UCSF Center for Tuberculosis
TB Research Boost Award Application Form

Instructions: To apply for a Boost Award application, please complete this application form, and email it to TBRAMP@ucsf.edu along with:

1) Your NIH Biosketch
2) Any applicable supporting documentation
   - A copy of reviewers' comments/summary statement (if resubmitting a grant or paper)
   - A list of potential beneficiaries *if submitting a group application
   - Existing IRB/IACUC approval for projects that involve human/animal subjects
   - Additional relevant documentation

1. First Name

2. Last Name

3. Email

4. Degree(s)

5. Job Title

6. Institution (UCSF/UCB)

7. Department/Division

8. URM investigators are encouraged to apply. Please check the box to indicate if based on the definitions provided by UCSF and/or NIH, you identify as URM:

9. Are you applying to an individual or group award?

   Individual Award

   Group Award

10. Purpose of Support

    Enable a new TB research grant application

    Gather data for a grant resubmission

    Obtain supplemental data needed for publication submission

    Reduce obstacles for a current research project

    Opportunities for training are otherwise unavailable

    Conference, symposium, seminar, training, workshop etc

    Specialized shared equipment, software, or other technology

    Other, please describe _____

11. Request/Project Title

12. Description of Request/Project (If applicable, please include the grant number, grant mechanism, funding institute, link to the RFA/PAR, anticipated date of (re)submission/event/travel, and/or name of the meeting or training.)

13. Description of how these funds will further your career or benefit the TB research community.

14. Please select all administrative details that apply

     Project involves Human Subjects

     Project involves Animal Subjects

     Project involves research conducted internationally

     Project involves Vulnerable Populations

15. Please select all expense types relevant to this request.

     Equipment (non computer)

     Equipment (computer)

     Supplies or software

     Study participant incentives

     TRAC Core Services

     Other Core Services

     Event Expenses

     Travel support to meet with study personnel

     Travel support to obtain training or technical assistance

     Travel support to present results

     Training or workshop fees

     Poster Printing

     Other

16. Will you be able to spend your funds in 6 months? Please explain further here.

17. Budget breakdown: Please provide itemized costs and a brief budget justification.

18. Please list your Post-Award Finance Manager that should be contacted for this request:

19. Have you received prior NIH funding?

      Yes, a T32 or other fellowship

      Yes, a K-award

      Yes, a non-RO1 research award

      Yes, an RO1 or equivalent award

      No

20. Please indicate your participation with the UCSF Center for Tuberculosis/TB RAMP/UC TRAC

      CTB RAP Awardee

      TB RAMP or UC TRAC Scholar

      UC TRAC Core User

      None of the above

21. By checking this box, you confirm that you have reviewed and agree to the additional requirements listed on the Boost Award announcement page.

22. Additional Notes