**Global Genome Initiative**

**Awards Program Application Form**

**See Call for Proposals for complete application requirements and evaluation criteria.**

**Program**

**Rolling Awards  Peer-Review Awards**

**Cover Sheet**

|  |  |  |
| --- | --- | --- |
| **Date of Submission:** |  | |
| **Proposal Title:** |  | |
| **Lead PI name:** |  | |
| **Lead PI email address:** |  | |
| **Co-PI’s (list all):** |  | |
| **PI's Department:** |  | |
| **Smithsonian Unit:** |  | |
| **Approvals:**  *Approval emails should be sent to* [*GGI@si.edu*](mailto:GGI@si.edu)*. Consult CFP for details.* | **Supervisor:** | **Approved?**  **Yes No n/a** |
| **NMNH Department Chair:** | **Approved?**  **Yes No n/a** |
| **Amount Requested:** |  | |

|  |
| --- |
| **Abstract (100 words)** |
| *Please provide a proposal abstract.*  *Applicants to all programs should consult the relevant Call for Proposals for additional application materials and requirements.* |

**Appendix A – Taxonomy**

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| 1. **Taxonomy**   *Please provide a general description of your target taxa* |
| 1. **Genomic novelty**   *Describe the genomic novelty of your target taxa (e.g. CITES or endangered)* |
| 1. **Geography**   *List countries, regions, habitats* |
| 1. **Gap Analysis**   *Compile a list of taxa you expect to collect. Run the list through the* [*GGI Gap Analysis Calculator*](https://ggidata.shinyapps.io/gapanalysis/) *to assess whether your proposed work addresses familial and generic gaps in GGBN and GenBank. Copy and paste the “Summary Table” in the space provided below, and download a copy of the “All Results” excel spreadsheet to attach with your application. Record here the date on which you performed the gap analysis:* |

[*Paste summary table here*]

**Appendix B – Sequencing**

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| 1. **Sequencing Approach**   *Please indicate your proposed methodology (e.g. genome reduction techniques) and the types of data you intend to collect (e.g. barcode, mtDNA sequence, SNPs, whole genome sequence, etc.)* |
| 1. **Area(s) of Genomic Emphasis**   *e.g. conservation, ecological, evolutionary, phylogenetic* |
| 1. **Lab Work**   *Please indicate who will be doing the sequencing lab work (e.g. yourself, GGI technicians, third party)* |
| 1. **Technical Partnerships** *List and explain, if any* |
| 1. **GenBank Records**   *Give an approximate count of the number of sequences you anticipate producing and uploading to GenBank or other appropriate NCBI databases.* |
| 1. **Timeline for upload to GenBank:** |
| 1. **Timeline for submitting journal publications** |

**Appendix C – Collections**

1. **Collections at NMNH**

*Please give rough estimates of your potential contributions to NMNH collections:*

|  |  |  |
| --- | --- | --- |
| **Specimen Type** | **Count** | **Comments** |
| **Morphological Vouchers** |  |  |
| **Tissue samples (biorepository)**  *Only count archival tissues, not tissues to be digested for sequencing* |  | *Indicate sample type if known (e.g. tissue, blood, oocytes, environmental, etc)* |
| **DNA extractions (biorepository)** |  |  |
| **Other** |  |  |

*Please give rough date estimates for the following:*

|  |
| --- |
| **Estimated dates for travel:** |
| **Timeline for upload to GGBN:** |

|  |
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| 1. **Collections at Other Institutions**   *If vouchers or other samples will be deposited somewhere other than NMNH, please indicate where and explain.* |

**Appendix D – Budget**

**GGI Funds Requested**

*Please estimate and justify dollar amounts for each category. Use “n/a” where appropriate.*

|  |
| --- |
| 1. **Supplies** |
| 1. **Permits** |
| 1. **Travel** |
| 1. **Sequencing and Analysis** |
| 1. **Curation Costs** |
| 1. **Shipping** |
| 1. **Other/Miscellaneous** |
| 1. **TOTAL:** |

**GGI In-Kind Support Requested**

*Please indicate whether you require the assistance of GGI technicians for any of the following:*

|  |  |  |
| --- | --- | --- |
| **Task** | **Assistance required?** | **Remarks (estimate times/counts where applicable)** |
| Cryovial labeling |  |  |
| Pre-fill matrix plates with M2 |  |  |
| Pre-fill matrix plates with ethanol/DMSO |  |  |
| Tissue subsampling |  |  |
| Specimen curation |  |  |
| DNA extraction |  |  |
| DNA barcoding |  |  |
| Other: |  |  |

**Other Support**

*Please indicate the amount, source, and purpose of any matching funds or other sources of in-kind support*

|  |
| --- |
| 1. **Matching funds** |
| 1. **Other in-kind support** |