ICTS K-Club
Memorandum of Understanding

The purpose of this Memorandum of Understanding is to identify the roles and responsibilities of the ICTS K-Club Participants and to indicate the commitment of the Participant's department in supporting their full participation and completion of the Program.

Program Mission: The ICTS K-Club Program is designed to assist UC Irvine Early Career Faculty investigators in securing their first independent NIH K funding. This program educates participants in effectively communicating their ideas for an NIH grant reviewer audience. Some attention will be paid to evaluating application content; however, this should be viewed as complimentary to the assistance and review provided by the participant's department, peers, colleagues, and mentors.

Program Structure: The program consists of structured guidance and reviews of grant applications by experienced UC Irvine faculty.

Expectations for Program Participants (To be <u>initialed</u> by Participant):

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Initial

The Participant is expected to have his or her Specific Aims vetted by leadership within their Department or Division. The project aims and preliminary data should be deemed sound, sufficient, and ready to be incorporated into a grant application. The participant should be well suited to the project and ready to commit the time to write the grant application.

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The Program consists of 4 workshops and an internal review. Participants are expected to be present and prepared for each of these workshops. The number of Participants per workshop is limited, and new workshops cannot be added to accommodate participant schedules

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Initial

The Program includes an internal grant application review. The Participant is expected to submit their complete draft grant application to the Program Administrator by the deadline provided to ensure that the internal Reviewers have adequate time to provide a quality review. Extensions cannot be given. Participants who do not plan to submit a complete draft for review by the deadline should *not* register for the Program.

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Initial

During the Program, the Participant may change their submission plans as they assess the readiness of their application. Changes in plans are completely acceptable and should be communicated to the Program Administrator by the deadline provided (approximately 15 days prior to internal submission deadline).

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Initial

I understand that I will be asked to complete a pre-program survey and a post-program survey to help the ICTS. These survey links will be emailed to me directly.

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Initial

I agree to provide my grant and comments, funded or unfunded, to the Program Administrator as an example for future program participants. I understand that all sensitive information will be redacted before distribution, and that anyone with access will have a confidentiality form on file with the Program Administrator.

Departmental commitment (To be <u>initialed</u> by Department Chair or Division Chief):

As the Department Chair or Division Chief, I have read the "Expectations for Program Participants" above and agree to support the Participant in adhering to these commitments.

The participant's project aims have been vetted within the department, are scientifically sound and felt to be competitive for peer review.

The Department will provide the pre- and post-award infrastructure to guide the Participant through the technical aspects of grant budgeting, submission, and management.

The Department is committed to the success of this applicant, who we feel is well suited to this project, highly productive, and likely to be successful in establishing an independent career based on this project.

As the Department Chair or Division Chief, I recognize the Program is at least a 4-month commitment with minimal required classroom time, but significant time for writing, review of feedback and scientific contemplation. These commitments will be seen as a priority throughout the duration of the Program.

_____   _____
Participant Signature   *Date*

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Participant Printed Name

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Department Chair/Division Chief Signature   *Date*

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Department Chair/Division Chief Printed Name