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Ferdinand C. Valentine Fellowship Program

Office of Medical and Academic Affairs

1216 Fifth Avenue • New York, NY 10029-5202

Tel: 212-822-7204 • Fax: 212-822-7338 • E-mail: valentine@nyam.org

2009-2010 Instructions, Program Description & Application

Award Period: July 1, 2009 – June 30, 2010

Required Materials:

1. Applicant's signed cover letter describing previous training and experience and how the proposed activities relate to the applicant's projected career.
2. Completed, typewritten application form signed by the applicant and authorized institutional representative from your grants or finance office.
3. Research Proposal: Include project title, applicant's name, research site, introduction, specific aims, work done by others, work done by applicant, methods of procedure, significance, and relevant bibliography. This should not exceed four pages, including diagrams, illustrations, bibliography and any other supplemental materials. The font used should be Arial with a minimum 11 point type size.
4. Applicant's Curriculum Vitae.
5. Signed Letter of Support from a research sponsor detailing the applicant's career development plan, providing a description of the research environment and available research facilities to be provided for the proposed project, and providing an analysis of the clinical and research training of the candidate.
6. Research sponsor's NIH-format biosketch. (A sample NIH-format biosketch may be downloaded at: <http://grants.nih.gov/grants/funding/phs398/biosketchsample.doc>)
7. Signed Letter of Recommendation from the department chair or division director of the academic or medical institution (preferably located in the Greater New York area) where the research will take place, describing the facilities and faculty resources available for career development and explaining how the proposed research will prepare the applicant for an academic career. It should also confirm the full-time nature of the research commitment (at least 50 percent effort) and the level of institutional support for the proposed research.
8. Documentation of IRB or IACUC protocol approval or submission (*if applicable*) or waiver. The complete protocol is not required, only the appropriate approval or submission cover page. Approvals for pending protocols must be in place by the start of the grant. In the case of animal research, include a copy of the institution's current HHS Animal Welfare Assurance approval or renewal letter, or a letter from the institution's research administration office affirming that the animal facility complies with all federal standards and has been so certified.

SUBMISSION – The required items requested above should be submitted (*in the order in which they are listed*) in both the following forms:

- 1 - Email of the combined required materials (including signatures on all requested letters and documents) as a single PDF document to valentine@nyam.org.
- 2 - Mail eight (8) hard copy originals (of the complete application materials) to the above address.

- Both versions must be received by the deadline. -

Please note that applications must contain all required materials or they will not be considered.

APPLICATION DEADLINE: FEBRUARY 2, 2009

Additional copies of the application and instructions are available for download at:

<http://www.nyam.org/grants/valentine.shtml>

THE FERDINAND C. VALENTINE FELLOWSHIP FOR RESEARCH IN UROLOGY

PROGRAM DESCRIPTION

The New York Academy of Medicine's Ferdinand C. Valentine Fellowship for Laboratory or Clinical Research in Urology was established in 1963 to support research training in the specialty of urology for individuals who have completed, or will shortly complete, residency training acceptable to the American Board of Urology, and who intend to use research training for continued development of academic careers in urology. This program seeks to support individuals in supervised programs that will develop the candidate's capacity to perform independent clinical or laboratory research.

AWARDS AND USE OF FUNDS

Up to two one-year grants of \$50,000 each are available for research commencing July 1 of the award year. The grants are made to the fellows' institutions for the direct support of the fellows' salaries and research activities. Award recipients are required to commit no less than fifty percent of their time to the supported research. Indirect costs and fringe benefits are not paid by this program.

ELIGIBILITY

Candidates must hold an MD or equivalent degree and must have completed, or will shortly complete, residency training acceptable to the American Board of Urology, and are expected to conduct research in supervised programs in the United States. Preference will be given to candidates who pursue their fellowship at an institution in the greater New York area. Applicants can apply for both American Foundation for Urologic Disease and Valentine grants, but if awarded both, candidates may accept only one. First-time applicants will be given preference; only in exceptional circumstances will renewal of awards be considered. Candidates must be United States citizens or permanent residents or have (at the time of application) a valid working visa through the period of the award.

SELECTION PROCEDURE

The Ferdinand C. Valentine Fellowship Selection Committee of The New York Academy of Medicine reviews all applications and supporting materials and recommends award recipients for ratification by the Trustees of the Academy. *A personal interview may be required.* Candidates are normally advised of their status by mid-spring of the award year.

NON DISCRIMINATION

It is the policy of The New York Academy of Medicine, in compliance with all federal, state and local laws, rules and regulations, to provide equal opportunities in employment for all employees and applicants without regard to race, color, sex, sexual orientation, pregnancy, marital status, age, national origin, religion, disability, or status as a Vietnam-era or special disabled veteran. This policy is applied to the selection of candidates for fellowship programs.

HUMAN SUBJECTS, ANIMALS, AND RECOMBINANT DNA

If the proposed research involves humans as research subjects, the use of warm-blooded animals, or experiments involving recombinant DNA techniques, the investigator must comply with current guidelines of the United States Department of Health and Human Services concerning such matters. Evidence of compliance, as well as an approved protocol from the appropriate institutional review board of the sponsoring institution, if appropriate, must accompany the completed application. Research proposals for which protocols have been submitted and are pending approval will be provisionally accepted, but all required approvals must be in place by the start of the grant.

REPORTING REQUIREMENTS

Grant recipients are required to submit progress and financial reports to the Academy at the mid-point and end of the grant period. Failure to comply with reporting requirements may result in termination of the grant and refund of any award monies paid, and may negatively affect consideration of future applications from the grantee's institution.

PUBLICATIONS

Any publication resulting from work supported by this grant must acknowledge the assistance received from the Ferdinand C. Valentine Fellowship for Research in Urology of The New York Academy of Medicine. Reprints of publications must be submitted to the Academy.

FALSIFICATION OF SCIENTIFIC DATA AND PLAGIARISM

It is the intent of The New York Academy of Medicine that research carried out by its staff or by investigators whose research is funded by the Academy directly, or as agent for any funding source, be consistent with the highest standards of integrity and ethical behavior. If an institution determines that falsification of scientific data and/or plagiarism has taken place concerning or related to work The New York Academy of Medicine has supported, the Academy must be notified immediately.

MALPRACTICE LIABILITY

The New York Academy of Medicine is not responsible for malpractice or claims of malpractice arising out of, or resulting from, the performance of the investigations carried out under this Fellowship. The Academy will not provide reimbursement for the cost of malpractice insurance.

PATENTS

Patent rights to any inventions resulting from research supported by this Fellowship will be divided among The New York Academy of Medicine, the institution where the original research was conducted, and the investigator. Patent applications must be submitted to The New York Academy of Medicine. The complete patent policy of The New York Academy of Medicine will be provided to all awardees, and is available to applicants on request.

PROJECT TERMINATION AND CHANGE OF INSTITUTION

Terms for discontinuance of a project and policies regarding changes in an investigator's institutional affiliation are subject to the approval of The New York Academy of Medicine. Unexpended funds in terminated projects will revert to The New York Academy of Medicine.

For questions about the program, application, instructions, or required materials please contact:

Ferdinand C. Valentine Fellowship Program
Office of Medical and Academic Affairs
The New York Academy of Medicine
1216 Fifth Avenue
New York, NY 10029-5202
Tel: 212-822-7204 • Fax: 212-822-7338
E-mail: valentine@nyam.org

The Ferdinand C. Valentine Fellowship for Research in Urology
2009-2010 Program Application
Award Period: July 1, 2009 – June 30, 2010
See application instructions for a full list of required materials.

Application Deadline: February 2, 2009

Please use the shaded areas of this form to provide the required information.
Use your mouse or the “tab” and “arrow” keys (not “enter”) to move between fields.

1) Applicant Name:

| | | | |
|--------------|--------|-------------|-----------|
| | | | |
| (First Name) | (M.I.) | (Last Name) | Degree(s) |

2) Present Affiliation:

| | | | |
|----------------------|--------|------|--|
| Title: | | | |
| Department/Division: | | | |
| Institution: | | | |
| Mailing Address: | | | |
| Room, Floor, Suite: | | | |
| City: | State: | Zip: | |
| phone: | fax: | | |
| e-mail: | | | |

3) Proposed Research Site (if different from applicant information above):

| | | | |
|----------------------|--------|------|--|
| Title: | | | |
| Department/Division: | | | |
| Institution: | | | |
| Mailing Address: | | | |
| Room, Floor, Suite: | | | |
| City: | State: | Zip: | |
| phone: | fax: | | |
| e-mail: | | | |

4) Research Project Title:

| |
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| |
|--|

5) Research Sponsor:

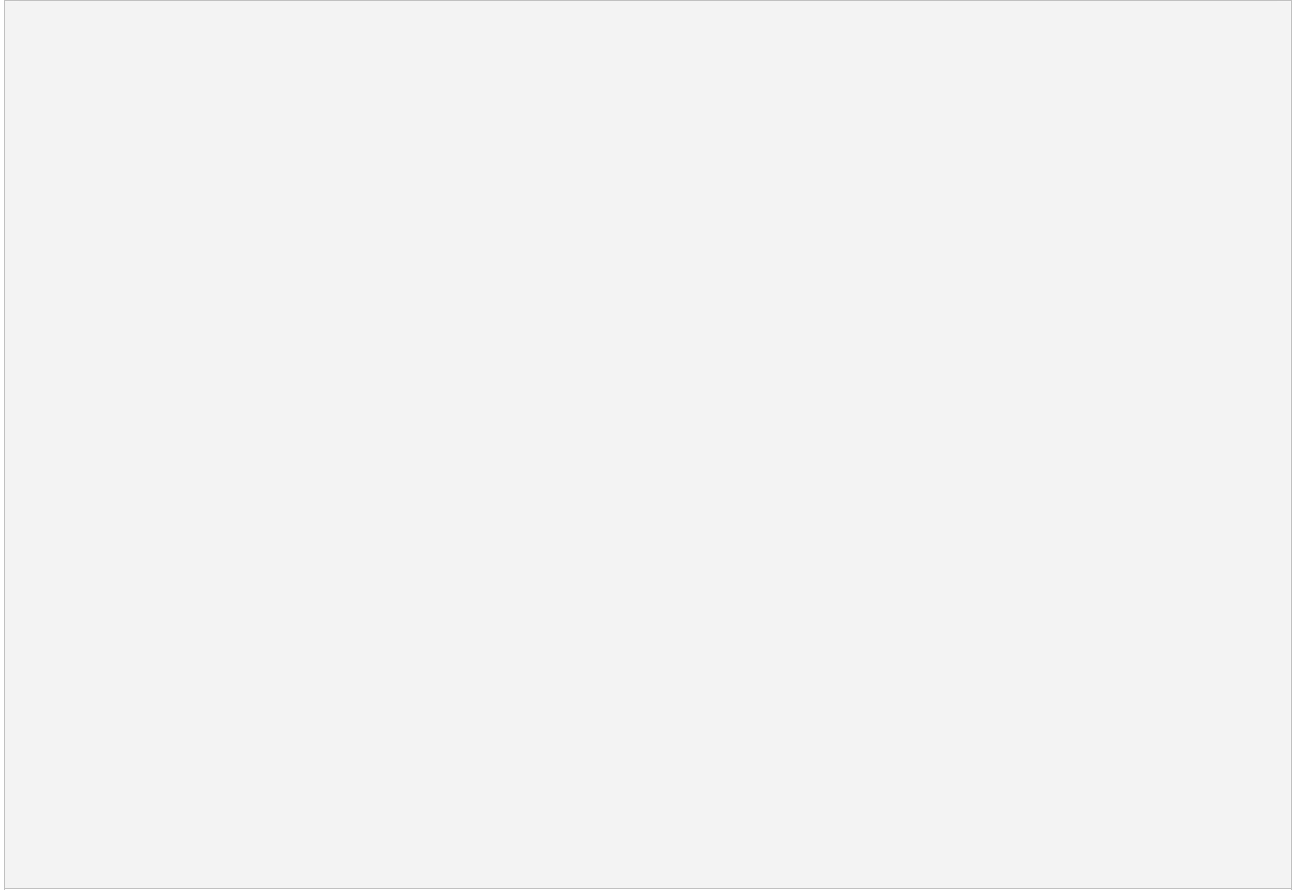
| | | | |
|----------------------|--------|-------------|-----------|
| | | | |
| (First Name) | (M.I.) | (Last Name) | Degree(s) |
| Title: | | | |
| Department/Division: | | | |
| Institution: | | | |
| Mailing Address: | | | |
| Room, Floor, Suite: | | | |
| City: | State: | Zip: | |
| phone: | fax: | | |
| e-mail: | | | |

9) Research and Professional Experience. Starting with most recent appointment, list employment and experience. Include internships, residencies, fellowships, etc. Applicant's current curriculum vitae must also be submitted with this application.

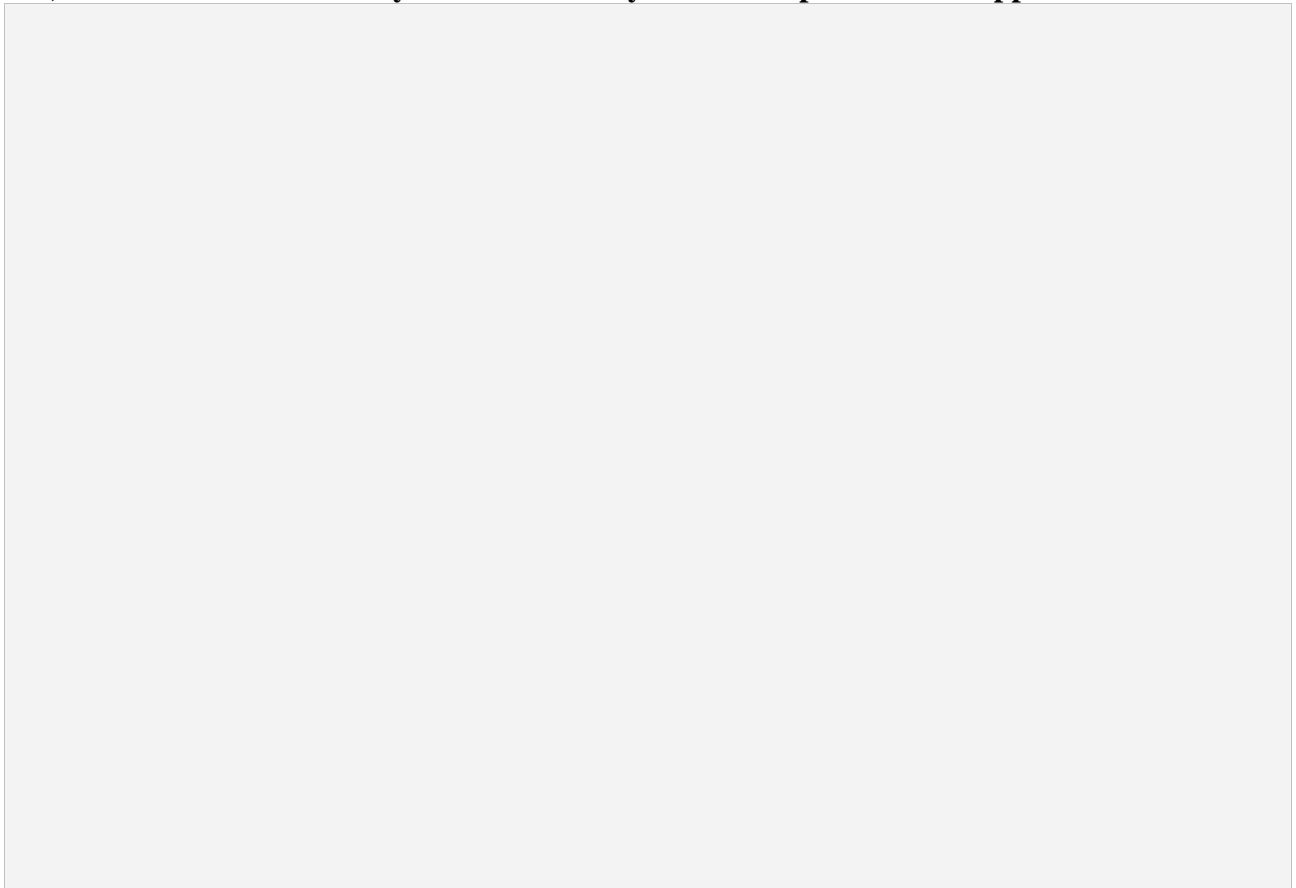
| Name/Location | Occupation/Title | Supervisor | Dates (mo/yr to mo/yr) | |
|---------------|------------------|------------|---------------------------|--|
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10) List any professional and academic honors that you have received starting with the most recent. Include membership in any professional societies and associations. If more space is required, attach a separate appendix and note accordingly.

11) If you submitted a doctoral dissertation, provide the title and a brief description.



12) Provide a brief summary of the research you did as a postdoctoral appointee.



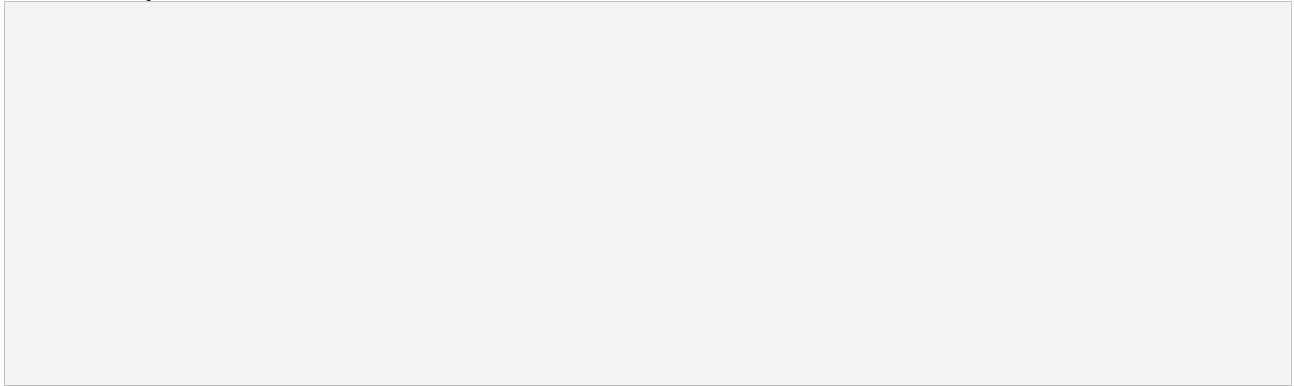
13) Provide a complete bibliography of publications, starting with the most recently published. If more space is required, attach a separate appendix and note accordingly.

14) Projected Activities During Award Period. Indicate the average number of hours per week and percentage of effort for each activity. Fellows are required to devote 50% of effort to the funded research. *Applicants are strongly cautioned to provide reasonable estimates of the total number of hours worked per week.*

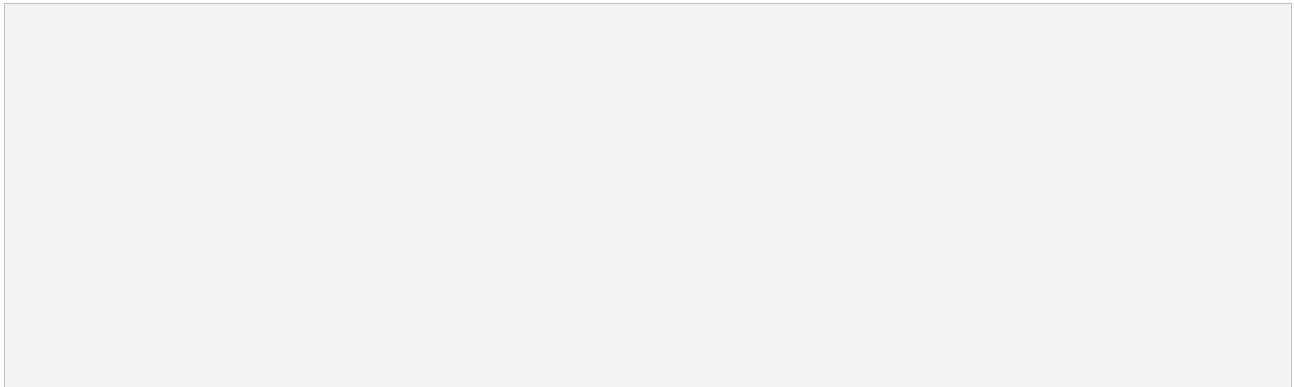
| Activity | Hours per week | % | % effort |
|----------------------------|-------------------|---|----------|
| Research (this project): | | | |
| Research (other projects): | | | |
| Patient care: | | | |
| Administration: | | | |
| Other (specify) _____ : | | | |
| Total: | | | |

15) Describe the facilities available for the proposed project at the sponsoring institution. Include explanation of arrangements with other organizations, where applicable.

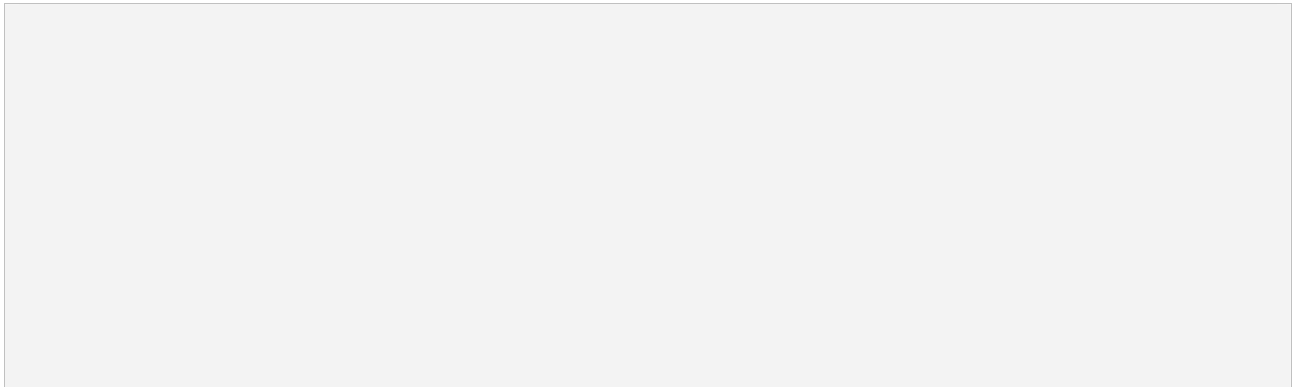
Laboratory



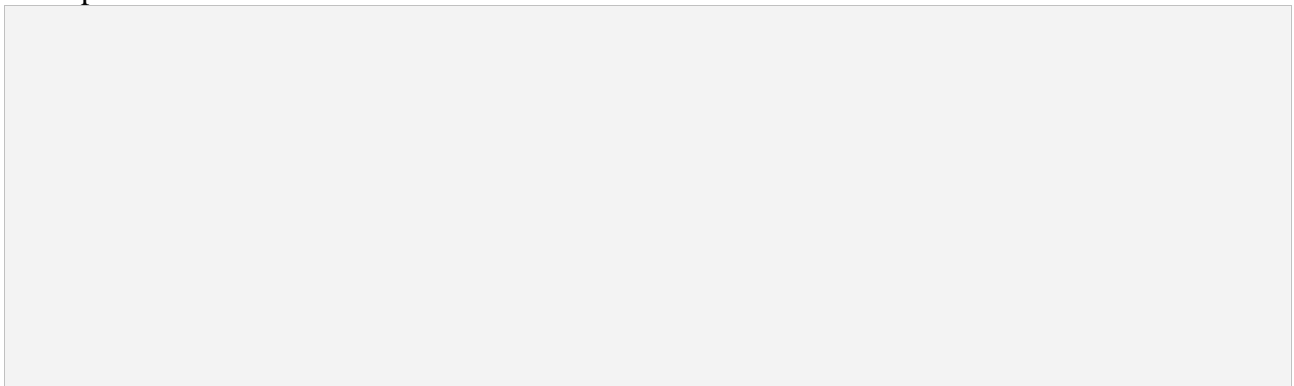
Clinic



Animals

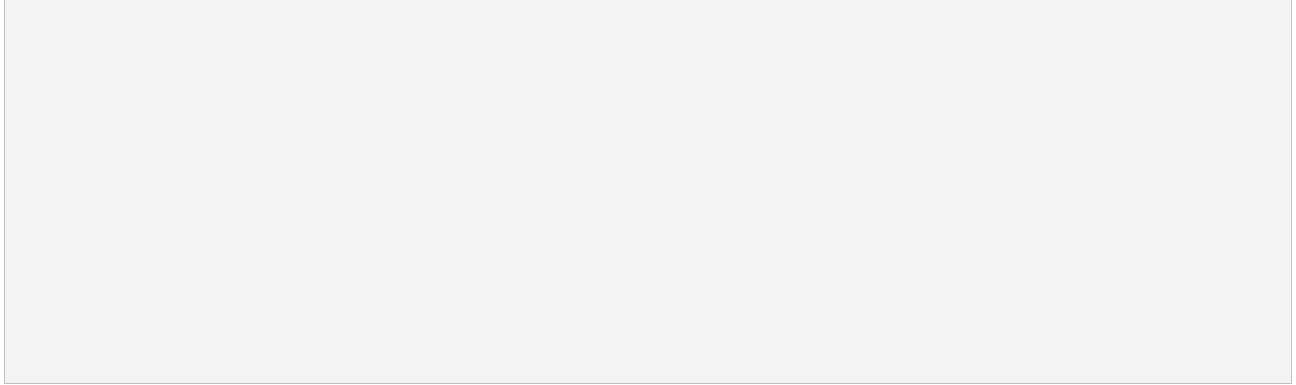


Computers

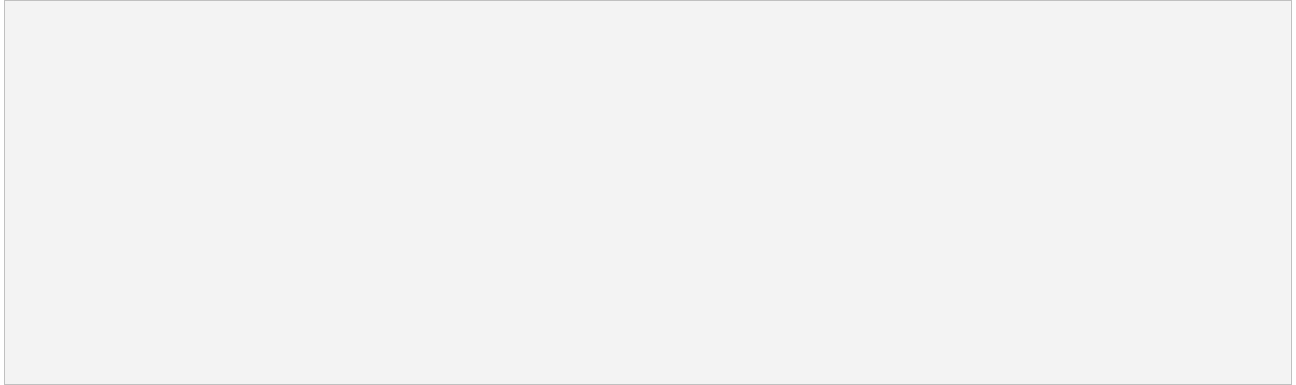


15. Facilities (continued)

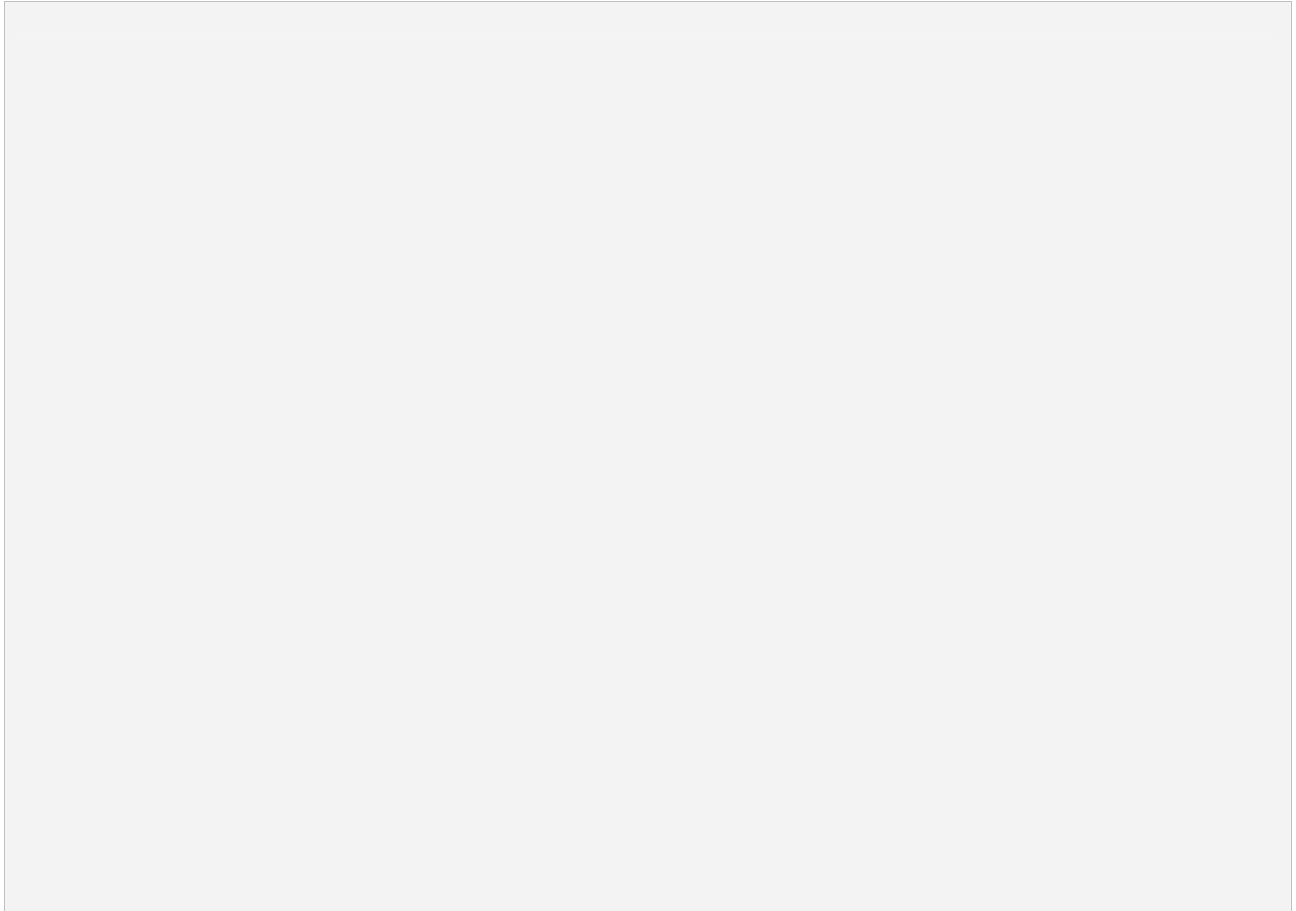
Office



Major Equipment



Other or Additional Information



16) Project Budget: July 1, 2009 – June 30, 2010

| Funding Sources: | Valentine Grant | Institutional Support | NIH (Describe in 16a) | Other (Describe in 16a) | Total Project Costs¹ |
|-------------------------|------------------------|------------------------------|------------------------------|--------------------------------|----------------------------------------|
|-------------------------|------------------------|------------------------------|------------------------------|--------------------------------|----------------------------------------|

Personnel Costs:

| | | | | | |
|------------------------------|--|--|--|--|--|
| Principal Investigator | | | | | |
| Laboratory Technicians | | | | | |
| Clinical Assistants | | | | | |
| Other (describe in 16b) | | | | | |
| Fringe Benefits ² | | | | | |
| Subtotal, Personnel | | | | | |

Laboratory Costs:

| | | | | | |
|-------------------------|--|--|--|--|--|
| Equipment | | | | | |
| Supplies | | | | | |
| Animals | | | | | |
| Other (describe in 16b) | | | | | |
| Subtotal, Laboratory | | | | | |

Clinical Costs:

| | | | | | |
|-------------------------|--|--|--|--|--|
| Equipment | | | | | |
| Supplies | | | | | |
| Other (describe in 16b) | | | | | |
| Subtotal, Clinical | | | | | |

| | | | | | |
|-------------------------------|--|--|--|--|--|
| Indirect Costs ² : | | | | | |
|-------------------------------|--|--|--|--|--|

| | | | | | |
|---------------------|--|--|--|--|--|
| Grand Totals | | | | | |
|---------------------|--|--|--|--|--|

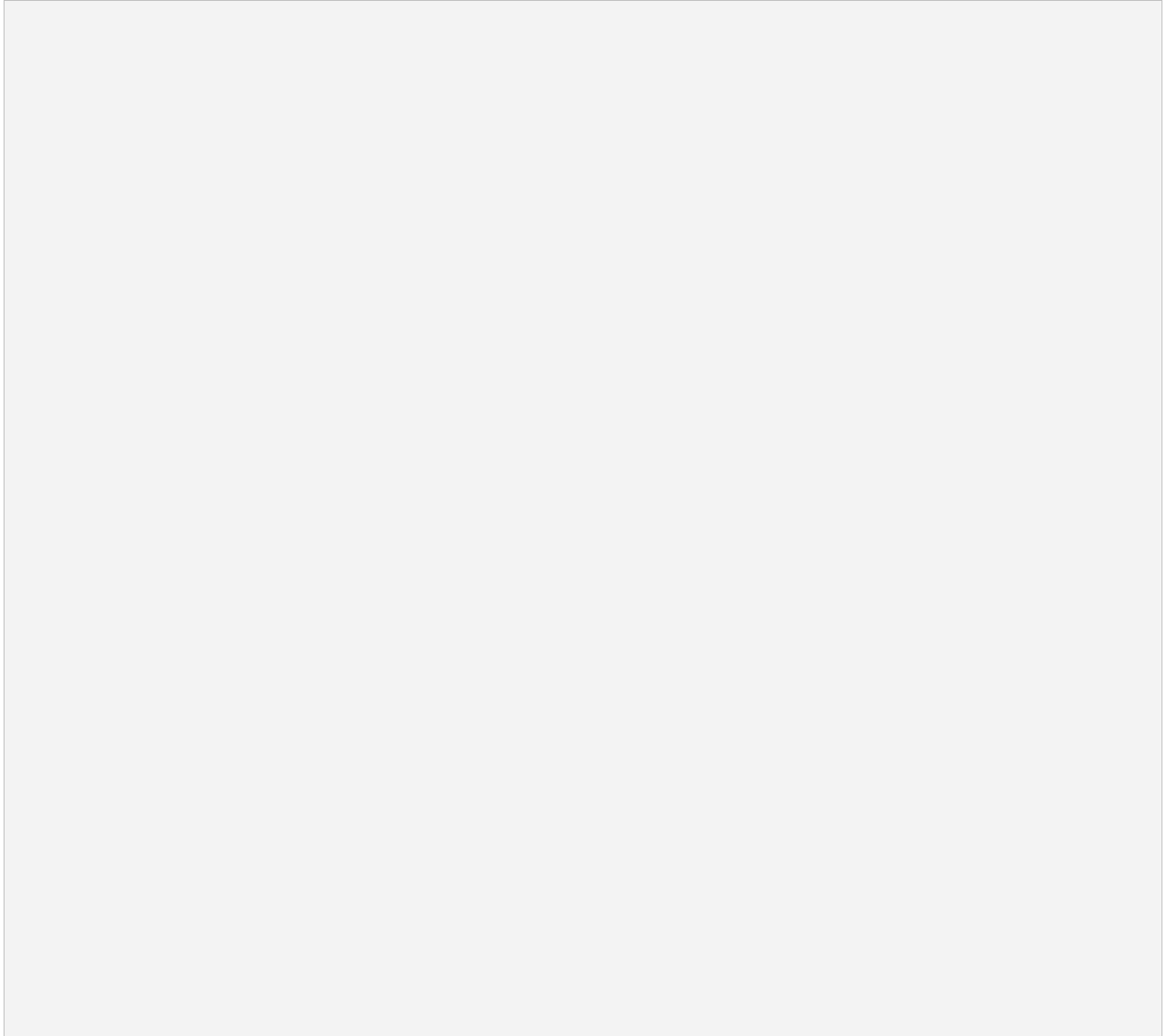
¹ Total of previous columns.

² Funds from the Ferdinand C. Valentine Fellowship may not be used for indirect costs, fringe benefits, or non-program expenses.

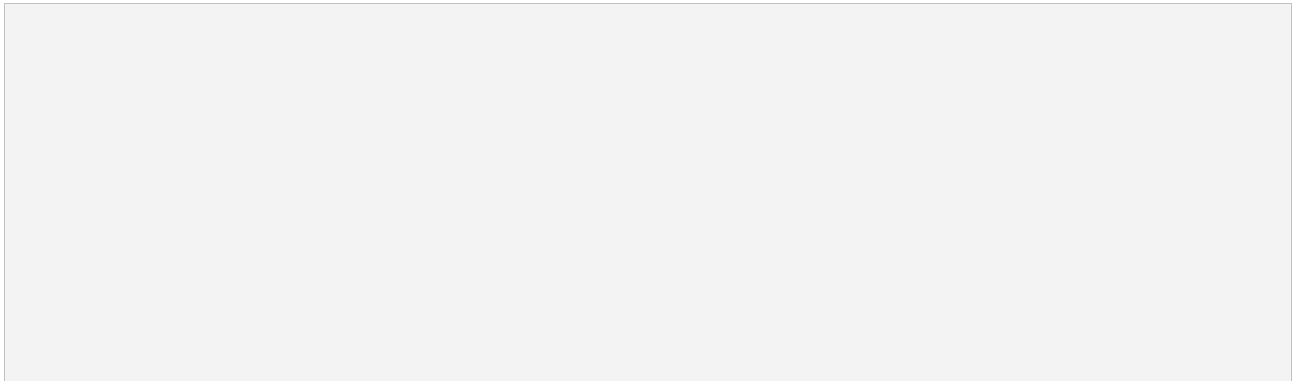
16a) Describe NIH and other funding listed in project budget. Provide grantor, project name, grant number, PI, total amount of grant, and grant period where applicable. If more space is needed, attach as a separate appendix and note accordingly.

16b) Describe “other” line items specified in budget. If more space is needed, attach as a separate appendix and note accordingly.

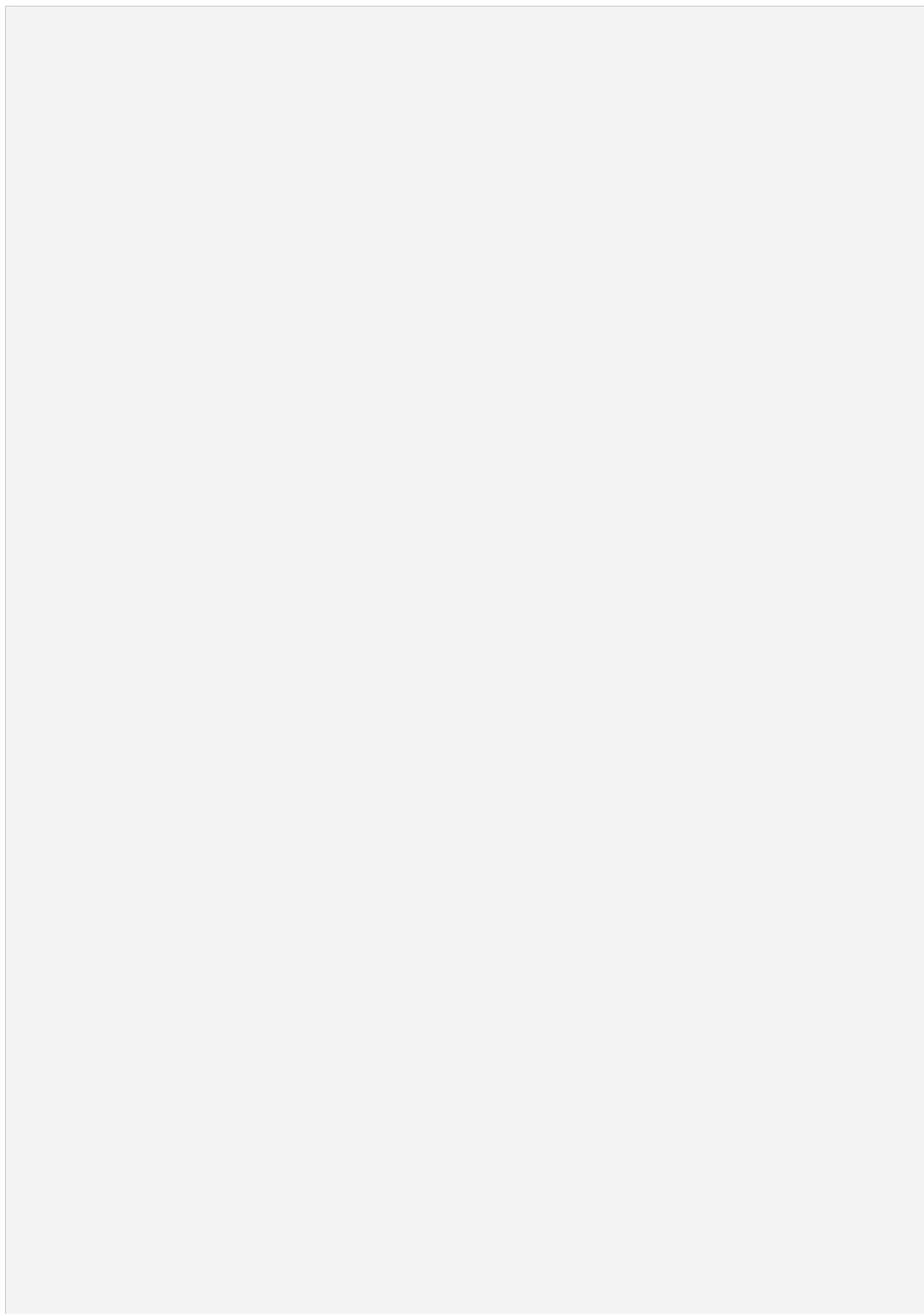
17) Describe all present and past support not noted in program budget, as well as any pending applications. Starting with the most recent support, list grantor, project name, grant number, PI, total amount of grant, grant period and current status. If more space is needed, attach as a separate appendix and note accordingly.



18) Have you previously applied for or received, or are you currently receiving, any other funding through The New York Academy of Medicine? If yes, please provide program name and details. If more space is needed, attach as a separate appendix and note accordingly.



19) Please describe your research career goals.



20) Provide an abstract which describes in lay terms the research you propose and its significance. The long-term objectives and specific aims should be included. Describe concisely the experimental design and methods for achieving the project's goals. *This is in addition to the 4 page research proposal which must be attached separately.*

21) Does your project **require IRB or IACUC approval**? Yes No

If NO, please include the IRB or IACUC Waiver from your institutions Internal Review Board in Section #8 of your application materials.

21a) If you answered YES to question 21, do you currently **have IRB or IACUC approval**?

Yes No

If YES, please include your IRB or IACUC approval in Section #8 of your application materials.

(The complete protocol is not required, only the approval cover page)

21b) If you answered NO to question 21a, have you **submitted for IRB or IACUC approval**?

Yes No

If YES, please include proof of your IRB or IACUC submission in Section #8 of your application materials.

(The complete protocol is not required, only the submission cover page)

21c) If NO, please note by what date you plan to submit for IRB or IACUC approval:

Please Note: Projects without IRB or IACUC approval (or Waiver from your institutions Internal Review Board) at the time of award, will not be funded (or considered awarded) until such documentation is provided.

22) Applicant's Signature

I certify that the statements herein are true and complete to the best of my knowledge.

If an award is granted as a result of this application I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports.

| | |
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| | |
|--|--|

Applicant's Signature

Date

23) Authorized Official from your Grants or Finance Office Signing For Institution:

| | | | |
|----------------------|--------|-------------|-----------|
| | | | |
| (First Name) | (M.I.) | (Last Name) | Degree(s) |
| Title: | | | |
| Department/Division: | | | |
| Institution: | | | |
| Mailing Address: | | | |
| Room, Floor, Suite: | | | |
| City: | State: | Zip: | |
| phone: | fax: | | |
| e-mail: | | | |

I certify that the statements herein are true and complete to the best of my knowledge.

| | |
|--|--|
| | |
|--|--|

Authorized Official's Signature (Grants or Finance Office)

Date