Application for Data Challenge Web Form

Example of Completed web forms (Individual Submission)

DATA CHALLENGE | My Application | Resources   John ▾

Home > Data Challenge Application

OMB#: 0925-0740
Expiration Date: 11/30/2028

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Applicant Information   Participation Details   Challenge Project
                                                          Information

All fields marked with asterisk (*) are required.

Applicant Information

First Name
John

Last Name
Doe

Email
doe_john@example.com

* Institution
Select... ⌄

Don't see your institution? Click here to add an institution

* Citizenship Status ⓘ
Select... ⌄

Authorized Organization Representative (AOR) Information

Provide the name, title, and email of the official from your institution who will act as the Authorized Signatory on the Agreement. The Authorized Signatory (aka Signing Official) is described on NIDDK-CR's Frequently Asked Questions page as follows:

The Authorized Organization Representative (AOR) as defined by NIH is the individual, named by the applicant organization, who is authorized to act for the applicant and to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications or grant awards. The AOR is also referred to as the authorized signatory or Signing Official (SO). Please see the NIH Grants Glossary page for additional details. The authorized person fulfilling this role may have any number of titles in your organization (e.g., a Manager, Officer, Director, Vice President, or Chief of contracts, grants, licensing, research administration, or sponsored programs for the institution). The AOR should not be the same individual as the Principal Investigator. If you are a part of a startup, small business, or citizen scientist, or your PI and AOR are the same person, please contact the NIDDK-CR Support staff for assistance. Note: If registered with eRA Commons (not required), requestors should use the same authorized person (e.g., Grants Management Specialist) as listed in eRA Commons.

* First Name
Enter first name of the AOR

* Last Name
Enter last name of the AOR

* Email
Enter email of the AOR

* Job Title/Position
Enter Job Title/Position of the AOR

[Save]   [Next >]

DATA CHALLENGE

Privacy Policy | Freedom of Information Act | Accessibility | Disclaimers | Copyright | Vulnerability Disclosure Policy
U.S. Department of Health and Human Services | National Institutes of Health

All fields marked with asterisk (*) are required.

Participation Details

* Team Name

Enter a name for your team

Participation Level

* Please select your experience level below. Participants will be asked to complete more complex tasks as the experience level increases.

○ Beginner

○ Intermediate

○ Advanced

Challenge Participation Type

* Please indicate whether you are participating as an Individual or Team.

○ Individual

○ Team

Participating as an Entity

* Please indicate whether you are participating as an entity.

○ Yes

○ No

‹ Previous   Save   Next ›

All fields marked with asterisk (*) are required.

Challenge Project Information

* Project Title

> Enter project title

* Project Description and Design

Describe the hypothesis that will be tested, the research methodology, analysis procedures, and provide justification for the use of the specific data for the data challenge. (1800 char max)

> Enter project description

* Analysis Plan

Provide a brief summary of the team's expertise and experience to perform the analysis proposed, specifics on how the data will be held, managed and processed, and specifics on how data generated will be managed. (1800 char max)

> Enter analysis plan

[< Previous] [Save] [Submit]

Example of Completed web forms (Team Submission):

Applicant Information — Participation Details — Challenge Project Information

All fields marked with asterisk (*) are required.

Applicant Information

* First Name

Diego

* Last Name

Alatriste

* Email

diegoalatriste602@gmail.com

* Institution

Albert Einstein College of Medicine

Don't see your institution? Click here to add an institution

* Citizenship Status

US Citizen

Authorized Organization Representative (AOR) Information

Provide the name, title, and email of the official from your institution who will act as the Authorized Signatory on the Agreement. The Authorized Signatory (aka Signing Official) is described on NIDDK-CR's Frequently Asked Questions page as follows:

The Authorized Organization Representative (AOR) as defined by NIH is the individual, named by the applicant organization, who is authorized to act for the applicant and to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications or grant awards. The AOR is also referred to as the authorized signatory or Signing Official (SO). Please see the NIH Grants Glossary page for additional details. The authorized person fulfilling this role may have any number of titles in your organization (e.g., a Manager, Officer, Director, Vice President, or Chief of contracts, grants, licensing, research administration, or sponsored programs for the institution). The AOR should not be the same individual as the Principal Investigator. If you are a part of a startup, small business, or citizen scientist, or your PI and AOR are the same person, please contact the NIDDK-CR Support staff for assistance. Note: If registered with eRA Commons (not required), requestors should use the same authorized person (e.g., Grants Management Specialist) as listed in eRA Commons.

* First Name

Dan

* Last Name

Arialy

* Email

danarialy@gmail.com

* Job Title/Position

Grants Director

Save   Next >

All fields marked with asterisk (*) are required.

Participation Details

* Team Name

Individual Beginner

Participation Level

* Please select your experience level below. Participants will be asked to complete more complex tasks as the experience level increases.

- ⦿ Beginner
- ○ Intermediate
- ○ Advanced

Challenge Participation Type

* Please indicate whether you are participating as an Individual or Team.

- ⦿ Individual
- ○ Team

Participating as an Entity

* Please indicate whether you are participating as an entity.

- ⦿ Yes
- ○ No

* Name of Entity

Entity one

⟨ Previous   Save   Next ⟩

All fields marked with asterisk (*) are required.

Participation Details

* **Team Name**

First Team of Beginners

Participation Level

* Please select your experience level below. Participants will be asked to complete more complex tasks as the experience level increases.

◉ Beginner
○ Intermediate
○ Advanced

Challenge Participation Type

* Please indicate whether you are participating as an Individual or Team.

○ Individual
◉ Team

Team Members of the Same Institution

* Are there any team members who will have access to the data and is from the same institution as the Applicant?

◉ Yes
○ No

* First Name	* Last Name
John	Smith

* Email	* Role in Team
john.smith@mail.edu	role one

+ Add Another

Team Members of a Different Institution

* Are there any team members who will have access to the data and is from a __different institution__ than the Applicant?

◉ Yes
○ No

* First Name	* Last Name
Jane	Doe

* Email	* Role in Team
jane.doe@mail.edu	role two

* **Institution**

Alere (United Kingdom)   ⌄

Don't see your institution? Click here to add an institution

* AOR First Name	* AOR Last Name
Jack	Jones

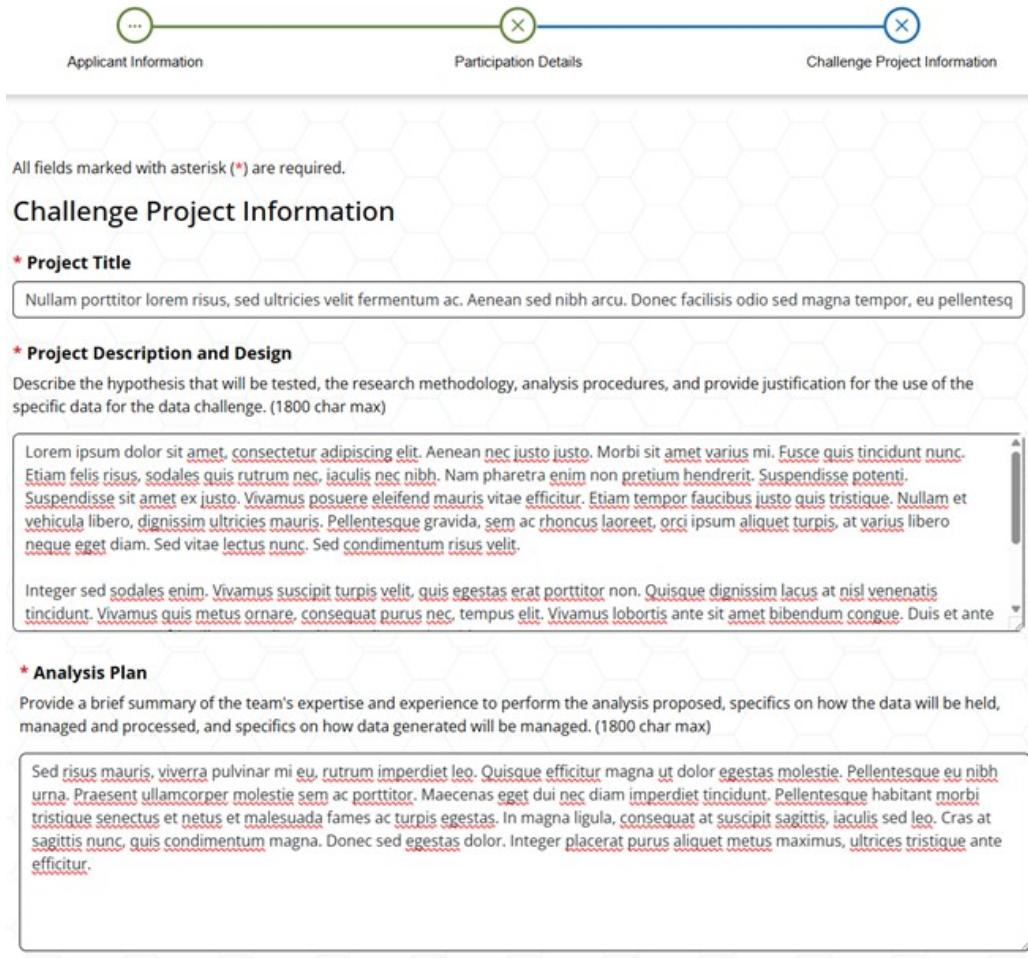| * AOR Email	* AOR Job Title/Position
jack.jones@mail.edu	Director

+ Add Another

Participating as an Entity

* Please indicate whether you are participating as an entity.

◉ Yes
○ No

* **Name of Entity**

Some Entity Name

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All fields marked with asterisk (*) are required.

Challenge Project Information

* Project Title

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* Project Description and Design

Describe the hypothesis that will be tested, the research methodology, analysis procedures, and provide justification for the use of the specific data for the data challenge. (1800 char max)

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* Analysis Plan

Provide a brief summary of the team's expertise and experience to perform the analysis proposed, specifics on how the data will be held, managed and processed, and specifics on how data generated will be managed. (1800 char max)

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