

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** no later than **Friday September 27, 2024** to assist with budget preparation.
- All applicants submit final budget/justification to **OBGYN_Applications@duke.edu** no later than Friday, **October 11, 2024** to allow review of final budget and budget justification prior to submission.
- **Applications must be submitted to OBGYN_Applications@duke.edu by Friday, October 25, 2024 by 11:59pm EST.** Please use “Last Name – January 2025 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 – January 1, 2025 – December 31, 2025
- Eligibility requirements
 - *Faculty, Fellow, Resident, PhD Candidate or Post-doctoral Associate in Duke ObGyn*
 - Primary mentors must be up-to-date with current Carter Society dues
- Budget Limits
 - Faculty, Fellow, PhD Candidate, or PostDoc - \$10,870 direct costs + \$1,630 Departmental General & Administrative (G&A) costs (\$12,500 total)
 - Residents - \$6,522 direct costs + \$978 Departmental G&A (\$7,500 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**