

## PRF Suvey

Last Modified: 09/10/2014

### 1. Should the maximum amount per grant be capped at \$25K or \$50K?

#	Answer	Response	%
1	\$25K	32	52%
2	\$50K	30	48%
	Total	62	100%

### 2. How many application cycles per year should the School of Medicine offer?

#	Answer	Response	%
1	One Cycle	3	5%
2	Two Cycles	59	95%
	Total	62	100%

### 3. Should any award be targeted to specific groups, such as junior faculty or clinician-scientists?

#	Answer	Response	%
1	Yes	22	35%
2	No	40	65%
	Total	62	100%

## 4. Comments:

### Text Response

Should have some of the rewards targeted for clinician-scientists

There needs to be some mechanism to enable better reviews of applications even if it requires asking individuals outside of the university.

The reviews I have received for my PRF applications have been worthless. It is clear that non-experts are reviewing grants. An example: my NIH grant which scored a 5th percentile, and was funded, was not funded (even for bridge funding while the grant was pending) by the PRF committee. How can this be? I am also concerned that within the SoM, a majority of the grants seem to be going to one department or to applicants with joint appointments in that department. Perhaps the project summaries of those applications should be made public so that future applicants can have an idea of what the PRF committee deems to be 'fundable' research. Finally, it is taking too long for the lists of funded applications to be published.

Strategically, both junior faculty and clinician-scientists should be targeted by the grants. Developing both groups is a vital mission for the SOM

I think funding should target those early in their research careers who have not received NIH or other significant external funding in the past. In terms of one or two cycles, I think this is really a work load issue, and I don't know what the capacity is.

I would recommend changing the criteria for submission and review. In general, I think these sorts of grants should be targeted towards junior faculty or previously funded faculty between grants. In addition, I don't think that individuals who already have substantial extramural support (e.g. an NIH or NSF grant) should be allowed to apply. Furthermore, I don't think that individuals who receive funding from this program should be allowed to reapply to the program until a year or so after the original funding ends. In the past, the funds in this sort of program were seen primarily as a "Bridge funds" or "Development funds," but the program seems to have morphed into something completely different over the past several years.

I think the emphasis should be on basic research which is harder to fund, especially for those on the undergraduate campus. These grants are a lifeline for faculty during these difficult economic times!!!

Because the funds available for PRF grants are limited, I feel that if the cap should be set at \$50K, but that if more than \$25K is asked for, there needs to be a separate justification for why more than \$25K would be needed to complete any proposed work. As research strategies and results shift more rapidly now than ever before, it would seem that allowing investigators more opportunities (two cycles) to submit would provide for a more timely proposal generation, resulting in completing work towards obtaining extramural funding before that work is superseded by others. Instead of setting "hard and fast" targeted groups, there should be a section of the application asking for how the investigator views themselves as a potential target for this money, but not limit those groups to junior faculty or clinician scientists.

The probability that successful completion of the PRF will lead to external funding should be given higher priority.

The submission process has been difficult, but I suppose this simulates the difficulty of an extra-

mural grant. Thanks.

Collaborative research between two research groups should be encouraged.

I checked the box that the amount should be capped at \$25,000, but I also think there should be some exceptions for high quality projects that may require additional funds. I just think that if the cap is \$50,000, everyone will justify spending that amount, and this will lead to fewer people getting funded. I've been funded for \$19,000 and \$20,000, and it has been a big help in getting data for publications and grants. This is an excellent program and I hope it continues and grows in the future.

It would be great to earmark some funds for junior scientists or clinicians, but the pot of money is just too small to subdivide extensively. If we do sub-divide the pot, I'd prefer a clinician over a junior scientist simply because junior scientists are often eligible for various foundation awards and they usually have start-up funds, whereas these options are not as available for a clinician.

PRF is a very important funding mechanism of pilot projects. PRF follow transparent selection/review criteria and since few comparable opportunities for pilot funding are available at SLU, PRF program should be expanded to allow competition between best proposals.

Fellows , faculty

Seems like each time I take a look at the list of recipients, it is always senior faculty who receive the award. Perhaps a certain number of awards could be awarded to junior faculty.

Separate award for Junior faculty and clinician scientist