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**Pilot Grant Application Instructions**

***OPEN ACCEPTANCE OF PROPOSALS***

Proposals for DISC pilot grants are open and accepted on a rolling basis throughout the year.

Applications must be complete and must be submitted via e-mail attachment to *bit.ly/DISC\_pilotgrant*

**APPLICATION –** The proposal form and requirements are included in the pages that follow.

**ELIGIBILITY –** USC Principal Investigator-eligible faculty, as defined by the USC Office of Research and Sponsored Projects are permitted to apply for pilot resources. The definition of a USC Principal Investigator is available at: [*https://oprs.usc.edu/policies/chapter-12-investigators-role-and-responsibilities*](https://oprs.usc.edu/policies/chapter-12-investigators-role-and-responsibilities). Post-Doctoral Fellows and Graduate students may serve as Co-Investigators but must be sponsored by a PI-eligible faculty member.

**REVIEW –** Proposals will be reviewed by a DISC Review Committee. Each proposal will be evaluated based on scientific merit, demonstration of need, and/or potential for successful extramural research support. Generally, reviews will occur within two weeks of submission.

Note: Pilot studies are not to fill a funding gap or to complete an on-going study for publication.

**AWARD –**

* Awards are for one year.
* Awarded hours may be used ONLY for MRI scan hours at DISC.
* An account will be created at the MRI Laboratory for the purpose of tracking MRI scan hours.
* Awarded hours will be transferred to this newly created account.
* New users should read the “Safety Manual” section of the DISC website: <https://sites.usc.edu/disc/information/safety-manual/>
* Recipients may request a one year no-cost extension, provided at the discretion of the DISC Management and Oversight Board.

**REPORTING –** Following award, investigators will be asked to provide the information included in the “reporting” section of this application. Current and historical recipients of pilot grants will be contacted each year to update their reported information.

Note: Presentations, publications and grant proposals are required to acknowledge support from DISC with the following statement: *MRI scan time was provided by the USC Dynamic Imaging Science Center.*

**QUESTIONS –** All questions regarding the pilot grant application process, award process, review criteria, or reporting requirements may be directed to Mary Yung at [maryyung@usc.edu](mailto:fmri.laboratory@umich.edu) or 213-764-4991.

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**Pilot Grant Application Form**

Proposals for DISC pilot grants are open and accepted on a rolling basis throughout the year.

Applications must be complete and must be submitted via e-mail attachment to *bit.ly/DISC\_pilotgrant*.

**Section 1: Contact Information Date:**

**Principal Investigator Name:** **PI Title:**

**Department:       School/College:**

**Phone:       Email:**

**Co-Investigator(s) Name(s) and Title(s) [e.g., PhD student; staff scientist, etc.]:**

**Research Assistant/Coordinator (if applicable):**

**Phone:       Email:**

**Grant Administrator/Billing Contact:**

**Phone:       Email:**

**Section 2: Project Information**

**Expected number of scans requested:       Length of time for each ccan:**

**Are you a first-time user of our facility?**  **Is this a child study?**

**What and how many peripherals will be required for your study? (i.e., projector, BioPac physiological monitor, BrainVision EEG, etc.)**

**Will you be requesting MRI operator support?  Is physio data collection required?**

**Does your project have any other special requirements (i.e., special population needs, scheduling deadlines, etc.)?**

**Are you using Human Subjects (yes/no):**

**IRB Approval No:       IRB Approval Date:       IRB Expiration Date:**

**IRB Approved Title:**

**Section 3: Application Supplementary Information**

**Describe other resources to be provided by DISC** (i.e.: computing, RF coils, special pulse sequences, statistical consultation, etc.) **or other special requirements** (scheduling issues, etc.):

**Describe source of funds for incidental expenses** (e.g. subject payments, costs of radiological interpretation, etc.):

**Are there funds available for purchase of scanner time?** Please explain:

Pilot scanner time may be supplied for projects that will lead to extramurally funded grants/contracts. **Please describe plans for securing extramural funding and list relevant RFPs with associated due dates:**

**Section 4: Proposal (limit 5 pages)**

*Provide a brief (5 pages or fewer) protocol describing the proposed research project. This protocol should describe the specific aims, background and significance, and methodology for the project. This protocol should clearly list the scientific hypothesis or engineering question being tested and have enough detail to allow a scientific review of the project. Often, the protocol supplied to the IRB will suffice. (Delete instructions in red after completing this section.)*

**Section 5: References/Literature Cited (limit 1 page)**

*Provide references cited in the proposal (1 page or less). (Delete instructions in red after completing this section.)*

**Section 6: NIH-Style 2 page Biosketch (limit 2 pages per investigator in “Section 1”)**

*Provide a 2-5 page NIH-Style biosketch for PI and each co-investigator named in “Section 1,” including any graduate student research assistants. (Delete instructions in red after completing this section.)*

**Section 7: IRB Approval & Consent Form**

*Studies involving human subjects must include their IRB approval and consent form. (Delete instructions in red after completing this section.)*

**Section 8: Post-Award Reporting Guidance**

***Investigators will be asked to report on whether the data gathered from awarded pilot hours resulted in any of the following:*** *1) publication or conference presentation, including journal/meeting, date, and title; 2) submitted internal or external grant proposal, including sponsor and date of submission; 3) awarded internal or external grant, including sponsor, PI, and date of award. Current and historical recipients of pilot grants will be contacted each year to update their reported information.*

**Section 9: Nickname *MRI TECHNOLOGIST USE ONLY***

**Protocol Nickname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing/Scheduling Nickname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**