EMORY MEDICAL CARE FOUNDATION
RESEARCH PROPOSAL COVER SHEET AND APPROVAL FORM
[Updated March 2012]

Proposal Deadlines
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 or Institute Director
☐ Letter of Support from Mentor
☐ 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: ________________________
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