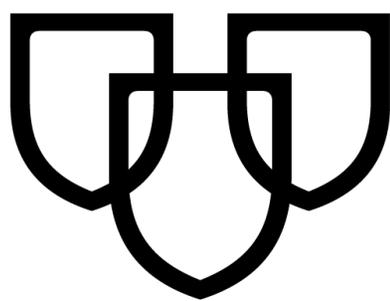


Section 1: Introduction:



MAYO CLINIC HEALTH SYSTEM

Mayo Clinic Health System (MCHS) & Minnesota State University, Mankato (MSU-Mankato)

Collaborative Seed Grant Funding Application

Purpose: *We are excited to launch this seed grant program to foster innovative, interdisciplinary partnerships that support community health and scientific advancement across our institutions. The purpose of the Mayo Clinic Health System (MCHS) & Minnesota State University, Mankato (MSU-Mankato) Collaborative Seed Grant Program is to support projects that*

stimulate collaboration and synergistic proposal development between investigators at the Mayo Clinic Health System & MSU-Mankato. The program welcomes both basic and applied research that contributes to advancing human health and well-being. Projects may involve laboratory, clinical, behavioral, social, educational, or community-based research. Projects should have a well-defined research design and clear milestones. Projects with the potential for future external funding will be prioritized. Investigators from both institutions must participate in the development and execution of proposed projects.

Number of Awards and Amount: *Award funding may be requested up to \$20,000 each. A total of \$100,000 is available for funding to commence in FY2026.*

Application Timeline:

- Letters of Intent (LOIs) are to be submitted by 5 PM on February 24th, 2026.
- Invitations for full submissions to the most meritorious LOIs by 5 PM on March 10th, 2026.
- Full Application submissions will be due by 5 PM on April 14th,

2026.

- Award Announcements by 5 PM on May 8th, 2026

Project Dates:

Start: June 1, 2026 (no later than August 1, 2026)

End: June 1, 2027 (no later than August 1, 2027)

Number of Awards and Amount:

Award funding may be requested up to \$20,000 each. A total of \$100,000 is available for funding to commence in FY2026.

Q&A Sessions:

via Microsoft Teams Need help?

[Join the meeting now](#)

Meeting ID: 215 727 697 163 1

Passcode: pC3Rj3NU

- January 13th, 2026 from 1:30–2 pm
- February 10th, 2026 from 1:30–2 pm

Questions Can Also Be Directed to the MSU/ MCHS Research Council at: [MSU-Mayo Collaborative Website Page](#)

Post-Award Reporting Requirements: *Awardees will submit a brief (1-3 pages) report on the project's outcomes, including a 6-month progress report and a final report upon completion of the project (within 1-year post-award).*

Selection: *Proposals will be reviewed based on the following criteria: collaborative engagement between MCHS and MSU investigators, alignment with institutional priorities, qualifications of the research team, clarity and feasibility of research design, relevance to human health and well-being, and potential for future external funding.*

Before You Begin:

Thank you for your interest in submitting an MSU/ MCHS Seed Grant application! This form is comprehensive and may take 30–

60 minutes to complete, depending on the level of detail you provide. This project will require you to have two principal investigators (one from MCHS and one from MSU)

To ensure a smooth process, we recommend having the following items ready before you begin:

- both principal investigators' and all co-investigators' contact information
- current CV or biosketches for EACH investigator/ co-investigator
- Budget details and justification
- IRB/ Previous IRB# (if applicable)
- any other 3rd party contracts (if applicable)
- and any other relevant supporting documents (i.e. letters of support) (if applicable)

You may save your progress and return later if needed. Taking time to prepare now will help you submit a strong and complete application. We're excited to learn more about your work—thank you for your effort and commitment!

Section 2: Applicants:

Principal Investigator 1 Full Name:

Institution:

- Minnesota State University, Mankato
- Mayo Clinic Health System

Title/ Position:

Department:

Email Address:

Phone Number:

Attach bio sketch or abbreviated CV for Principal Investigator 1:

Principal Investigator 2 Full Name:

Institution:

- Minnesota State University, Mankato
- Mayo Clinic Health System

Title/ Position:

Department:

Email Address:

Phone Number:

Attach bio sketch or abbreviated CVs for Principal Investigator 2:

Do you have any Co-Investigators other than the two Principal Investigators? question text

Yes

No

Co-Investigator 1 Full Name:

Institution:

Minnesota State University, Mankato

Mayo Clinic Health System

Title/ Position:

Department:

Email Address:

Phone Number:

Attach bio sketch or abbreviated CVs for Co-Investigator 1:

Co-Investigator 2 Full Name:

Institution:

- Minnesota State University, Mankato
- Mayo Clinic Health System

Title/ Position:

Department:

Email Address:

Phone Number:

Attach bio sketch or abbreviated CVs for Co-Investigator 2:

Section 3: Project Overview

Project Title: MCHS-MSU-Mankato Collaborative Seed Grant Funding

Start Date: June 1, 2026 (No later than August 1, 2026)

End Date: June 1, 2027 (No later than August 1, 2027)

Primary Institution (Site of Research):

- Minnesota State University, Mankato
- Mayo Clinic Health System

Participating Departments/Programs: (Ex: CAHN, ICU, ED, etc.)

Project Summary: *Briefly describe your project in plain language that can be understood by individuals outside your*

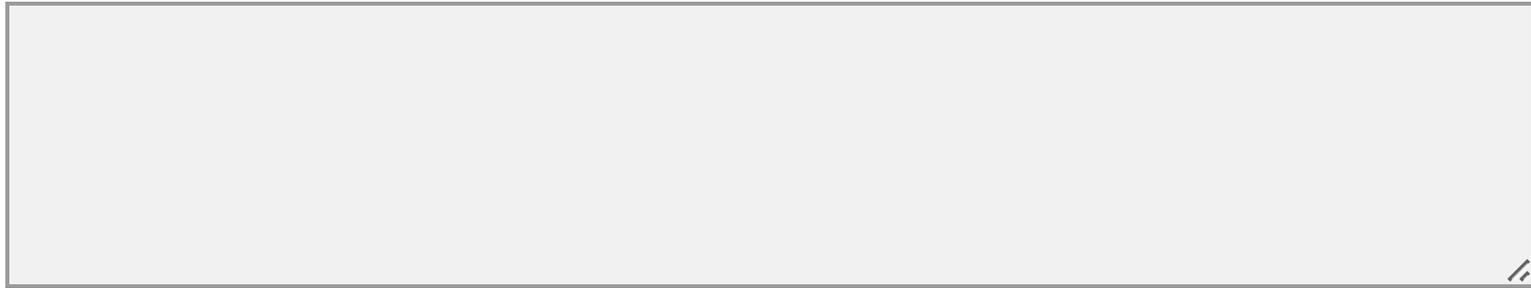
field. (maximum 900 characters)

Please describe the potential for future external funding that could result from this project. Include possible funding sources (e.g., NIH, NSF, foundations, industry sponsors) and any plans or timelines for pursuing these opportunities. (Your response should outline how this seed funding will help position your project for larger-scale funding and sustainability.)

Section 4: Project Description

Project Description: *Background/ Significance/ Knowledge Gap:*
Describe the context for your project, the significance of the

problem being addressed, and the specific knowledge gap your research seeks to address. (maximum 3000 characters)



Project goals, hypotheses, and objectives: *Clearly state the research question, hypothesis, and related goals/objectives for your project. (maximum 2000 characters)*



Design/Methods: *Study design, sample type/participants/sample size/consent process, setting, outcome*

measures, statistical analysis. (maximum 3500 characters)

Expected Outcomes/ Deliverables: *Summarize the anticipated results and key deliverables of the project. This may be presented as a paragraph or a bullet list. Include both short-term outcomes and the potential broader impact (maximum 2000 characters)*

**Alignment with Institutional or Programmatic Priorities
(Select All that Apply):**

Artificial Intelligence

- Behavioral Health
- Cancer Care
- Diversity & Inclusion
- Education, Interprofessional Education, Simulation, & Research
- Excellence & Professionalism
- Food Insecurity
- Health Informatics & Data Science
- Innovation and Technology Integration
- Population Health
- Rural Health

Other

Provide a 12-month timeline of major project activities: *(Paragraph or bullet list)*

Section 5: Investigator Qualifications

Qualification of Investigators and Collaboration/ Team

Building Potential: *Describe the relevant expertise and roles of each investigator, emphasizing how the collaboration strengthens the project*



Section 6: Budget and Justification:

Budget and Justification: *Please outline your anticipated budget by category. All expenses must directly support the execution of the proposed project. *Note: Student support referenced in this document is subject to the policies and guidelines established by the principal investigator's affiliated*

institution.

***The following expenses are not allowable under this seed grant application: principal and co-investigator compensation, capital equipment (individual items > \$5000), travel costs for scientific conferences and meetings, and institutional indirect costs.*

Link to Research and Sponsored Programs (RASP):

<https://research.mnsu.edu/research-and-sponsored-programs/>

Link to MSU Direct Costs: <https://research.mnsu.edu/research-and-sponsored-programs/proposal-development/pre-award/budget/direct-costs/>

Key Personnel Costs: Any key personnel costs for this project? – (Ex: Faculty summer salary, Research assistants, graduate students, postdocs, technical staff, or part-time support specifically for the project)

***The following are NOT allowable under this seed grant*

application: principal and co-investigator compensation

***Student support referenced in this document is subject to the policies and guidelines established by the principal investigators' affiliated institution.*

Yes

No

Describe the Personnel item costs and Justification: (Ex: GA for summer to analyze data)

Describe the Requested Salary Amount (\$):

Describe the Fringe Benefits Amount (\$)

Total Funds Requested for Key Personnel (\$) (Ex: Salary and Wages + Fringe)

Other Key Personnel Costs: Any other key personnel costs for this project? – (Ex: Undergraduate Students, Clerical, Doctoral Associates or part-time support specifically for the project)

**The following are NOT allowable under this seed grant application: principal and co-investigator compensation

**Student support referenced in this document is subject to the

policies and guidelines established by the principal investigators' affiliated institution.

Yes

No

Describe the other key personnel item costs and Justification (Ex: admin to assist with....)

Describe the Requested Salary Amount (\$):

Describe the Fringe Benefits Amount (\$)

Total Funds Requested for Key Personnel (\$) (Ex: Salary and Wages + Fringe)

Supplies/ Materials Costs: *Any supplies or materials costs needed for this project? (Ex: Laboratory supplies, software, or educational materials needed for the project)*

- Yes
- No

Describe the Supplies/ Materials item cost and Justification
(Ex: purchase of consumable supplies/ materials/ software or

other device \$5000), travel costs for scientific conferences and meetings, and institutional indirect costs.

Supplies/ Materials Cost Amount (\$):

Any Small Equipment Needed for the Project? (*under \$5,000*)

Yes

No

Describe the small equipment item cost and Justification

(Ex: purchase of small equipment or other device \$5000), travel

costs for scientific conferences and meetings, and institutional indirect costs.

Small Equipment Requested Amount(\$): (*not to exceed \$5,000*)

Any software/ technology purchase costs needed for this project?

Yes

No

Describe the software/ technology item cost and Justification (\$5000), *travel costs for scientific conferences and meetings, and institutional indirect costs.*

Technology/ Software Requested Amount(\$): *(not to exceed \$5,000)*

Participant Incentives/ Trainee Costs: *Any participant incentives/ trainee costs needed for this project?*

- Yes
- No

Describe the Participant Incentives/ Trainee item cost and Justification (\$5000), travel costs for scientific conferences and meetings, and institutional indirect costs.

Participant Incentives/ Trainee Amount Requested for (\$):

Any Data Collection & Statistical Analysis costs needed for this project?

Yes

No

Describe the Data Collection & Statistical Analysis item cost and Justification (\$5000), *travel costs for scientific conferences and meetings, and institutional indirect costs.*

Data Collection & Statistical Analysis Amount Requested(\$):

Any Equipment or Usage Fees needed for this project?

Yes

No

Describe the Equipment Usage Fees item costs and Justification (Ex: use of simulation space) ****The following are NOT allowable under this seed grant application: capital equipment (individual items >\$5000), travel costs for scientific conferences and meetings, and institutional indirect costs.**

Equipment Usage Fees Amount Requested(\$):

Any Other Direct Costs needed for this project?

- Yes
- No

Describe the Other Direct item costs and Justification (Ex: (name) computer services for....) ****The following are NOT allowable under this seed grant application: capital equipment (individual items >\$5000), travel costs for scientific conferences and meetings, and institutional indirect costs.**

Other Direct Costs Amount Requested for (\$):

What is the TOTAL Direct Costs REQUESTED AMOUNT? (Total from all Above Sections)

****NO INDIRECT COSTS are requested for this project, as this aligns**

with the seed grant's purpose of funding direct project expenses only.

Are there other sources of funding or in-kind support?

- Yes
- No

If yes, please describe:

Section 7: Evaluation Plan

Evaluation Plan: *Describe expected outcomes, how you will measure success, track progress, and evaluate outcomes (maximum of 1500 characters)*

Future Impact/ Innovation: *What innovations will be included and explain how this seed funding will support future research, practice, or external grant opportunities (maximum of 1500 characters):*

Section 8: Approvals and Certification

Approvals and Certification: *Has your department chair or program director approved this proposal?*

Yes

No

Section 9: Ethics and Compliance

Plagiarism: *I hereby acknowledge that any sections within the proposal are not plagiarized. The sources are cited for information taken from other's research, and copied text is identified via quotation marks or indentation, including MSU/MCHS institutional descriptions. Unless the sources are cited, I have obtained written consent from the original author(s) to use the text*

Yes

No

Research with Human Subjects: *(PIs are responsible to submit for review)* Are human subjects involved?

- Yes (If yes, complete IRB protocol and application via IRB system following approval by the Mayo/MNSU Research Coordinating Committee, or list previously approved IRB number (if applicable):

- No

Research Using Animals: *(Principal investigators are responsible to submit for review)* **Are animal subjects involved?**

- If yes, complete IACUC protocol and application following approval by the Mayo/MNSU Research Coordinating Committee, or list previously approved IRB number (if applicable):

- No

Responsible Conduct of Research (*CITI training may be required*) *Project includes compensation or undergraduate, graduate, and/ or post-doc students*

Yes

No

Export Controls: *Does your project involve the transactions with an inherently military use or transfers of items of “dual use” (commercial or military)? This includes military technologies, potential military applications, or restrictions on publication of research that may arise.*

Yes

No

Background Intellectual Property: *Do you have any intellectual property disclosures associated with this project? If yes, please describe further:*

- Yes
- No

If yes, have you been working with at Mayo Clinic Ventures regarding that disclosure?

- Yes
- No

Third Party(ies) Are there third parties/contracts associated with this project?

- Yes
- No

If yes, party(ies) involvement:



If yes, please attach a copy of any third-party agreements here.
[UPLOAD]

Section 10: Optional Uploads

(Optional) Please feel free to upload any additional documents in one upload that may support your application (i.e. letters of support, references, etc)

Section 11: Signature

I certify that the information in this application is accurate and that I will comply with all institutional guidelines related to this funding opportunity and agree to submit a 6-month and a final report at the end of the project.

Yes

No

Principal Investigator Signature:

SIGN HERE

clear