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O'BRIEN CENTER OPPORTUNITY POOL PROGRAM

The George M. O'Brien Centers Cooperative Research Program in Benign Urology (U54) here request applications for the Centers' Opportunity Pool Program. This Program seeks to encourage interactions between the O'Brien Urology Centers and the larger research community. A central goal is to increase the capacity of the urology research community by leveraging existing Urology Center resources. Additional goals include supporting the generation of preliminary data that can be used for future grant applications, such as investigator-initiated R01s, and testing of high risk/high reward concepts.

Opportunity pool projects should be integrated within the overall research goals of a current O'Brien Urology Center and where possible make use of existing Biomedical Cores or other resources at the parent Center. Funds to support Opportunity Pool applications are set aside in the NIDDK award for each O'Brien Urology Center. Individual Centers and investigators within the broader community are highly encouraged to identify possible collaborative proposals.

For additional background information on the O'Brien (U54) Urology Centers Program and Opportunity Pool Program see:
<https://cairibu.urology.wisc.edu/opportunities-and-awards/>

ELIGIBLE APPLICANTS

Applicants are limited to early stage investigators (see NIH definition at <https://www.niddk.nih.gov/research-funding/process/apply/new-early-stage-investigators>), new investigators (also per NIH definition), current K Scholars, or established investigators not previously involved in non-malignant genitourinary research. Interested applicants should contact O'Brien Center leadership to discuss the proposed study.

APPLICATION GUIDELINES

Organized using standard NIH application forms (or similar) with the following required sections and page limits:

1. Face Page (standard PHS 398 or similar; 1 page)
2. Specific Aims (1 page)
3. Research Strategy (includes the following sections: Background/Significance, Innovation, Approach, and Preliminary data; 6 pages total)
4. Statement detailing planned collaboration with parent O'Brien Center and utilization of existing Center resources (e.g., Cores or other) and proposed pathway for resulting findings to allow development of future investigator-initiated R01 or other grant application (up to 1 page)
5. Detailed Budget Page for Initial Budget period (1 page)
6. Budget for Entire proposed Budget Period (1 additional page, if allowed to request for >1 year of support)
7. Budget Justification (personnel and other, as needed; unlimited pages)
8. NIH formatted Biographical Sketches for collaborator(s) and applicant (limit to 5 pages total for each Bio)
9. Please include a letter of support from the PI of the O'Brien Center to which you are applying or a signature from the O'Brien Center PI on the statement of collaboration (see step 4)

For any Opportunity Pool application not selected for funding, the NIDDK may provide permissions to submit a revised version; if permission is given, a one page "response to the previous critique" may be included in the revised application

O'BRIEN CENTER OPPORTUNITY POOL PROGRAM *(instructions, continued)***AWARD BUDGET**

Opportunity Pool projects may request up to \$100,000 Direct Costs for a maximum Project Period of one year. Appropriate Indirect Costs may be included to yield a final Total Costs request. **An additional year of support may be requested pending exceptional progress during the original Project Period and approval of Center PI.** The applicant does not need Institutional Business Office countersigning prior to submission to the CAIRIBU log-in portal. However, as some institutions require countersigning before any grant applications are submitted, applicants are responsible for adhering to their own institutional policies regarding this practice.

SUBMISSION AND REVIEW PROCESS

Interested applicants should contact a specific O'Brien Urology Center to discuss possible collaborations and the availability of Opportunity Pool funds at the Center (see list of current Centers on p. 1 of this announcement). After receiving approval, Opportunity Pool applications are submitted electronically through the CAIRIBU log-in portal. Contact CAIRIBU Interactions Core staff (CAIRIBU@urology.wisc.edu) to request access.

Applications will be forwarded to multiple individuals with appropriate expertise for an external assessment. The NIDDK will make final decisions on funding using these external assessments and based on scientific merit, availability of funds, and overall potential to advance the goals of the O'Brien Centers Program. Center PIs will then be notified as to whether funds at the sites set aside for the Opportunity Pool Program may be released to support the project.

KEY DATES

Application Receipt Dates: Applications may be submitted at any time. Applications submitted on or before one of the standard due dates will be sent for review shortly after that date. For example, an application submitted in July will be sent for review on or shortly after October 5. Standard due dates are **February 5, June 5, and October 5.** Expect a total time of 8-10 weeks from standard submission date to decision.

BRIEF REVIEW OF STEPS IN APPLICATION DEVELOPMENT, SUBMISSION, AND REVIEW

- Step 1 Interested applicant contacts the PI of a specific O'Brien Urology Center to inquire about a possible collaboration and development of an Opportunity Pool application
- Step 2 Applicant uses guidelines to prepare the application package
- Step 3 Applicant requests access to the CAIRIBU log-in portal (email CAIRIBU@urology.wisc.edu)
- Step 4 Applicant uploads the final, application to the CAIRIBU log-in portal on or before one of the three yearly application receipt dates: Feb 5, June 5, or Oct 5. Note that if your institution requires it, you should have your Business Office countersign your application at the time of submission.
- Step 5 Dr. Penniston sends applications out for external assessment to multiple content experts
- Step 6 Using external assessments, NIDDK program staff make final funding decision based on scientific merit, availability of funds, and likelihood for study to advance the goals of the Program
- Step 7 Center is notified of final application status. If the application is selected for support, NIDDK provides permissions to the Center to use funds to support Opportunity Pool project.
- Step 8 **Center PI notifies applicant** about application status
- Step 9 Funded applicant works with Center to initiate and execute project

Request access to CAIRIBU log-in portal by emailing CAIRIBU@urology.wisc.edu

O'Brien Center PIs

Jonathan Barasch, MD, PhD¹

Ali Gharavi, MD¹

Cathy Mendelsohn, PhD¹

William Ricke, PhD²

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CAIRIBU U24 Interactions Core

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NIH/NIDDK Leadership

Christopher Mullins, PhD

Project Scientist

mullinsc@extra.niddk.nih.gov

Deepak Nihalani, PhD

Program Official

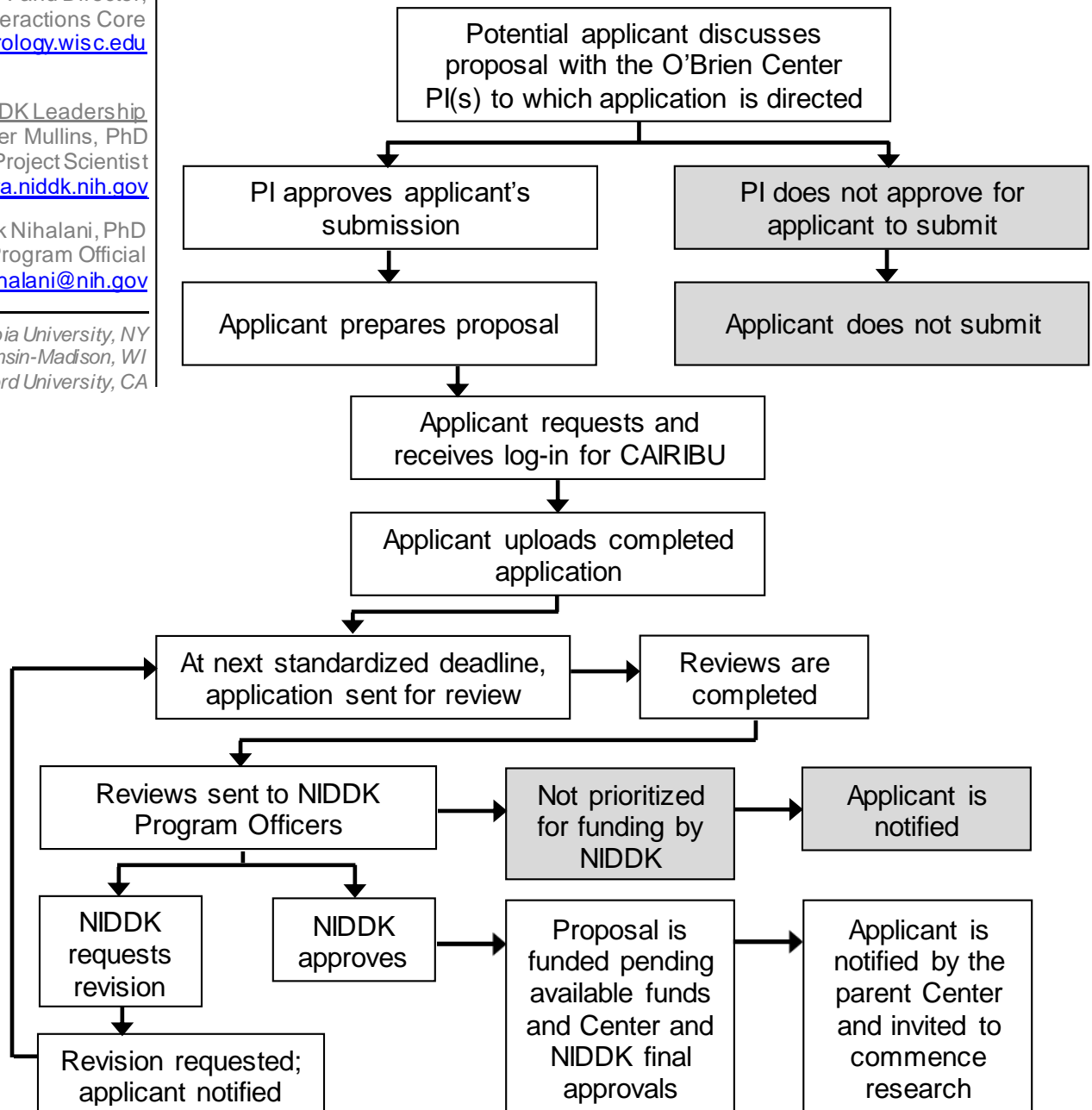
deepak.nihalani@nih.gov

¹Columbia University, NY

²University of Wisconsin-Madison, WI

³Stanford University, CA

Below is the process for processing and considering applications to George M. O'Brien U54 Urology Centers



Program Director/Principal Investigator (Last, First, Middle):

Department of Health and Human Services Public Health Services <h2 style="text-align: center;">Grant Application</h2> <p style="text-align: center;"><i>Do not exceed character length restrictions indicated.</i></p>		LEAVE BLANK—FOR PHS USE ONLY.			
		Type	Activity	Number	
		Review Group		Formerly	
		Council/Board (Month, Year)		Date Received	
1. TITLE OF PROJECT <i>(Do not exceed 81 characters, including spaces and punctuation.)</i>					
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes," state number and title)</i> Number: _____ Title: _____					
3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR					
3a. NAME (Last, first, middle)		3b. DEGREE(S)		3h. eRA Commons User Name	
3c. POSITION TITLE		3d. MAILING ADDRESS <i>(Street, city, state, zip code)</i> E-MAIL ADDRESS:			
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT					
3f. MAJOR SUBDIVISION					
3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i>					
TEL: _____ FAX: _____					
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes		4a. Research Exempt If "Yes," Exemption No. <input type="checkbox"/> No <input type="checkbox"/> Yes			
4b. Federal-Wide Assurance No.		4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		4d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	
5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes			5a. Animal Welfare Assurance No.		
6. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i>		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
From	Through	7a. Direct Costs (\$)	7b. Total Costs (\$)	8a. Direct Costs (\$)	8b. Total Costs (\$)
9. APPLICANT ORGANIZATION Name Address			10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged		
			11. ENTITY IDENTIFICATION NUMBER		
			DUNS NO. _____ Cong. District _____		
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name Title Address Tel: _____ FAX: _____ E-Mail: _____			13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name Title Address Tel: _____ FAX: _____ E-Mail: _____		
14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.			SIGNATURE OF OFFICIAL NAMED IN 13. <i>(In ink. "Per" signature not acceptable.)</i>		DATE

Program Director/Principal Investigator (Last, First, Middle):

Use only if preparing an application with Multiple PDs/PIs. See http://grants.nih.gov/grants/multi_pi/index.htm for details.

Contact Program Director/Principal Investigator (Last, First, Middle):		
3. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR		
3a. NAME (Last, first, middle)	3b. DEGREE(S)	3h. NIH Commons User Name
3c. POSITION TITLE	3d. MAILING ADDRESS (<i>Street, city, state, zip code</i>)	
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		
3f. MAJOR SUBDIVISION		
3g. TELEPHONE AND FAX (<i>Area code, number and extension</i>) TEL: FAX:		
E-MAIL ADDRESS:		
3. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR		
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3g. TELEPHONE AND FAX (<i>Area code, number and extension</i>) TEL: FAX:		
E-MAIL ADDRESS:		

Program Director/Principal Investigator (Last, First, Middle):

SENIOR/KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first. **BIOSKETCHES FOR KEY PERSONNAL MUST BE PROVIDED.**

Name	eRA Commons User Name	Organization	Role on Project
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OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project
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Human Embryonic Stem Cells ☐ No ☐ Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: https://grants.nih.gov/stem_cells/registry/current.htm. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

Program Director/Principal Investigator (Last, First, Middle):

PROJECT SUMMARY/ABSTRACT

PUBLIC HEALTH RELEVANCE STATEMENT

Program Director/Principal Investigator (Last, First, Middle):

SPECIFIC AIMS

Program Director/Principal Investigator (Last, First, Middle):

RESEARCH STRATEGY

Program Director/Principal Investigator (Last, First, Middle):

REFERENCES CITED

Program Director/Principal Investigator (Last, First, Middle):

STATEMENT OF COLLABORATION WITH U54 O'BRIEN UROLOGY CENTER

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY						FROM	THROUGH	
List PERSONNEL (Applicant organization only) Use Cal, Acad, or Summer to Enter Months Devoted to Project Enter Dollar Amounts Requested (omit cents) for Salary Requested and Fringe Benefits								
NAME	ROLE ON PROJECT	Cal. Mnth	Acad. Mnth	Summer Mnth	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							
SUBTOTALS								
CONSULTANT COSTS								
EQUIPMENT (Itemize)								
SUPPLIES (Itemize by category)								
TRAVEL								
INPATIENT CARE COSTS								
OUTPATIENT CARE COSTS								
ALTERATIONS AND RENOVATIONS (Itemize by category)								
OTHER EXPENSES (Itemize by category)								
CONSORTIUM/CONTRACTUAL COSTS					DIRECT COSTS			
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (Item 7a, Face Page)								\$
CONSORTIUM/CONTRACTUAL COSTS					FACILITIES AND ADMINISTRATIVE COSTS			
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD								\$

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD DIRECT COSTS ONLY

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD <i>(from Form Page 4)</i>	2nd ADDITIONAL YEAR OF SUPPORT REQUESTED	3rd ADDITIONAL YEAR OF SUPPORT REQUESTED	4th ADDITIONAL YEAR OF SUPPORT REQUESTED	5th ADDITIONAL YEAR OF SUPPORT REQUESTED
PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i>					
CONSULTANT COSTS					
EQUIPMENT					
SUPPLIES					
TRAVEL					
INPATIENT CARE COSTS					
OUTPATIENT CARE COSTS					
ALTERATIONS AND RENOVATIONS					
OTHER EXPENSES					
DIRECT CONSORTIUM/ CONTRACTUAL COSTS					
SUBTOTAL DIRECT COSTS <i>(Sum = Item 8a, Face Page)</i>					
F&A CONSORTIUM/ CONTRACTUAL COSTS					
TOTAL DIRECT COSTS					

TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD
\$

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

Program Director/Principal Investigator (Last, First, Middle):

BUDGET JUSTIFICATION CONTINUED



George M. O'Brien Urology Centers (U54)

Opportunity Pool Program

O'Brien Center Pls

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penn@urology.wisc.edu

Consortium Monitoring Board

Mark Nelson, PhD, chair
Dean Assimos, MD
Shuk-Mei Ho, PhD
Cecelia Lo, PhD
Craig Peters, MD

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³Stanford University, CA

As the Principal Investigator for the [Click or tap here to enter text.](#) George M. O'Brien U54 Urology Center, this statement is to confirm that [Click or tap here to enter text.](#) has my approval to apply for an Opportunity Pool Award from my Center.

The applicant has discussed the proposal with me, and I approved his/her/their application for competitive review. We have discussed the budget for the proposal, and I agree to provide up to \$[Click or tap here to enter text.](#) per year,* as funds are available, for the applicant's research. This commitment is contingent on approval by Program Officers with the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) as they provide oversight for the George M. O'Brien Centers and CAIRIBU (*Collaborating for the Advancement of Interdisciplinary Research in Benign Urology*), the Community of NIDDK-funded U54 and P20 Centers and K12 Programs focused on benign urology research.

* *Funding commitment may vary from 1-2 years; [this has been discussed with the applicant](#)*

If the application is approved after competitive review, I will assist the applicant in initiating his/her/their proposed work and will provide information from our institutional research support program for transferring research funds.

Name of Principal Investigator

Signature of Principal Investigator

Date



George M. O'Brien Urology Research Center
Department of Urology
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

