

The Review Committee looks forward to receiving your proposals for the upcoming funding cycle, with Important Dates, & Funding Details, and Eligibility/Application Requirements described below.

## Deadlines

- Please contact [OBGYN\\_Applications@duke.edu](mailto:OBGYN_Applications@duke.edu) no later than **Wednesday May 1, 2024** to assist with budget preparation, if needed.
- **All applicants must contact [OBGYN\\_Applications@duke.edu](mailto:OBGYN_Applications@duke.edu) no later than Wednesday, May 8, 2024 to allow review of final budget and budget justification prior to submission.**
- **Applications must be submitted to [OBGYN\\_Applications@duke.edu](mailto:OBGYN_Applications@duke.edu) by Friday, May 17, 2024 by 11:59pm EST. Please use “Last Name – July 2024 Hammond Submission” as the subject.**
  - **Please attach all files with the following naming convention: “Last Name\_Document Type” Ex: Doe\_Budget, Doe\_ResearchPlan, etc.**

## Details

- Award Dates – July 1, 2024 – June 30, 2025
- Eligibility requirements
  - *Fellow, Resident, PhD Candidate or Post-doctoral Associate in Duke ObGyn*
  - Primary mentors must be up-to-date with current Carter Club dues
- Budget Limits
  - Fellow, PhD Candidate, or PostDoc - \$10,870 direct costs + \$1,630 Departmental General & Administrative (G&A) costs (\$12,500 total)
  - Residents - \$6,087 direct costs + \$913 Departmental G&A (\$7,000 total)
- Unallowable Costs
  - Faculty Salary
  - Travel support
  - Publication fees
  - Non-salary expenses on individual items over \$2500, unless approved by Office of Research
- Required NIH grant forms – Instructions and downloadable forms can be found via the links below:
  - Research Plan (4-page limit including Specific Aims)
  - [Biosketches for PI, mentor, and other important co-investigators](#)
  - [Budget Detail Page \(no modular format allowed\)](#)
  - [Budget Justification \(no modular format allowed\)](#)
- A statistical analysis plan along with a named statistician or appropriate faculty member must be named within your Research Plan
- Cover letter
  - Addressed to the “Charles Hammond Fund Review Committee”
  - Include title of study, PI name, faculty mentor name (if applicable)
- Letter of support from the mentor(s) and faculty member(s) describing their involvement in planning the study and intended involvement in study implementation
- **Applications that do not meet all stated requirements will not be accepted for review**