

2025-2026 Grant Application

Deadline: Tuesday, March 25, 2025 at 5:00pm. No exceptions. Earliest funding: July 1, 2025

The highest scoring research award will be designated as the Dr. Anthony F. Philipps Research Award

Grant Applicant Name and Degree	3 :			
Position Title:				
Department Address:				
	Street Address			Building Number
	City		State	Zip Code
Email:		Office Phor	ne:	
Date of Submission:	Type of Project:			
Title of Project:				
Amount Requested:				
Collaborators (include name, degre	e, position)):		
Mentor(s) (research grants only):				
List any prior funded CMN grants (i amount): *Projects are only eligible	-	•		
Have you submitted a CMN reques	st for this pro	oject in prior	years:	
			Yes	No
I acknowledge that should I receive within my grant period	CMN grant f	funding, I will	volunteer at t	wo CMN sponsored event
Applicant Signature	avis School of	Medicine and Ch	correct and comp	Network. Resulting publications
Mentor: I have reviewed and support this app	olication.			Date
Department Chair/Manager Signature Department Chair/Manager: I verify that the i				
appointment and grant status are correct and				y avallable facilities and their
This is an intramural program and the ap	plication shou	uld not be sent	through Spons	ored Programs, Office of

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Research.



Research Grants

*Research grants and projects are on eligible for funding once. ☐ Grant Application (2 pages) □ Abstract ☐ Research Plan (see below) □ Itemized Budget □ Budget Justification ☐ Current NIH Biographical Sketch for all faculty (5 pg. max.; must meet the current NIH biosketch requirements) ☐ Mentor(s) Letter(s) of Support ☐ Research Plan: Maximum length of 6 pages, 0.5 margins. Arial 11-pt. font, single spaced, includes all relevant figures. ☐ Specific Aims and Hypotheses (1 page) ☐ Significance, Background, and Innovation (1-2 pages) ☐ Methods of Proposed Research (to include methods. statistical and power analysis, rationale for N, expected results, pot problems/ alternative approaches, reproducibility, sex as a biologic variable, timeline, 2-3 pages). ☐ Additional Information (1/2 page) ☐ Plans for Extramural grant submissions (please be specific). ☐ Role of Collaborator(s) and trainee(s) □ Impact (1/2 page) ☐ Describe the contribution to UC Davis Health Strategic Plan and Institutional Goals (1 page) ☐ Implications for Quality of Care for Children ☐ Literature Cited (1 page, Limit 30 references, cited in full, not included in 6-page limit). ☐ If equipment requested, please include any previous funding requests. For equipment requests, attach proof of prior applications for funding (either department, School of Medicine, or Medical Center) that have been denied. This is required - grants for equipment without proof of denial will NOT be considered for CMN funding. ☐ Appendix: Include a printed copy of equipment descriptions/specifications and/or a quote (including tax and shipping) from a vendor ☐ This application does not include a request for any disallowed funds such as: PI salary; iPad, laptop, desktop that is not used by a patient; gift cards; travel; personal certifications; food for meetings that do not include patients and families; meeting space rentals; consultant; speakers; parties for past patients; UCDMC IT requests; giveaway items; patient transportation.

	Clinical Service Grants *Clinical grant projects are only eligible for funding once.
) tentia	□ Grant Application (2 pages) □ Specific Aims: purpose, amount requested, impact □ Significance and Background □ Implications for Quality of Care in Children □ Justification for Funding □ Role of Collaborator(s) □ Itemized Budget and Budget Justification □ Describe the contribution to UC Davis Health Strategic Plan and Institutional Goals (1 page) □ If equipment requested, please include any previous funding requests. For equipment requests, attach proof of prior applications for funding (either department, School of Medicine, or Medical Center) that have been denied. This is required - grants for equipment without proof of denial will NOT be considered for CMN funding. □ Appendix: Include a printed copy of equipment descriptions/specifications and/or a quote (including tax and shipping) from a vendor
	☐ This application does not include requested funding for the following: PI salary; iPad, laptop, desktop that is not used by a patient; gift cards; travel; personal certifications; food for meetings that do not include patients and families; meeting space rentals; consultant; speakers; parties for past patients; UCDMC IT requests; giveaway items; patient transportation.

SIGNED APPLICATIONS MUST BE RECEIVED BY THE DEADLINE OF MARCH 25, 2025 AT 5:00 PM VIA E-MAIL TO HS-UCDavisCMNGrant@ucdavis.edu