**Request for SLEIC Hours**

Submit this application to request in-kind or funded (startup or external) access to the 3T MRI Facility or the Human Electrophysiology Facility. In-kind hours are intended to support faculty-led research projects that have high potential for external funding. Investigators are strongly encouraged to familiarize themselves with SLEIC's resources and seek additional consultation from SLEIC staff before submitting an application.

Requests for in-kind hours will be evaluated based on the following criteria:

a) Scientific merit: the likelihood that the project will lead to a successful external grant proposal and/or a high impact research publication.

b) Effective Use of Center resources: the level of effort required to meet project goals.

**I. Primary Investigator (PI) Information**

1. Name:

2. PSU Access ID (e.g., abc123):

3. Email:

4. University Status: ☐ Faculty ☐ Staff ☐ Postdoc ☐ Grad Student

5. Department:

6. Office Phone #:

**II. Project Information**

1. Requested Project ID:

The project ID is the PI PSU Access ID (e.g., abc123) followed by a unique 4-unit alphanumeric code chosen by the PI (e.g., ase1\_pilt)

2. Project Title:

3. Anticipated Start Date:

4. Anticipated End Date:

6. Relevance to the SSRI:

Describe how this project will contribute to the SSRI mission and its strategic goals.

SSRI Mission: Our mission is to foster research that addresses critical human and social problems at the local, national, and international levels. We do so by bringing together researchers from different disciplines around emerging areas of study, and by providing consultation, financial support, shared, accessible infrastructure, and services to social scientists at Penn State. (approximately 250 words or less)

7. Abstract:

Provide a succinct overview of the proposal. Assume that reviewers do not have technical knowledge in a specific field. Avoid or explain technical jargon, filed-specific terminology, or acronyms. (approximately 250 words or less)

8. Specific Aims and Objectives:

List the specific aims and objectives of the proposal and how the accomplishment of these objectives will inform the development of a project for external funding (approximately 500 words or less)

9. Brief Background and Rationale:

Provide a brief summary of the background and rationale for the proposal (approximately 500 words or less)

10. Methods Description:

Please provide specifics about experimental design, including task timing (e.g., block lengths, jitter, stimulus duration, etc., approximately 250 words or less)

11. Data Analysis Plan:

Provide specifics about your analysis approach (e.g., main contrasts of interest, ROIs, etc., approximately 250 words or less).

12. # of 3T MRI Hours Requested:

13: # of 3T Participants Expected:

14: # of HEF Hours Requested:

15. # of HEF Participants Expected:

16: # of Mock Hours Requested:

17. # of Mock Participants:

18. Anticipated # of Hours per Session:

19: # Sessions per Participant:

20: Anticipated # of Participants per week:

**III. Project Personnel**

Project Primary Contact Person Information

Choose one person to be the primary contact person for this project. This person will be called about any subject running issues that need immediate attention (e.g., last minute cancellation due to problems with scanner/equipment, a subject calls SLEIC trying to cancel a session, etc.).

1. Primary Contact’s Name:

2. Primary Contact’s PSU ID (abc123):

3. Primary Contact’s Email:

4. Primary Contact’s Office Phone #:

5. Primary Contact’s Cell Phone #:

6. Primary Contact’s Department:

7. Collaborating Investigators

Only list collaborators who will need physical access to Chandlee Lab, iLab scheduling system, or data access to the SLEIC server (HOTH).

University Status refers to Faculty/Staff/Postdoc/Grad Student/Undergrad. Please indicate if a team member will need access to Chandlee building after 5:00 pm or during the weekends, or if they need access to the HEF lab or the MRI suite waiting room. Each team member who will need access will have to fill out a Facility Access Authorization Request for building/room access and complete the HEF lab training/MRI safety training prior to access being granted. For each team member, also indicate if they will need access to the SLEIC server for data transfer (YES/NO). Each team member who will need access to Hoth will need to complete an account request form prior to access being granted.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Collaborating Investigators | | | | | | | |
| Name | PSU Access ID | Email | University Status | Dept | Chandlee or HEF access? | iLab scheduling access? | SLEIC data server access? |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**IV. Other Project Details**

1. IRB Number:

Please provide the IRB number for your study. If this is an MRI experiment, please ensure that MRI technologists are added as project coordinators to this project.

2. HEF Stimulus Presentation & Response Equipment:

☐ None

☐ 128 Channel EEG System

☐ 32 Channel EEG System (Brain Vision ActiCap)

☐ Peripheral Physiological System

☐ Auditory Stimulation Equipment

☐ 4-button Box

☐ Keyboard

☐ Mouse

☐ Chin Rest

☐ Eye Tracker

☐ Polhemus

☐ tES and HD-tES

☐ fNIRs

☐ Other (if other, please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. 3T MRI Stimulus Presentation, Response, & Data Collection Equipment:

☐ None

☐ Personal Laptop

☐ SLEIC PC (Windows 7 with E-Prime, Matlab)

☐ Turbo Brain Voyager

☐ Left-hand two-button response grip

☐ Right-hand two-button response grip

☐ Left-hand four-button response box

☐ Right-hand four-button response box

☐ Joystick

☐ Olfactometer

☐ NNL monitor

☐ Goggles (Resonance Technology)

☐ Headphones (Resonance Technology)

☐ Headphones (Sensimetrix)

☐ Microphone (Resonance Technology)

☐ Microphone (OptoAcoustics)

☐ Eye Tracking (EyeLink 1000)

☐ Eye Tracking (Resonance Technology Goggles)

☐ Eye Tracking (ASL Long Range Optical)

☐ 20 Channel Head Coil

☐ 64 Channel Head Coil

☐ BIOPAC system

☐ MRI Compatible Tablet

☐ tES and HD-tES

☐ MRI Simulator/Mock Scanner

☐ MoTrak Head Motion Tracking System

☐ Other (if other, please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. SLEIC Consultation Request**

1. Research Study Consultation:

☐ None

☐ Study Design

☐ Stimuli Presentation

☐ Scanning Parameters

☐ Data Post-Processing

☐ Other (if other, please specify)

**VII. Funding Information**

1. Funding Type:

☐ No Funding - In-Kind Hours Requested

☐ Internal Funding (e.g. Start-up, SSRI)

☐ External Funding (e.g. NIMH, NIDA, PSIN)

2. Please specify the funding source:

3. Grant Title:

4. Grant #:

5. Budget #:

6. Fund #:

7. Grant Start Date:

8. Grant End Date:

9. Dept. Staff Budget Contact Name:

10. Dept. Staff Budget Contact Phone #:

11. Dept. Staff Budget Contact Email:

**V. Additional Information for Requests for In-Kind Hours**

Previous SLEIC Studies

Please provide an update on the status of the most recent in-kind project conducted at SLEIC. This information will help show the return on investment of previous in-kind hour allotments and thus likelihood of successful outcomes for additional investment of in-kind hours.

1. SLEIC ID for Most Recent Previous Study:

2. Grants submitted related to above SLEIC ID:

3. Citations from this Research:

4. Data Analysis Progress:

Please list how many participants/total participants have been completely run through your processing steps. Also provide information about any data that is still in preparation.

Funding plans

1. What are your plans for later external funding? Include (a) investigators involved, (b) title of proposal, (c) time frame of the proposal, and (d) external funding sources to be targeted.

2. Which agency or foundation officials (e.g., project officer) have you spoken with to determine their interest in this project or project area? What feedback did you receive on your concept and approach?

3. Are you responding to a specific request for proposal (RFP/RFA), program announcement, or other special funding initiative? (Yes/No) If yes, which one and how is your application to the SLEIC a good match for it.

4. Is this project being undertaken in response to feedback from a prior external proposal? (Yes/No). If yes, how does this project address reviewer concerns?

5. How does your study compare with projects in similar domains that have been funded by your targeted agency? In particular, how does the scope of your methodology appear similar to other funded projects (in terms of the size and representativeness of the sample, measurement strategies, design and planned analytic approach, etc.)? Foundation Search Sites: NIH: http://crisp.cit.nih.gov, NSF: http://www.nsf.gov/awardsearch/

6. What criteria will be used to evaluate your proposal? What do you know about the likely reviewers?

7. What input/advice/support have you received from your department head and/or college research dean?

8. Describe the translational potential of your project for preventing disease and/or promoting health and health behaviors