

## I. HHDC EQUIPMENT GRANT OVERVIEW

Provides funding for critically needed research equipment that will promote diabetes research. Funding priority will be given to research equipment that permits OUHSC investigators to be more competitive for external funding and provides support to multiple users.

### **Funding Priorities**

Applications should be closely aligned with the mission of the HHDC to increase understanding about the causes and consequences of diabetes and closely related cardiometabolic conditions like obesity, liver disease, and cancer (HHDC-SCC proposals), as well as strategies for prevention or treatment of these conditions. We encourage new collaborative projects among basic scientists, clinicians, and clinical scientists. Proposals may include basic science approaches, pre-clinical models, clinical studies that enroll new participants, or analyses of existing samples and data. The goal of all HHDC funding projects should be to support the development of successful extramural grants from the NIH (e.g. NIDDK grants will be given priority), American Diabetes Association, Breakthrough T1D, etc.

Proposals that address one or more of the following themes are HHDC funding priorities:

**Theme 1: Diabetes and Obesity, origins within the first 1000 days of life or changes across the lifespan.** These are proposals that aim to gain basic science and clinical knowledge on the inter-relationship of obesity and diabetes during fetal development and early life, or across the lifespan. For example, we are interested in studies of the genetic, epigenetic, and environmental basis of susceptibility to developing insulin resistance, metabolic dysregulation, inflammation, macrovascular and microvascular diabetic complications, obesity, and diabetes. This includes studies of type 1, type 2, and gestational diabetes, and pre-diabetes.

**Theme 2: Complications from diabetes and related metabolic disease.** Proposals in this area examine how diabetes, obesity, or complications thereof result in increased morbidity and mortality. Translational research focused on basic mechanisms of disease in pre-clinical models of obesity/diabetes are acceptable.

**Theme 3: Clinical Research/Public Health.** We seek proposals to investigate new treatments, interventions, and technology for diabetes management, along with strategies to raise awareness, promote prevention, or improve diabetes care. Proposals that address health disparities related to diabetes, and early-stage clinical investigators are particularly encouraged.

**Theme 4: Diabetes/Obesity and Cancer.** Proposals in this area examine how diabetes or obesity affect the risk or treatment of cancer. Proposals may include basic and/or clinical models. Team science and novel pilot projects in this area are jointly supported by HHDC and Stephenson Cancer Center.

## EQUIPMENT REQUEST FOR APPLICATIONS

### II. SUPPORT

Up to \$250,000 (with appropriate matching department or philanthropic funds). Applicants are required to secure matching funds equal to 25% or more of the total equipment cost from their department or another source. Note: Investigators requesting funds beyond \$250,000 may apply with permission of the Director of the HHDC and appropriate matching funds.

### III. ELIGIBILITY

All HHDC Pilot Program applicant Principal Investigators (PIs) must be affiliated with a higher education or research institution located within the state of Oklahoma. The PI must be an active HHDC Member or Associate Member when the Letter of Intent is submitted. If funded, all PI/MPIs must apply for HHDC membership within 60 days of the notice of grant award. The Co-Investigators (Co-Is) do not have to be members at the time of application but if successful are encouraged to become Members or Associate Members of the HHDC during the tenure of the grant.

Priority will be given to applicants who fall into one of the following categories, in order of priority:

1. New investigator without current or past major independent research support (e.g., NIH R01, P01 or equivalent). K awardees are encouraged to apply. Applications from new investigators (within 5 years of first full academic appointment and never having received independent federal funds) are given special consideration during peer review and at the time of funding. Eligible applicants must have a faculty appointment or equivalent with a modified title such as Research Assistant Professor.

2. Established, funded investigator with no previous work in diabetes or related areas who will apply their expertise to diabetes or diabetes-related problem.

3. Established investigators in diabetes or related areas who will test the feasibility of a new or innovative idea that represents a significant departure from their funded research. Emphasis will be given to projects that initiate a new collaboration with one or more investigators active in diabetes or related research or establish a new approach or analysis that will increase the likelihood of future external funding.

#### **HHDC Equipment Eligibility Criteria**

Before accessing the application, the PI must confirm agreement with the following eligibility criteria:

- ☐ I am affiliated with a higher education or research institution located within the state of Oklahoma.
- ☐ At least one PI on this proposal — either the Contact PI/Team Lead or the MPI — is a current Member or Associate Member of the Harold Hamm Diabetes Center (HHDC).

#### IV. APPLICATION PROCEDURES

##### A. Letter of Intent (LOI)

The purpose of the LOI is to provide an initial description of your proposed project so that the HHDC Grants Review Committee can determine: if the proposed project fits within the HHDC research mission; the novelty, significance, and feasibility of the proposed project; if appropriate collaborators have been identified; and the likelihood of the findings to support future external grant applications once successfully completed.

The required elements for Year 1 Letter of Intent include:

1. Face Page with investigators names and contact information.
2. Project Title. (200-character limit.)
3. Personal Statement that briefly describes why the Contact PI/Team Lead and/or study team are well-suited for their roles in this project and the reason for the application. (No more than 250 words.)
4. Project Summary. (Layman's terms. No more than 500 words.)
5. Project Narrative (1 page max). Describe how the equipment will allow OU Health Campus investigators to be more competitive for external funding. Identify other major users of the equipment and describe how they will benefit from the equipment.
6. Budget Overview (Provide the total project budget, the amount of HHDC funding requested, and details of matching funds, including the source(s).)
7. NIH format Biosketch(es). Include biosketches for the Contact PI/Team Lead, MPI(s), and all senior Co-Investigators. 5 pages max per Biosketch.

##### B. Full Application - *By Invitation Only*

A complete Year 1 full application consists of the following:

1. Face Page with investigator names and contact information.
2. Project Title. (200-character limit)
3. Detailed Budget. (Follow SF-424 format. Direct costs only)
4. Budget Justification. Provide a budget and detailed justification. Include evidence of the equipment cost and costs of installation and/or operation (list price or official price quotation) in the Appendix.
5. NIH format Biosketch(es). Include biosketches for the Contact PI/Team Lead, MPI(s), and all senior Co-Investigators. 5 pages max per Biosketch.
6. Resources and Environment (use current NIH format).
7. Narrative (5-page limit), to include:
  - a. Equipment List: Identify each piece of equipment by manufacturer and model number.
  - b. Significance: Describe how your research program(s) will benefit from the equipment requested. Describe how the equipment will allow OUHSC investigators to be more competitive for external funding. Include a timeline for ordering, installation, deliverable results, and future plans.
  - c. Users: Identify other major users of the equipment and describe how they will benefit from the equipment. Include letters of support from major users in the Appendix.

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- d. Location of equipment.
- e. Other Sources of Funds. Identify and document the source(s) of funds for:
  - i. Matching funds - 25% of the total cost of equipment should be secured from the applicant's department or another source.
  - ii. Equipment costs - Installation costs, maintenance contracts (include all years going forward), operating personnel, and operational supplies.
- 8. Literature cited.
- 9. Appendix Items
  - A. **REQUIRED:** Include evidence of the equipment cost and costs of installation and/or operation (list price or official price quotation).
  - B. **REQUIRED:** Letters of Support from major users of equipment.
  - C. A letter from the Department Chairperson and approval from the Vice President for Research (Required only if a PI has a Temporary Faculty Appointment).
- 10. Required Signatures: Signature of Contact PI/Team Lead and ORA Official (or equivalent) are required prior to submission.

## V. BUDGETARY GUIDELINES

### Allowable Costs

- A. The maximum allowable budget for this program is \$250,000. Applicants are required to secure matching funds equal to 25% of the total equipment cost from their department or another source.

### Program restrictions

- A. Funds may not be requested for the following:
  - 1. Installation costs, alterations of laboratory space, maintenance contracts, operating personnel, or operational supplies.
  - 2. Retroactive funding of a piece of equipment.
  - 3. Faculty salaries and fringe benefits.
  - 4. Clerical support, including office supplies, except those carefully justified as specifically required for research purposes.
  - 5. Office equipment or furniture, laboratory furniture, or therapeutic equipment.
  - 6. Alterations and renovations.
  - 7. Hospital per diem charges.
  - 8. Purchase of books, periodicals, or library services.
  - 9. Foreign travel (any travel outside of Canada and the United States and its territories and possessions).
  - 10. Indirect costs.

## VI. ADMINISTRATIVE REQUIREMENTS

- A. Any unspent funds must be returned upon termination of the grant; carryover of funds is not permitted.

**EQUIPMENT  
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- B. HHDC may allow a no-cost extension if circumstances warrant it. All requests for a no-cost extension must be submitted to the Office of Research Administration **AT LEAST 40 CALENDAR DAYS PRIOR** to the end date of the grant. Exceptions will not be entertained unless there are extenuating circumstances and approval has been obtained from the Director of the HHDC. The submission to ORA must include the HHDC Contract and Budget Modification Request Form, and a final version signed by both ORA and the Contact PI/Team Lead must be provided before submission to HHDC.
- C. Re-budget requests must be submitted on the HHDC Contract and Budget Modification Request Form to the Office of the Research Administration and approved by HHDC. Any significant change in the budget (e.g., deviation of expenditures in a single category, increase or decrease by 25% or more of the total amount awarded) will require approval from the HHDC.
- D. Formatting Requirements: Font and margin specifications must be followed for the LOI and Full Application. The approved font options include two serif fonts (Palatino and Georgia) and two sans serif fonts (Arial and Helvetica). Font must be 11 points or larger. Use at least one-half inch margins (top, bottom, left, and right). Any figures or tables should use fonts and images that are large enough to read at normal print size without magnification.
- E. Approvals by Authorized Official: In accordance with OU Health Campus policy, all OU Health Campus full application applicants must submit a SoonerTrack routing form **at least three to five full business days prior to the full grant application deadline**. Applicants are expected to work with their assigned Sponsored Program Administrator (SPA) for review of the application, and to confirm the deadline for routing. Once the review is complete, the Full Application must be signed by the ORA Official before submission to HHDC. **\*Please note** this requirement only applies to Full Application submissions and does not apply to the Letter of Intent.
- F. Applicants who are selected for funding are responsible for getting the approval of the Institutional Review Board, Institutional Animal Care and Use Committee, Radiation Safety Committee and Institutional Biosafety Committee, where applicable. Applicants do not need to submit this information unless it is requested by HHDC. All protocols must be approved by the relevant review committees before funds are awarded.
- G. Letter of Intent Submission Instructions: Submit the final Letter of Intent as a single PDF to [HHDCGrants@ouhsc.edu](mailto:HHDCGrants@ouhsc.edu) no later than **5:00 PM on Wednesday, January 14, 2026**. Complete the Letter of Intent form provided below and submit it as a single PDF. To extract the form, go to Menu → Print, select “Print to PDF”, and save pages 8–10.  
Name the PDF application as follows: [Contact PI Last Name\_First Name\_Equipment].  
To request a WORD version of the Letter of Intent form, e-mail [HHDCGrants@ouhsc.edu](mailto:HHDCGrants@ouhsc.edu).  
Failure to follow these instructions may result in your application being overlooked and not reviewed by the HHDC Grants Review Committee.

## EQUIPMENT REQUEST FOR APPLICATIONS

- H. Full Application Submission Instructions: Applicants invited to submit Full Application proposals will receive instructions at the time of invitation on how to submit their Full Application. If invited, Year 1 Full Applications are due to HHDC no later than **5 PM on Wednesday, March 11, 2026**.

Please note all Full Applications require approval by an authorized official (refer to E.) If you have questions regarding the Full Application submission process, please contact [HHDCGrants@ouhsc.edu](mailto:HHDCGrants@ouhsc.edu).

## VII. REVIEW CRITERIA

Reviewers will evaluate the application for scientific merit according to the following criteria:

1. Degree of critical need for the equipment.
2. General significance of the work for which the equipment will be used.
3. Degree to which the equipment will contribute to the research environment of other OUHSC investigators, in addition to that of the principal investigator.
4. Documented support for additional costs including installation costs, maintenance contracts (includes all years going forward), operating personnel, and operational supplies.

Scoring for scientific merit will use NIH Study Section Guidelines. Scientific Priority scores range from 1.0 (highest priority) to 9.0 (lowest priority). Applicants will receive an NIH-style summary that includes strengths and weaknesses after the review is completed.

## VIII. POST AWARD CONDITIONS

- A. Grant administration: Questions about grant administration (e.g., budget modifications, changes in project personnel, extensions) should be addressed to the Sponsored Program Administrator assigned to the Contact PI/Team Lead (find your SPA: <https://research.ouhsc.edu/Research-Administration/About-ORA/SPA>).
- B. Progress Reports:
1. A Final Progress Report is due to HHDC within **30 days of project termination**. It is the responsibility of the Contact PI/Team Lead to submit the Final Progress Report. The report shall include a summary of research results; concise summary of significant discoveries, outcomes and progress in layman's terms; funding that has been secured with the help of HHDC dollars; manuscripts published, submitted, or in preparation; presentations at professional meetings; and any technology development and patents derived from HHDC funds.
  2. Upon request by HHDC, the PI will be asked to provide periodic updates about funding that has been secured with the help of HHDC dollars; manuscripts published, submitted, or in preparation; presentations at professional meetings; and any technology development and patents derived from HHDC funds.
- C. Awardees are required to attend the HHDC Diabetes Research Symposium, held each November at the OU Health Campus.

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- D. Acknowledgment of Funding – Recipients must cite this funding mechanism in any future scientific products, including publications, presentations, press releases, or other outputs, resulting from the supported work. The specific acknowledgement of the HHDC grant support to be used is, “Funded by a Harold Hamm Diabetes Center (grant type) Grant supported by the Harold Hamm Foundation”.
- E. If awarded, any Contact PI/Team Lead or MPI without current HHDC membership must apply for Full or Associate membership within 60 days of the Year 1 grant start date. Co-Investigators are not required to apply, but their membership is encouraged.

**FAILURE TO COMPLY WITH AWARD CONDITIONS WILL RENDER INVESTIGATORS INELIGIBLE TO APPLY FOR FUTURE HHDC FUNDING.**

Questions:

For questions, please contact [HHDCGrants@ouhsc.edu](mailto:HHDCGrants@ouhsc.edu)

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER  
HAROLD HAMM DIABETES CENTER

**HHDC Equipment - Year 1**

**SECTION 1: FACE PAGE**

**Contact PI/ Team Lead:**

Contact PI

Title/Appointment:

Primary Institution/

College/ Department:

Campus Address:

Phone:

Email:

**Additional Investigator**

**\*Investigator Name:**

Investigator's Role:

☐ MPI

☐ Co-Investigator (Co-I)

Title/ Appointment:

Primary Institution/

College/ Department:

Campus Address:

Phone:

Email:

**Repeat the above for each additional \*Investigator. Be sure to indicate investigators role as either a MPI or a Co-Investigator.**

**Contact PI/Team Lead  
Grants/Business Admin  
Contact:**

Phone:

Email:



SECTION 2: PROJECT TITLE (200-character limit.)

SECTION 3: PERSONAL STATEMENT (Briefly describe why the Contact PI/Team Lead and study team are well-suited for their roles in this project and the reason for the application. No more than 250 words.)

SECTION 4: PROJECT SUMMARY (Layman's terms, no more than 500 words.)

SECTION 5: PROJECT NARRATIVE (1 page max). (Describe how the equipment will allow OUHSC investigators to be more competitive for external funding. Identify other major users of the equipment and describe how they will benefit from the equipment.)

SECTION 6: BUDGET OVERVIEW (Briefly describe costs associated with equipment being requested. Include the total project budget, the amount of HHDC funding requested, and details of matching funds, including the source(s).)

SECTION 7: KEY PERSONNEL BIOSKETCHES (Include biosketches for the Contact PI/Team Lead, MPI(s), and all senior Co-Investigators. 5 pages max per Biosketch. Upload a single PDF file of all biosketches.)

The following example template applies to full application proposals only. If your letter of intent is approved, you will be invited to complete the full application.

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UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER  
HAROLD HAMM DIABETES CENTER

**HHDC Equipment Full Application – Year 1**

SECTION 1: FACE PAGE

**Contact PI/ Team Lead:**

PI Title/Appointments:

Institution/ College/  
Department:

Campus Address:

Phone:

Email:

**Provide the following for each additional MPI and Co-Investigator on the project:**

Investigator Name:

Investigator's Role:

☐ MPI

☐ Co-Investigator (Co-I)

Title/ Appointments:

Institution/ College/  
Department:

Campus Address:

Phone:

Email:

**Repeat the above section for each investigator.**

**Contact PI**

**Administrative Contact:**

Phone:

Email:

SECTION 2: PROJECT TITLE (200-character limit.)SECTION 3: DETAILED BUDGET (The direct costs Follow SF-424 budget format. Indirect costs are not allowed.)SECTION 4: BUDGET JUSTIFICATION (Provide a detailed justification. Note: Include evidence of the equipment cost and costs of installation and/or operation (list price or official price quotation) in the Appendix.SECTION 5: KEY PERSONNEL BIOSKETCHES (Include biosketches for the Contact PI/Team Lead, MPI(s), and all senior Co-Investigators. 5 pages max per Biosketch. Upload a single PDF file of all biosketches.)SECTION 6: RESOURCES AND ENVIRONMENT (Use NIH format.)SECTION 7: NARRATIVE (5 Pages max)

Include:

- a. Equipment List: Identify each piece of equipment by manufacturer and model number.
- b. Significance: Describe how your research program(s) will benefit from the equipment requested. Describe how the equipment will allow OUHSC investigators to be more competitive for external funding. Include a timeline for ordering, installation, deliverable results, and future plans.
- c. Users: Identify other major users of the equipment and describe how they will benefit from the equipment. Include letters of support from major users in the Appendix.
- d. Location of equipment.
- e. Other Sources of Funds. Identify and document the source(s) of funds for:
  - i. Matching fund - 25% of the total cost of equipment should be secured from the applicant's department or another source.
  - ii. Equipment Costs - Installation costs, maintenance contracts (include all years going forward), operating personnel, and operational supplies

SECTION 8: LITERATURE CITEDSECTION 13: ADDITIONAL APPENDIX ITEMS:

- A. **REQUIRED:** Include evidence of the equipment cost and costs of installation and/or operation (list price or official price quotation).
- B. **REQUIRED:** Letters of Support from major users of equipment.
- C. Required only if a PI has a Temporary Faculty Appointment. A letter from the Department Chairperson and approval from the Vice President for Research.

SECTION 14: FULL APPLICATION – REQUIRED SIGNATURES (Signature of Contact PI/Team Lead and ORA Official (or equivalent) are required prior to submission)

\_\_\_\_\_  
Signature of Contact PI/Team Lead Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ORA Official

\_\_\_\_\_  
Date