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**Pilot Grant Application: Submit by February 21, 2020**

(Required format: Margins: .5”; Font: Arial 11 pt, single spaced)

The Hoffman Program on Chemicals and Health is dedicated to the study of environmental and chemical intolerance sometimes referred to as multiple chemical sensitivity (MCS). Your application should advance the understanding of mechanisms of acquired intolerance to common exposures, and find answers to such questions as:

* How do previous exposures to chemicals and particles alter subsequent responses?
* When and why does sensitization exceed adaptation?
* Why do some people experience symptoms at levels most of us tolerate?
* Can we identify causal mechanisms as well as prevent and manage acquired intolerance?

**Application Title**:

## Abstract (Limit 13 lines)

|  |  |
| --- | --- |
| **Date of Application**:  **Principal Investigator \***:  \*The PI should be at HSPH, and faculty, research scientist, or post-doctoral fellow ranks. Co-investigators can be at any Harvard-affiliated institution. | **Academic Title**:  **Institution (Primary Affiliation**):  **Department**:  **Email Address**:  **Degrees:** |

**Co-Investigator(s) and Institution(s)/Affiliation(s)**:

**Grant/financial manager name and email**:

**Category**: \_\_ Mechanism, \_\_ Animal Study, \_\_ Human Study, \_\_ Exposure Assessment,  
\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_ (*You may check more than one box if needed*.)

**Project will require**: \_\_ IRB (human subjects) approval, \_\_ IACUC (animal subjects) approval,  
\_\_ OBS-COMS (biohazards) approval, \_\_ none of these

Hoffman Pilot Program Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list the institutions/locations where work will take place**:

**Suggested reviewers** (at least three, one of whom should be external to HSPH)

**Full names, institutions, and email addresses**:

1.

2.

3.

**Is your application a resubmission?** \_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

**Response to Reviewers/Description of Changes:**

## (Resubmissions Only)

**Project Description:** Aims, Significance, Methods & Budget (please limit to 3 pages)

## Specific Aims

## Background and Significance (Relevance to The Hoffman Program questions)

## Methods

## Future Plans (Explain how the pilot study will be developed into an extramural grant proposal and publication. Identify likely funding sources. How will the data generated impact future research?)

Hoffman Pilot Program Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please also include the following:** (not included in page limit)

## Budget & Budget Justification (Direct costs, ordinarily limited to $25,000, generally not to include faculty salary. Exceptions can be made for non-tenured faculty. Detail expenses and explain how funds will be used. Funds must be spent within Harvard and no indirect costs are possible.

## List any funding available for this research. Co-funding is encouraged as is building on existing datasets and research. Overlap for the same costs must be avoided.) Include the following budget categories:

|  |  |
| --- | --- |
| ***Categories*** | ***Amount*** |
| **Personnel:** |  |
| **Equipment:** |  |
| **Supplies:** |  |
| **Travel** (allowed only if essential to carry out project): |  |
| **Other Expenses:** |  |
| **Total Direct Costs** | **$** |

## Timeline for Project, Duration typically 1 year

## Relevant References (especially by grant participants) Year, Journal, Volume, Page #, Title, Internet link

## Please attach biosketches for the PI and co-investigators

***Return completed application to the Department of Environmental Health:***

**Joseph Brain** [**brain@hsph.harvard.edu**](mailto:brain@hsph.harvard.edu) **and Nancy Long Sieber** [**nlong@hsph.harvard.edu**](mailto:nlong@hsph.harvard.edu)

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| --- | --- |
| ***For Internal Use*** |  |
| Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reviewed by Financial Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |