College of Nursing External Research Proposal Intake Form

Please <u>complete the following form*</u> and e-mail the NNRC Administrator, renee.hill@unmc.edu, with a copy to the Grants/Office Associate, Leah Niebaum, nnrc@unmc.edu. NNRC's Administrator will notify SPA of your upcoming proposal submission, and will confirm the support services we are able to provide.

<u>Pre-Approval</u>: Include a copy of your Assistant Dean's/Dean's approval to submit this proposal. assistant-associate-dean-approval-form 12-23.pdf (unmc.edu)

New to UNMC New to peer-reviewed research submissions Submitting 1 st independent investigator proposal Submitting a mentored career development award proposal New to preparing research proposals (or it has been quite a while) New to preparing research proposals (or it has been quite a while) New castablished/senior investigator Proposal Title: Contact e-mail:	<u>stigator l</u> ess assis	<u>Profile</u> : Please check all that apply; this information helps NNRC prioritize and tance needed. *At a minimum, complete p.1, and complete remainder at 1st meeting
Status of Proposed Submission: New	New to UN	MC
Status of Proposed Submission: New	lew to pe	er-reviewed research submissions
Status of Proposed Submission: New	Submitting Submittin	g 1st independent investigator proposal a a mentored career development award proposal
Status of Proposed Submission: New	lew to pro	paring research proposals (or it has been quite a while)
Proposal Title: Contact e-mail: Status of Proposed Submission: New **Resubmission Renewal Pre-App/LOI ***For NIH Resubmissions, you must provide original Grant ID found on eRA commons: If NIH: You may need a Data Management and Sharing Plan: Writing Your Plan (DMPTool) SPA University of Nebraska Medical Center (unmc.edu) Provide Request for Application (RFA) or Paren Announcement (PA) #: Provide the link to the RFA/PA/Notice of Special Interest: Provide the Study Section (optional): Provide the list of individuals that should not review application (optional): Provide list of individuals who will provide biosketches: Clinical Trial? https://grants.nih.gov/policy/clinical-trials/definition.htm Yes No	≀umor tac Fstablish <i>e</i>	uity d/senior investigator
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Role of Investigator:	
□ PI □ Multi-PI □ Co-I □ Collaborator □ Subaward/Site PI □ Other	
☐ Check here if salary support is being budgeted. Cal mo./% Cos	t share? Yes □ No □ %
Sponsor (or Prime) Submission Deadline:	
Project # of Years:	
1 Toject # of Tears.	
Start/End Dates of Project:	
Start/End Dates of Project.	
Pudget Type:	
Budget Type: ☐ Modular ☐ Detailed	
Subcontracts/Consultants:	
Subcontracts/Consultants:	
Subcontract In (UNMC is the Subawardee): ☐ Yes ☐ No	
Principal Investigator:	
Administrative Contact info: Amount/budget cap, if known: \$	
Amouni/budget cap, ii known. \$	
Subcontract(s) Out (UNMC is the Prime): ☐ Yes ☐ No	
Site Investigator:	
Institution Name and Address:	
Administrative Contact info:	
Amount/budget cap, if known: \$	
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Subcontract Out (UNMC is the Prime):	
Site Investigator:	
Institution Name and Address:	
Administrative Contact info:	
Amount/budget cap, if known: \$	
Out a sudure of Out (UNIMO to the Prince).	
Subcontract Out (UNMC is the Prime): Site Investigator:	
Site Investigator: Institution Name and Address:	
Administrative Contact info:	
Amount/budget cap, if known: \$	
Consultant (Non-UNMC/NU): ☐ Yes ☐ No	
Name:	
Institution Name and Address:	
Administrative Contact info:	
Rate/hourly fee/Total: \$	
Who will provide Letters of Support?	
If known at this time, please provide quotes for major	
equipment, special order or custom- fabricated items	
with this form:	
N/A \(\text{Attached} \(\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tiny{\tint{\text{\text{\text{\tiny{\tiny{\tiny{\text{\tiny{\tiny{\tiny{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\text{\text{\text{\tiny{\tiny{\tiny{\tiny{\tiny{\text{\tiny{\tiny{\tiny{\tiny{\tiny{\titil\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tini\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny	
Not sure yet; will review at intake meeting □	

International Collaboration: International Project Que	stionnaire required 1 month in advance, per Office of
Vice Chancellor for Research:	
☐ Yes ☐ No	
If 'Yes', please provide contact information and any addition	onal pertinent details:
Human Subjects:	
☐ Yes ☐ No	
If yes, has your protocol been submitted to IRB?	
☐ Yes ☐ No ☐ If yes: IRB #:	
Vertebrate Animals:	
☐ Yes ☐ No	
If yes, has your protocol been submitted to the IACUC?	
Yes □ No If yes: IACUC #:	
Biosafety Approval?	_
☐ Yes ☐ No	
If yes, has your protocol been submitted to IBC?	
☐ Yes ☐ No If yes: IBC #	
UNMC Project Personnel (Remember to budget a GR	A for federal grants!)
Name:	Name:
Position/Role:	Position/Role:
Dept:	
% of Effort:	% of Effort:
□ Paid □Unpaid	☐ Paid ☐ Unpaid
Cost Sharing % and WBS #, if applicable	Cost Sharing % and WBS #, if applicable
Name:	Name:
Name:Position/Role:	Name: Position/Role:
Dept:	Dept:
% of Effort:	% of Effort:
☐ Paid ☐ Unpaid	☐ Paid ☐ Unpaid
Cost Sharing % and WBS #, if applicable	Cost Sharing % and WBS #, if applicable
	<u></u>
Name:	Name:
Position/Role:	Position/Role:
Dept:	Dept:
% of Effort:	% of Effort:
□ Paid □ Unpaid	☐ Paid ☐ Unpaid
Cost Sharing % and WBS #, if applicable	Cost Sharing % and WBS #, if applicable
Name:	Name:
Position/Role:	Position/Role:
Dept:	Dept:
% of Effort:	% of Effort:
☐ Paid ☐ Unpaid	☐ Paid ☐ Unpaid
Cost Sharing % and WBS #, if applicable	Cost Sharing % and WBS #, if applicable

Thank you! We will follow up within 1 business day. Renée Hill