EMORY MEDICAL CARE FOUNDATION

# RESEARCH PROPOSAL COVER SHEET AND APPROVAL FORM

[Updated Oct 2013]

Proposal Deadlines

**Proposal Received:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Log #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

February 1st

June 1st

October 1st

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Principal Investigator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Proposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evidence of >50% time at Grady: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposal Contents Checklist:

**Cover Letter** from Investigator’s Department Chair/Vice Chair or Institute Director (i.e., Winship Cancer)

**Letter of Support** from Mentor, and Division Chief of Service

**Project Outline** (not to exceed ten (10) pages), including an Abstract, Specific Aims and Hypotheses, Background Review (3 pgs max), Methodology, Significance and Innovation, Future Plans, Human Subjects, and Concise Bibliography

**List of Current Research Support and Pending Applications** of Principal and Co-Principal Investigators

Indicating Percent Effort

**Scientific Review Sheets** (if available) from NIH or Other Grant Agencies directly related to the proposal

**Detailed Budget** with justification and list of all personnel involved in the project indicating their role and percent effort on the project

**Curriculum Vitae** (three (3) pages) of Principal Investigator, Co-Principal Investigators, and Mentors

**Grady Research Oversight Committee Approval** (required after approved by the EMCF Board of Directors)

**Institutional Review Board Approval** (required after approved by the EMCF Board of Directors)

**Letter(s) of Agreement** for Use of Laboratory/Equipment/Facilities under the Purview of Others

Investigator Comment Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMCF Research Committee Review:

Reviewer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMCF Research Committee met on \_\_\_\_\_\_\_\_\_\_\_\_\_\_/201\_\_, and took action on this proposal.

Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_ EMCF Research Committee Coordinator Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_