Full Application Checklist for SCRI Career Development Award (2025 Cycle)

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| **Please submit all the below materials in a single pdf emailed to the below address by the deadline (April 21, 2025). Please submit in the order of the checklist below.****Email:** researchscientistprogram@seattlechildrens.org**[ ]** Application Cover Page*(form provided)** Current applicant information
* UW Department faculty appointment (current or anticipated)
* Name and contact information of primary mentor at Seattle Children’s
* Title of proposed research project
* Abstract of proposed research project (limit 15 lines)
* Applicant’s signature (electronic signature is acceptable)
* SCRI Center Director sign-off (electronic signature is acceptable)
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| **[ ]** NIH Biosketch of applicant (5 page limit)* Use [current biosketch](https://grants.nih.gov/grants/forms/biosketch.htm) format required by NIH

**[ ]** NIH Biosketch of primary mentor (5 page limit)* Use [current biosketch](https://grants.nih.gov/grants/forms/biosketch.htm) format required by NIH
* Submit one biosketch of a key mentor, even if you have multiple mentors
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| **[ ]** Career Development Plan*(limit 3 pages)*Developed in concert with the applicant’s division head/department chair and/or primary mentor. The applicant must describe a systematic plan that: * Shows a logical progression from prior research and training experiences to the training and research experiences that will occur during the SCRI CDA award period and then to future research projects.
* Specifies how participation in the SCRI CDA will help the applicant to achieve his/her career goals.
* Utilizes the relevant research and educational resources of Seattle Children’s and the University of Washington.
* The didactic aspects of the plan must be designed to develop the necessary knowledge and research skills in scientific areas relevant to the candidate's career goals.

The Career Development Plan will be assessed on the likelihood that the plan will contribute substantially to the academic development of the candidate in research, including: * Appropriateness and clarity of the content and duration of the proposed didactic research activities during the proposed award period.
* Appropriateness of the goals and scope of the plan when considered in the context of prior training/research experience and the stated training and research objectives.
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| **[ ]** Research Plan*(limit 6 pages inclusive of Specific Aims page, excluding references)*Applicants are expected to have a well-developed research proposal at the time of application, similar in scope and contact to an NIH K-award.* Specific aims
* Significance
* Innovation
* Approach

Your research plan should adhere to [NIH requirements](https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/format-attachments.htm#font) for font (size, color, density) and line spacing, including at least half-inch margins.  |
| **[ ]** Budget, Budget Justification, and Regulatory Requirements*(table provided, limit 2 pages)** Pre-award costs will not be covered. Funding for this program will start October 1, 2025.
* The Scholar is expected to meet with his/her mentors and advisors on a regular basis during the months between the award announcements and start date. By the start date the IRB application, if required, must be submitted.
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| **[ ]** Timeline **(***limit 1 page)*In order to evaluate the feasibility of the proposed research project, applicants need to create a timeline that includes measurable metrics and milestones appropriate to both their project and their career development plan. **[ ]  Personal Statement** (*200 words)*Applicants should explain their work, past experiences, and commitment to health for all.***(continued)***Letters of Support**Submit three letters of support separately** **via email** **from the recommender**. **Only three letters of support will be accepted.**  |
| **[ ]**  One Letter of Support from Mentor(s) / Mentorship Team*; multiple mentors may sign)*The letter should describe how long and in what capacity the mentor has known the applicant, how the mentor(s) has/have assisted the applicant in the development of the application, and how the mentor will supervise the applicant in successfully developing their scientific career. If the applicant is not able to identify a research mentor, please contact Dr. Christy McKinney at Christy.mckinney@seattlechildrens.org to assist in the identification of an appropriate individual. It is strongly encouraged that the primary mentor be based at Seattle Children’s. |
| **[ ]**  Letter of Support from Division Head/Department Chair **addressing future and current commitment to the candidate** **[ ]**  **Candidate’s choice for Letter of** Support  |

**Full application due Monday, April 21, 2025 (by 5 PM Pacific) as ONE PDF to** researchscientistprogram@seattlechildrens.org

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| APPLICATION COVER PAGE |
| Applicant Information |
| Name: |       | Phone: |       |
| Email: |       | Mailstop: |       |
| Academic Rank: |       |
| Department/Division:  |       |
| SCRI Center:  |        [ ] current [ ]  anticipated |
| Do you have any planned or pending career development award submissions (not including this application)? Yes [ ]  No [ ] If Yes, please list the submission date and funding agency:       |
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| Primary Mentor Information |
| Name: |       | Phone: |       |
| Email: |       | Mailstop: |       |
| Academic Rank: |       |
| Department/Division: |       |
| SCRI Center:  |       |

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| Title of Project |
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| Abstract (200 words) |
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| *By signing and submitting this application, the applicant and the applicant’s institutions agree that they have read and understand the Research Scholar Program Terms and Conditions and that, if the project is funded, it will be conducted in accordance with those terms and conditions, as well as any applicable institutional policies and/or government regulations.* |
| Applicant Signature**:** *Electronic signature is acceptable* |  | Date:  |

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| Center Director / Acknowledgement of SubmissionAcknowledgement of submission must be in written form (email is fine). The document must include the applicant’s name, project title, and must confirm the below statements of understanding. Please attach to the pdf of your application. |
| Director(s)’ Name: |       |
| SCRI Center  |       |
| Statement of Understanding: |
| [ ]  I support the applicant submitting their application. |
| [ ]  I understand that this award provides $100,000 in salary support (inclusive of fringe), requires 75% FTE spent on research and provides $25,000 in project funds.  |
| [ ]  I understand that the remaining 25% and any salary + fringe that exceeds $100,000 would need to be covered by other sources (grant, center, department funds). |
| Center Director Signature**:** *Electronic signature is acceptable* |  | Date:  |

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| BUDGET & BUDGET JUSTIFICATION (Limit 2 pages, inclusive of table below)Please copy this table to a separate document and include the budget justification and include with the pdf of your application. The budget justification should detail expenses listed above and explain how funds will be used. |
| Budget Table |
| Enter subtotal amount in appropriate row, rounded to the nearest dollar | **Year 1** | **Year 2** | **Year 3** | **Cumulative** |
| Salaries(Staff, % FTE or Hourly. PI Salary/Fringe under Affiliate Payroll) | $  | $  | $  | $  |
| Benefits(Fringe Benefits Based on Current Rates) | $  | $  | $  | $  |
| Affiliate Payroll(PI and Co-PI’s salary/fringe combined total) | $  | $  | $  | $  |
| Internal Purchased Services(Cores: BEAR, RCC, IDS, RCRIC, etc.) | $       | $  | $  | $  |
| Purchased Services(Outside Consultants, Outside Services, Transcription, etc.) | $       | $  | $  | $  |
| Supplies & Materials(Lab and Office Supplies, Books) | $  | $  | $  | $  |
| Equipment(Non-Capital Equipment/computers purchased with Children’s funds remain the property of Children’s) | $  | $  | $  | $  |
| Other Expenses(Postage, Copying, Printing, Shipping, Membership Dues, Conference Registration, Research Subject Inducement) | $  | $  | $  | $  |
| Travel**\*** (Per Diem Lodging/Meals/Expenses, Air Fare, Mileage, Car Rental) | $  | $  | $  | $  |
| Tuition | $  | $  | $  | $  |
| TOTAL BUDGET | **$** | **$** | **$** | **$** |
| \* Please note that currently Seattle Children’s restricts the use of internal funds for certain travel. Review the revised travel  policy for more info.  |