



Veterans Medical Research Foundation Application Checklist

PI Name:		Degree:	Mail Code:	Phone #	VMRF Project #
Admin Contact Name:		Mail Code:	Phone #	Service:	
Proposal Title:					
Type of Project:		Type of Proposal:		Type of Activity:	
<input type="checkbox"/> Federal Grant <input type="checkbox"/> Recharge <input type="checkbox"/> Other Grant <input type="checkbox"/> Donation <input type="checkbox"/> Contract <input type="checkbox"/> Pilot Study/Other <input type="checkbox"/> Subcontract (Inst/PI: /) <input type="checkbox"/> Fellowship (Mentor:)		<input type="checkbox"/> New <input type="checkbox"/> Revision /Resubmission (circle one), Previous Prop #: <input type="checkbox"/> Competing Renewal, Current Fund #: <input type="checkbox"/> Non-Competing Continuation, Current Fund # <input type="checkbox"/> Competing Supplement <input type="checkbox"/> Change of Grantee Institution <input type="checkbox"/> Change of Principal Investigator		<input type="checkbox"/> Clinical Research <input type="checkbox"/> Non-clinical (Basic) Lab Research <input type="checkbox"/> Health Services/ Epidemiology Research <input type="checkbox"/> Education <input type="checkbox"/> Unrestricted Gifts/Other	
Proposal Information:			Agency Information:		
Current Award/ # (if applicable) _____			Agency Name _____		
FOA/RFA # (if applicable) _____			Sub Prime _____		
Project Start Date (mm/dd/yyyy) _____			Agency Due Date: _____		
Project End Date (mm/dd/yyyy) _____			Submission <input type="checkbox"/> Receipt <input type="checkbox"/>		
Direct Costs \$ _____			Notes: _____		
Indirect Costs \$ _____			_____		
IDC Rate: _____ %			_____		
Total Costs Requested \$ _____			_____		

Clinical Services Information

- If you require VASDHS services outside of Standard of Care during the performance of this proposed project, please check this box.
- If the performance of this proposed project will require the use of VASDHS services for subjects who are not eligible for VA benefits, please check this box.

Confirmation of Review by Office of Research Agreements Management (ORAM) : _____
 (Signature of ORAM Representative) _____ Date

Research Services: _____ ← Please indicate **all VASDHS/VMRF/UCSD Space** (building & room #s) where project will be conducted.

YES	NO										
<input type="checkbox"/>	<input type="checkbox"/>	Will more than 50% of the project occur in UCSD space?									
<input type="checkbox"/>	<input type="checkbox"/>	Will space outside of VASDHS/VMRF/UCSD be used? If Yes, indicate address with room numbers/space arrangements: _____									
<input type="checkbox"/>	<input type="checkbox"/>	Will additional space be needed for staff and/or labs? If Yes, specify needs: _____									
<input type="checkbox"/>	<input type="checkbox"/>	Will there be construction or alteration of facilities? If Yes, attach a space layout and list items for construction/alteration.									
<input type="checkbox"/>	<input type="checkbox"/>	Will animals be used? If Yes, complete the following and provide a copy of the approval notice:									
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Protocol #</th> <th style="width:33%;">Species</th> <th style="width:34%;">Approval Date (Check Box if Pending)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Protocol #	Species	Approval Date (Check Box if Pending)			<input type="checkbox"/>			<input type="checkbox"/>
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		<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>	Will human subjects be used? If Yes, complete the following and provide a copy of the approval notice:									
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Protocol #</th> <th style="width:33%;">Notes</th> <th style="width:34%;">Approval Date (Check Box if Pending)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Protocol #	Notes	Approval Date (Check Box if Pending)			<input type="checkbox"/>			<input type="checkbox"/>
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		<input type="checkbox"/>									
		<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>	Will Radioisotopes be used? If Yes, PI is responsible to see Radiation Safety for current VASDHS approval and submit application.									
<input type="checkbox"/>	<input type="checkbox"/>	Does this application involve any recombinant DNA technology or research? ← If Yes to either of these questions, PI must obtain approval of VASDHS Biosafety Subcommittee Prior to starting work									
<input type="checkbox"/>	<input type="checkbox"/>	Does this Application involve biological hazards (e.g. material cell lines of human/primate origin, infectious agent, etc.)? ← Subcommittee Prior to starting work									
<input type="checkbox"/>	<input type="checkbox"/>	Are Conflict of Interest (COI) forms for all Key Personnel included? Verified by Grant Administrator: _____									

If this proposal is prepared using the Grants.gov SF424 R&R electronic submission process, please submit a PI Signature Certification form which replaces the PI signature on the paper application face page.

_____ Principal Investigator	Date	_____ VASDHS Service Chief	Date	_____ UCSD Department Chair	Date
_____ Sarmiento, Bundy VASDHS Safety Office	Date	_____ Gothrow, Jamie VASDHS Animal Facility	Date	_____ Nare, Kerry UCSD SOM Dean's Office	Date