



Intent to Apply For Funding

Please Complete the form below with information about your upcoming grant application.

When you click submit, the form will be emailed to Suzanne Araujo and Amy Michaluk who will contact you regarding the grant submission process.

Principal Investigator

Full Name Required

Email Required

eRA Commons ID If Federal

Will the Principal Investigator be unavailable (on vacation or otherwise out of the office for an extended period) anytime in the 3 weeks prior to the submission?

Funding Opportunity

Please provide information about the funding opportunity to which you plan to apply.

Sponsor

Due Date

Funding Opportunity

Funding Mechanism

Grant (RIH is the prime site and/or submitting institution)

Website

Subaward (RIH is a participating site on another institution's application.)

Proposal Information

Proposal Title Required (Limit 200 Chars)

Please note that we will begin requesting information from participating investigators and institutions 4-6 weeks prior to submission. If your title changes, you must let us know immediately. Also, the title of your grant application should be used when submitting the project to the IRB.

Short Title Limit 20 Chars

Project Dates

TO

If you plan to use a nickname or acronym for the project, please use that for the short title. The short title is how we will refer to the study internally.

Personnel @ RIH / UEMF

Please list key personnel and staff - including TBD and/or Research Assistant positions - who are employed by Rhode Island Hospital or UEMF. This information will be used to create a draft budget with accurate salary levels.

Name	Role on Project	Effort %
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Special Considerations

Please indicate if your project will involve any special considerations.

Human Subjects

Vertebrate Animals

Select Agents

Stem Cells

Consultants & Service Providers

Please list all consultants and service providers, their preferred email addresses, and their estimated annual fees. Please note that we must request biosketches and letters of support from all consultants. Letters should describe the consultant's role on the project, list the hourly rate charged and the anticipated number of hours in each year, and list the estimated annual fee in each year.

Consultant / Company Name	Email Address	Annual Fee
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Subaward Institutions

Please list all other participating institutions - including Brown University and The Miriam Hospital - as well as the primary investigator and administrative contact at each site.

Subaward Institution #1

Institution Limit 100 Characters

Primary Investigator Name

Primary Investigator Email

Grants Admin. Name

Grants Admin. Email



Comments

Anything else we should know?

Comments Limit 500 Chars