounds, enzymes, fine biochemicals, antibodies, etc.). The award cannot be used for travel costs to attend conferences, and cannot be used to cover any portion of your salary. Total budget cannot exceed $5,000.

EQUIPMENT (Please state purpose and justify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSUMABLE SUPPLIES (Please state purpose and justify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL EXPENSES (Please state purpose and justify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL (cannot exceed $5000) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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