

GAP # _____ Reviewer: _____

Grant Application Document Tracking Form

How did you hear about this opportunity: Research Administration The RUN Other: _____
 please specify

Please submit a completed & signed copy at least 4 weeks before grant deadline via e-mail to PeerReview@unityhealth.to

Are you submitting a Letter of Intent/Registration or Full Grant Application? Date Submitted: _____
 SMH Contact (questions & pick up: **Name:** _____ **Ext:** _____

INVESTIGATOR INFORMATION

SMH Investigator: _____ Dept: _____ Division: _____
 Principal: Co-Investigator: Junior Investigator (<6yr faculty Appt.): Senior Investigator:
 List of other Investigators: _____

GRANT APPLICATION INFORMATION

Study Title: _____
 Full Name of Funding Agency: _____
 Funding Purpose: Operating Clinical Trials Career Award Infrastructure Other
 Name of Competition: _____
 Application Deadline: _____ If awarded, Month & Date when funds will be received: _____
 Type of Application: New Renewal Resubmission: Yes No If yes, list agencies: _____
 Total amount Requested: _____ Years Requested: _____
 Is Administering Institution: SMH Other, please specify: _____
 Research Area: Dry Bench Clinical Other Basic, if basic has Research Core Facility cost been included Yes
 Will you receive equipment through this grant: Yes No If yes, do you have approvals and space: Yes No Pending
 Matching funds required: Yes No, If Yes, approval received: Yes No Pending Source & Amount: _____

INTERNAL PEER REVIEW PROCESS (IPRP)- FOR ALL PEER REVIEWED GRANTING AGENCIES & OPERATING GRANTS OF NON PEER REVIEWED AGENCIES

Undergoing IPRP: Yes Exempt

Name of reviewers, including email address if not at SMH: 1. _____
 2. _____
 (3rd Optional) 3. _____

If exempt, reason:

Name of organization(option 2) _____

CONFLICT OF INTEREST

Conflict of Interest: Does the SMH Investigator or anyone on the Research Team or their family members have a financial or equity interest in the funding agency or any organization that could benefit from the research outcomes (e.g. employment, consulting, endorsement of products to be studied, member of senior management etc.)? No Yes if yes, please describe: _____

SIGNATURES

(If human subjects and/or clinical resources are involved, both signatures are required from PI and Division Chief):

Principal Investigator Signature: _____ Date: _____

Clinical Division Chief Signature: _____ Date: _____

Application Approved by: _____ Date: _____

Grant Application picked up by Signature: _____ Date: _____