

Grantsmanship

Shehu N.Y

Grantsmanship

- What is Grant?
- Why do you seek to apply for a Grant?
- Who is qualified to apply for a Grant?
- How to apply for a Grant?

Why apply for grants?

- Allows you to employ experienced staff
- Allows continuity in your research (3-5) years
- More likely to produce reputable papers
- To pay for reagents
- Which can be used to prime other projects
- To pay for equipment
- Which can be kept after grant expires
- Which can be used for other purposes
- To pay for travel

Types of GrantsTypes

- R: Field or investigator-initiated research grants
 - -R03: Small grants (2-yrs, \$100K, 10 p research plan)
 - -R21: Exploratory grants (2-yrs, \$350K, 15 p research plan)
 - -R01: Traditional research grants (3 to 5-yrs, no \$ limit, 25 page research plan)
 - K: Career awards (5-yrs, salary + \$25-50K/yr, 50 p)
 - T: Training grants
 - P: Program Project or Center grants

Get Started

- Find and understand funding opportunities
- Originality, understand your organization's internal procedures
- prepare to write a competitive application.
- Obtain and complete application forms following provided instructions.
- Find information on developing your budget and formatting attachments.

Get Started

- Submit your application to NIH.
- Track and view your application to verify receipt
- Assigned to an NIH Institute or Center and to a scientific review group for evaluation of scientific and technical merit.
- Rigorous two-stage review. The first level is carried out primarily by non-federal scientists, while the second is performed by Advisory Councils or Boards.
- Notice of Award documents are sent to successful applicants.
- NIH monitors grants carefully.

Strategies for success in grants application

- Build Expertise
- Build network
- Build facilities and resources or affiliate with one

Strategies for success in grants application

- Choosing the funding body and scheme
- Check the web sites regularly and Research News
- Recruit appropriate collaborators and co-applicants
- Bring in skills, understanding and resources that you lack Can shore up weaknesses in your own track record and underwrite the feasibility of proposal

Documents

- Biosketch
- Letter of support
- Budget
- Consortium letter, contractual documents
-

Documents

- Facilities and resources
- Ethical documents:
 - IRB
 - storage of documents
 - Subjects human, animals
 - Children protection
 - women and vulnerable
 - Racial

SAMPLE: BIOGRAPHICAL SKETCH

New/Early Stage Investigator

(Adapted from NIH Sample Biographical Sketch)

OMB No. 0925-0001 and 0925-0002 (Rev. 10/15 Approved Through 10/31/2018)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: Hunt, Virginia Lively

eRA COMMONS USER NAME (credential, e.g., agency login): huntvl

POSITION TITLE: Assistant Professor of Psychiatry

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY
University of California, Berkeley	B.S.	05/2000	Psychology
University of Vermont, Burlington, VT	M.D.	05/2006	Medicine
University of California, San Francisco	Residency	08/2009	Psychiatry
University of California, San Francisco	Chief Resident	08/2010	Psychiatry

A. Personal Statement

My role in this project is that of PD/PI. I am an Early Stage Investigator making my first R01 application. I am highly motivated to pursue an academic, translational-research career. The expertise needed to carry out the proposed studies began to develop while pursuing an honors-research elective under the mentorship of Dr. James Cantwell at the University of Vermont. I earned co-author status on the resultant peer-reviewed paper (see below). My training in research continued under the guidance of Dr. Cameron Carlucci at UC San Francisco during the third, research year of my residency. My first, first-author paper was a result. During that same time I conducted ethnographic and survey research and performed secondary data analysis on the psychological aspects of drug addiction. I also opted to take courses in research design, statistics, and attended a seminar program that was focused on the pathophysiology of the aging brain. Drs. Cantwell and Carlucci are both leading experts in disciplinary and technical areas that are directly related to the subject of this application. During the fourth year of my residency, in addition to serving as Chief Resident, I continued to attend Dr. Carlucci's laboratory meetings and taught medical students and junior resident. I also presented a poster at the National Society for Cognitive Research and at the American Society for Experimental Psychiatry. The ASEP poster was selected as the best at the meeting. Both presentations matured into peer-reviewed research publications (see below). My first fully independent publication is in press (see section C, below). In addition to my research training and experience I have acquired leadership and administrative skills during my tenure as chief resident. These will enhance my effectiveness as a PD/PI, in my opinion. Because of this background and experience I feel

vell prepared to carry out the research proposed in this application, which builds on the work that I initiated during the third year of my residency.

- a) DeGroot, A.C., Hunt, V.L., and Cantwell, J.C. (2007) Secondary data analysis: psychological aspects of drug addiction in older adults. *Journal of Elder Care* 57(2), 103-112. PMID: PMC9002504
- b) Hunt, V.L, Jensen, J.L. & Carlucci, C. (2010). Substance abuse and mental health among community-dwelling elderly. *International Journal of Geriatric Psychiatry*, 24(9), 1124-1135.

3. Positions and Honors

Positions and Employment

2010-2012 Lecturer, Department of Psychiatry, University of California, San Francisco
2012-Present Assistant Professor, Department of Psychology, Washington University, St. Louis, MO

Other Experience and Professional Memberships

2001-Present Member, American Psychological Association
2006-Present Member, Gerontological Society of America
2009-Present Member, American Society for Experimental Psychiatry

Honors

2008 Award for best poster, American Society for Experimental Psychiatry

2. Contributions to Science:

1. **Growing Awareness of Mortality Fuels Drug Abuse in Some Older Addicts.** I was an honors student who contributed to the discovery by the Cantwell group that fear of death drives some individuals to abuse drugs as they grow older. My primary contribution was secondary analysis of data from investigations of the psychological aspects of drug addiction in adults over the age of 65 years. The results of such analysis narrowed the focus to anxiety as a potential motivator of drug abuse in older persons, which, in turn, led to the discovery that fear of death is the most important source of such anxiety. These findings, which are set forth in the second paper cited below, collectively led to an altogether new awareness of a cause of substance abuse by persons over the age of 65, which, in turn, led to interventions that have significantly reduced addiction in older adults.
 - a) DeGroot, A.C., Hunt, V.L., and Cantwell, J.C. (2007) Secondary data analysis: psychological aspects of drug addiction in older adults. *Journal of Elder Care* 57(2), 103-112. PMID: PMC9002504
 - b) Evanston, D.A., Carlucci, F.R. and Cantwell, J.D. (2010) Intervention to reduce anxiety due to fear of death dramatically reduces drug addiction in older adults. *Journal of Substance Abuse* 203(10), 937-952. PMID: PMC9025793
2. **Discovery of risk factors that contribute to drug abuse in assisted-living communities.** While drug abuse in assisted-living facilities has long been observed, there has been little understanding of how the problem develops and is perpetuated. As part of my postdoctoral research I investigated this problem and identified three underlying risk factors: (1) visitors who, themselves, have drug issues and who serve as suppliers; (2) staff members who provide access to prescription drugs in return for remuneration; and (3) poor pharmacy security. These findings, which were reported in the "a" publication, below, have informed additional research, as well as policy decisions related to regulation of assisted-living facilities. It is too soon to ascribe recent reductions in drug abuse among seniors in assisted living communi-

ties to these findings. However, the trend thus far (see publication “b”, below) is suggestive of that kind of positive impact.

- a) Hunt, V.L, Jensen, J.L. & Carlucci, C. (2010). Substance abuse and mental health among community-dwelling elderly. *International Journal of Geriatric Psychiatry*, 24(9), 1124-1135.
- b) Kline, K.P., Offenhauser, R.W. & Colby, R.O. (2014). Elimination of risk factors reduced prevalence of substance abuse in two large urban assisted-living communities. *Elder-care Issues*, 18(5), 209-232.

3. Intervention to reduce negative self-image created by long-term methadone treatment.

Methadone maintenance has been used to treat heroin and other kinds of opioid addiction for many years. I have led research since my arrival at Washington University that has shown that those undergoing long-term treatment with methadone, and especially older addicts, tend to develop negative self images. They also begin to view such treatment as an intrusion into normal life. Elderly methadone users were shown in ethnographic studies to be especially responsive to tailored social-support networks that allowed them to eventually reduce their maintenance doses and move into other forms of therapy. The results of these studies had positive impact by helping to inform new policy and by highlighting associated psychosocial implications. Collectively, these results have the capacity to fundamentally change the approach to methadone-maintenance therapy for older adults, as well as open new directions of research that otherwise would have likely remained closed.

- a) Carpenter, A.V., and Hunt, V.L. Intervening successfully with the older methadone patient. *Journal of Applied Gerontology*, *In Press*.

Complete List of Published Work in MyBibliography:

<http://www.ncbi.nlm.nih.gov/sites/myncbi/collections/public/1PqT7IEFIAJBtGMRDdWFmjWAO/?sort=date&direction=ascending>

D. Research Support

Ongoing Research Support

Departmental Start-Up Grant, Washington University Hunt (PI) 10/01/12-09/30/14

Research Start-Up Funds

The purpose of this grant is to set up the PI's laboratory and fund preliminary studies needed to be competitive for extramural research support.

Role: PI

Research Support Completed During the Last Three Years

None

Budget item	Unit cost	Number	Frequency	Total
Direct personnel cost-Research assistant	30,000	1	12	360,000
Sub-total personnel direct cost				360,000
Non-personnel direct cost				
Consumables	100	61	3	36,600
Molecular studies	2,500	61	3	457,500
Bacterial isolation	500	61	3	91,500
SP serum levels quantification(HPLC)	5,500	61	2	671,000
Data management	50.000	1	1	50,000
Communication	30,000	5	1	150,000
Septrin suphamethoxazol(S P)	500	61	2	122,000
Sub-total non-personnel direct				1,628,600

Video NIH grant review process

- <https://www.youtube.com/watch?v=d-nxFHYsxN0>