# EMORY MEDICAL CARE FOUNDATION
## RESEARCH PROPOSAL COVER SHEET AND APPROVAL FORM
[Updated January 2017]

<u>Proposal Deadlines</u>
February 1st
June 1st
October 1st

**Proposal Received:**

_____

**Log #:**
_____

Principal Investigator: _____

Department: _____

Co-Principal Investigator(s): _____

Title of Proposal: _____

Campus Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Evidence of >50% time at Grady: _____

<u>Proposal Contents Checklist:</u>
   **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, Mentoring Plan (for junior faculty), Human Subjects, and Bibliography (the bibliography is not included in the 10 pages)
   **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
   **NIH Biosketch (Current Form)** for 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: _____