

\*Contact Person's Email

Address:

Menu

| SMDM Covid-19 | Decision I | Modeling | Initiative |
|---------------|------------|----------|------------|
|---------------|------------|----------|------------|

| SMDM Covid-19 De  | ecision Modeling Initiative        |
|---|------------------------------------|
| Administrator(s):   | Angela Rose (Owner), Susanna Young |
| Category:   | Pilot Grants                       |
| Award Cycle:  | Rolling                            |
| Funding Available(\$):  | 350,000                            |
| Number of Possible<br>Awardees:   | 10                                 |
| Number of Applications<br>Allowed Per Applicant:<br>Participating<br>Organization(s): | 1                                  |
| Internal Submission<br>Deadline:  | Tuesday, June 30, 2020             |
| Applications Submitted:   | 0                                  |
| Personal Details 🐱  |                                    |
| *Applicant First Name   | * indicates required               |
| *Applicant Last Name  | e:                                 |
| Applicant Degree(s  | ):                                 |
| Email Address   | S:                                 |
| Phone Numbe   | r:                                 |
| Primary Appointmen<br>Title   |                                    |
|   |                                    |

| *Contact Person's Phone<br>Number:     |                      |
|--|----------------------|
| *Organization Name:                    |                      |
| *EIN Number:                           |                      |
| *Financial Officer's<br>Name:          |                      |
| *Financial Officer's Email<br>Address: |                      |
| *Financial Officer's<br>Phone Number:  |                      |
| Proposal Details 🐱                     |                      |
| *Proposal Title:                       | * indicates required |
|  |                      |
| Upload Files 🕶                         |                      |
|  |                      |

#### \*Project Description

\* indicates required

Please upload a project description (up to two pages, single-spaced, 11-point font minimum) which contains the following information:

- statement of the project's specific aims, significance, and impact
- description of the research plan and methodologies to be employed
- · discussion of how the data and how key variables will be measured and analyzed
- anticipated impact on clinical or health services delivery or policy decisions

\*File Input: Choose File No file chosen

# \*Project budget

Please upload the project budget using the downloadable template provided in the application (the template is also available here (http://nursing.jhu.edu/CovidDecisionModeling)).

Budget requests should not exceed \$50,000 total costs including up to 12.5% indirects.

\*File Input: Choose File No file chosen

# \*Timeline and budget justification

Please provide a timeline and budget justification (not to exceed one page, 11-point font minimum):

- the timeline should lis the main activities and dependencies for project completion (e.g., Gantt chart). Timeline of 4 months strongly preferred, but will accept applications with a 6 month timeline.
- the budget justification should clearly describe the specific items to be funded by the grant, and provide detailed line item justification for proposals over \$25,000.

\*File Input: Choose File No file chosen

Please upload biosketches or CVs for Principal Investigator (PI's) and Co-Investigators. NIH biosketches or equivalent (5 page maximum for each investigator) with selected relevant publications, current research support, and research support received during the past three years.

If you have more than one biosketch or CV to upload, please upload as a single document.

| *File Input: | Choose File | No file chosen |
|--------------|-------------|----------------|
|--------------|-------------|----------------|

### \*Letter of Support

Please upload a letter of support: Applicants need to demonstrate prior experience with connecting decision modeling research to time-sensitive policy or practice questions. Include examples and evidence about how decision modeling work connected with real world decisionmakers and informed decision making.

| informed de  | cision making.  |
|--------------|---|
| *File Input: | Choose File No file chosen  |
|              | nancial Statement<br>ad audited financial statement from most recent fiscal year. |
| *File Input: | Choose File No file chosen  |

#### \*IRS 990 Form

Please upload most recent 990 tax form (or equivalent).

\*File Input: Choose File No file chosen

#### **Save or Submit Your Application**

Click the Save as Draft button if you would like to return later to complete your application (below left). Click the Submit Application button when you are ready to submit your application (below right).

#### **Add Other Email Addresses for Notifications**

Use the form below to have other email addresses included on all communications from the competition system.

Enter recipient(s) email address(es):

Separate email addresses with commas

Save as Draft

Submit Application

/

| Details                   |
|---------------------------|
| Original Application Grid |
| Enhanced Application Grid |
| Preview                   |
| Share                     |
| Activity                  |
| Submit Application        |
| Copy Competition          |
| Delete Competition        |
| Archive Competition       |

# **Competition Files**

Budget Template (/PlatformServicesV2/Commons/getDocument/CDMI%20Budget%20template%20Final.xlsx?documentName=96c955fb-aac3-4e13-8100-37d0405c54a1.xlsx&applicationId=7)

CDMI Grant Factsheet (/PlatformServicesV2/Commons/getDocument/CDMI%20Factsheet.pdf?documentName=092efb77-f95c-4bdb-935f-9c6be3792a21.pdf&applicationId=7)



Medical School Office of Research

QUESTIONS? Email us (mailto:lauralh@umich.edu)

2800 Plymouth Rd. Ann Arbor, MI 48109

Phone: +1 (734) 615-6575

Know someone who would love using InfoReady Review? Make a referral (http://www.inforeadyreview.com/contact) and earn a product renewal discount for your organization!

1

Accessibility (/PlatformServicesV2/documents/viewDocument/InfoReady\_Review\_VPAT.pdf? applicationId=7&documentName=InfoReady\_Review\_VPAT.pdf)

/