

SmartSimple  
Application  
ID:

CHDS  
Applicant:  
(Last, First)

Parent  
Grant PI:  
(Last, First)

## TRDRP Cornelius Hopper Disparities Supplement Budget Justification and Facilities (Page Limit: 3)

### INSTRUCTIONS

*This template is to be completed by the Principal Investigator (PI).*

#### Template Use and Document Setup

- Enter the SmartSimple ID and names of the CHDS Applicant and Parent Grant PI (Last, First) in the first row of the header.
- Prior to submission, please delete all instructional text, including blue-colored text, and convert the document to PDF.

#### Page Limits

- The Budget Justification and Facilities must not exceed three pages.

**Section A: Provide a response below regarding out-of-state funding by double-clicking on the box, and select the value to be “checked” or “not-checked.” A response is required for all applications and will not impact the evaluation of your application. Then, proceed to complete each section. Use the structure provided and do not remove the section numbers or headings.**

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**Section A: Out-of-State Funding (response required for all applications): Does your proposed research involve Out-of-State (Outside of California) expenses?**

- **No**       The proposed research does NOT have Out-of-State funding.
- **Yes**       **The proposed research involves Out-of-State funding.**

If you selected “No,” skip to section C. **If you selected “Yes,” you MUST complete Section B.**

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**Section B. Out-of-State Collaboration, Contracts, or Expenses Justification:**

*[Proposition 56 mandate requires that all research dollars must be used within California.*

*However, a small amount of funding for projects with out-of-state components can be considered through Proposition 99 revenue. Provide detailed and specific information if you have an ‘out-of-state’ component in your budget. Provide details on each of the proposed out-of-state relationships.*

*Please note TRDRP does not encourage applications with Out-of-State Expenses.]*

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**Section C: Budget Justification:**

*[Name the CHDS applicant to be supported by this grant, their percentage FTE committed to the project, and their role in the project. Explain the need for major supply items and project-related travel. If no expenses are associated with a particular budget category, put “No Expenses.”*

- **Personnel:**
- **Supplies & Expenses:**
- **Equipment:**
- **Travel:**
  - a. **RGPO Meeting:**
  - b. **Project-related:**

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**c. Scientific Meetings:**

**Section D: Facilities:** *[Briefly describe the facilities and resources (e.g., laboratory space, core facilities, major equipment, access to populations, statistical resources, animal care, and clinical resources) that are needed and are available for successfully carrying out the proposed research. Make sure all of the research needs described in the research plan are addressed in this section.]*

**Section E: Human Subject and Animal Use**

**[Mark the appropriate check boxes below; this section does not count towards the 3-page limit]**

1. This project proposes the use of human subjects, specimens, tissues, fluids, or primary cell cultures:
 

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
  
2. This project includes *in vitro* studies that utilize human tissues, specimens, fluids, or primary cell cultures that cannot be linked to a living individual:
 

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
  
3. This project will be conducted with human subjects (or on material of human origin, such as tissues, specimens, and cognitive phenomena linked to medical treatments or methods) for which an investigator (or colleague) directly interacts with the study participants:
 

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
  
4. This project uses animals or animal tissues:
 

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
  
5. None of the above.
 

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>