Boston Children’s Hospital
Translational Research Program
Application Instructions for Retreats

DEADLINES
Retreat applications are accepted year-round

For questions regarding these instructions, please contact
Judy Fleming, Associate Director of Translational Research
(Judith.fleming@Childrens.Harvard.edu), or
David Williams, Director of Clinical and Translational Research, BCH
(DAWilliams@Childrens.Harvard.edu).

1. **Background:** The mission of the TRP is to stimulate the development of non-clinical and human clinical trials seeking to improve the care of children and to ensure adequate infrastructure to support non-clinical and clinical translational research projects.

2. **Funding availability:** Retreats/Workshops/Symposia: Support is available for multi-disciplinary retreats/workshops/symposia (at BCH or off-campus) for up to $3,000/event. Funds are contingent upon matching funds (1:1) derived from other resources (typically clinical or research division/department resources or grants). Awards are made on a continuing basis, so early application in the fiscal year is encouraged.

3. **Eligibility:** Applications will be accepted from all faculty of BCH, including nursing, health outcomes and other health care faculty with advanced degrees (M.D., Ph.D., M.D.-Ph.D., or equivalent). Clusters of investigators spanning disciplines and programs made up of basic and clinical faculty are strongly encouraged.

4. **Required format:** Applications must also be submitted electronically. Send a PDF file of proposal to Judith.fleming@childrens.harvard.edu. Proposals must be submitted in single spaced text, one-half inch margins, and no smaller than an 11-point font. Arial or Helvetica typeface is preferred. The primary applicant’s name must appear in the upper right hand corner of each page. Applications for retreats are typically 1-2 pages, with a maximum of five pages (including figures but excluding references).

5. **Composition of proposal.** Applications for support of a retreat should include:

   1. Face page
   2. Budget (PHS 398 form provided)
   3. Purpose of retreat
   4. Anticipated attendees (categories of people, not specific people)
   5. Format of meeting
   6. Proposed major speakers (including those external to institution)
   7. Location
   8. Duration and timing of proposed retreat
9. Source of matching funds
10. Letter documenting source of matching funds

5. **Definitions:** Translational research is defined as the translation of observations made in the research laboratories and clinical services at BCH and elsewhere into clinical studies involving humans, or the use of clinical observations to define basic research hypotheses or studies. Innovative use of clinical material in basic laboratories is considered translational research. A research study qualifies as translational if it:

   i. Uses new approaches or discoveries to address clinical problems.
   ii. Develops new experimental or diagnostic reagents and procedures to diagnose and treat childhood illnesses and condition.
   iii. Develops new models of human diseases and uses them to inform clinical issues involving children.
   iv. Adapts approaches already in place in other disciplines to address pediatric diseases.

Non-clinical Translational Research: Non-clinical translational research is laboratory research that leads to a plan or design for new or improved elements of child health care, whether intended for internal use or use by others outside of BCH. It includes the conceptual formulation, design, pre-clinical, and post-clinical testing of a range of diagnostic and therapeutic products and procedures, as well as health services processes. The term “non-clinical” is preferred to “pre-clinical”, because non-clinical also encompasses laboratory testing done after the introduction and testing of an agent, device, or procedure in humans.

Clinical Translational Research: Clinical translational research is confirmation in human clinical testing or observation that the products, procedures and health services processes created to improve child health deliver the expected benefits without unacceptable side effects. This category includes feasibility and safety pilot studies and traditional Phase I clinical trials, with assessments of safety and clinical effectiveness. In addition, clinical translational research encompasses the use of clinical observations or reagents to drive basic laboratory studies. Phase II trials will rarely be considered translational research.
Boston Children’s Hospital
Translational Research Program
Retreat Grant Application

1. TITLE OF PROJECT (Do not exceed 56 characters, including spaces and punctuation.)

1a. Type of TRP application: Retreat Proposal

2. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR

<table>
<thead>
<tr>
<th>New TRP Investigator</th>
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<tbody>
<tr>
<td>No</td>
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<td>Yes</td>
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</table>

2a. NAME (Last, first, middle)

2b. DEGREE(S)

2c. POSITION TITLE

2d. MAILING ADDRESS (Street, city, state, zip code)

2e. DIVISION

2f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

2g. TELEPHONE AND FAX (Area code, number and extension)

TEL: 

FAX: 

E-MAIL ADDRESS:

3. CO-INVESTIGATOR

<table>
<thead>
<tr>
<th>New TRP Investigator</th>
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3a. NAME (Last, first, middle)

3b. DEGREE(S)

3c. POSITION TITLE

3d. MAILING ADDRESS (Street, city, state, zip code)

3e. DIVISION

3f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

3g. TELEPHONE AND FAX (Area code, number and extension)

TEL: 

FAX: 

E-MAIL ADDRESS:

4. Human Subjects Research

<table>
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4a. Research Exempt

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4b. Human Subjects Assurance No.

4c. NIH-Defined Phase I Clinical Trial

5. Human Subjects Protection Certification

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<tr>
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<tr>
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5a. Certification Date:

6. Vertebrate Animals

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<tr>
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6a. If “Yes,” IACUC Approval Date


7. IBC Protocol

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<tr>
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7a. If “Yes,” Approval Date:

7b. Approval Number:

8. Radiation

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8a. If “Yes,” Approval Date:

9. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY)

From 

Through 

10. COSTS REQUESTED

<table>
<thead>
<tr>
<th>Direct Costs ($)</th>
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11. The undersigned reviewed this application for a CBH TRP research award and are familiar with the policies, terms, and conditions of CCHMC concerning research support and accept the obligation to comply with all such policies, terms, and conditions.

Primary Applicant:

Signature of Primary Applicant 

Date: 

Division Chair of Primary Applicant:

Signature of Division Chair of Primary Applicant 

Date: 

Affiliate applicant:

Signature of Affiliate Applicant 

Date: 

Division Chair of Affiliate Applicant:

Signature of Division Chair of Affiliate Applicant 

Date: 

Date Application Received by TRP:

Received By:

3
## Detailed Budget for Budget Period
### Direct Costs Only

<table>
<thead>
<tr>
<th>Name</th>
<th>Role on Project</th>
<th>Type Appt. (months)</th>
<th>% Effort on Proj.</th>
<th>Inst. Base Salary</th>
<th>Salary Requested</th>
<th>Fringe Benefits</th>
<th>Total</th>
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<td>Principal Investigator</td>
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**Subtotals**

**Consultant Costs**

**Equipment** *(Itemize)*

**Supplies** *(Itemize by category)*

**Travel**

**Patient Care Costs**
- Inpatient
- Outpatient

**Alterations and Renovations** *(Itemize by category)*

**Other Expenses** *(Itemize by category)*

### Subtotal Direct Costs for Initial Budget Period

**Consortium/Contractual Costs**

**Direct Costs**

**Facilities and Administrative Costs**

**Total Direct Costs for Initial Budget Period** *(Item 10, Face Page)*
To insert additional documents, select *Tools* from the MS Word menu, then *Unprotect Document*. You will be able to add text and pages as needed.

To continue using the pages before this page, you must protect the document; to protect this document, select *Tools* from the MS Word menu, then *Protect Document*, then *Forms*. You will then be able to enter information into the fields.