

College of Nursing External Research Proposal Intake Form

Please **complete the following form*** 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.

Pre-Approval: Include a copy of your Assistant Dean's/Dean's approval to submit this proposal. [assistant-associate-dean-approval-form_12-23.pdf \(unmc.edu\)](#)

Investigator Profile: Please check all that apply; this information helps NNRC prioritize and assess assistance needed. *At a minimum, complete p.1, and complete remainder at 1st meeting.

- New to UNMC
- New to peer-reviewed research submissions
- Submitting 1st independent investigator proposal
- Submitting a mentored career development award proposal
- New to preparing research proposals (or it has been quite a while)
- Junior faculty
- Established/senior investigator

Investigator Name and Division: _____

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 Parent

Announcement (PA) #: _____

Provide the link to the RFA/PA/Notice of Special Interest: _____

Provide the awarding component (NIAID, NCI, NINDS, etc.): _____

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

If sponsor is non-NIH:

Provide the link to the RFA/other announcement, or attach the sponsor instructions with your form: _____

Role of Investigator:

PI Multi-PI Co-I Collaborator Subaward/Site PI Other _____

Check here if salary support is being budgeted. Cal mo./% _____ Cost share? Yes No % _____

Sponsor (or Prime) Submission Deadline: _____

Project # of Years: _____

Start/End Dates of Project: _____

Budget Type: Modular Detailed

Subcontracts/Consultants:

Subcontract In (UNMC is the Subawardee): Yes No

Principal Investigator: _____

Administrative Contact info: _____

Amount/budget cap, if known: \$ _____

Subcontract(s) Out (UNMC is the Prime): Yes No

Site Investigator: _____

Institution Name and Address: _____

Administrative Contact info: _____

Amount/budget cap, if known: \$ _____

Subcontract Out (UNMC is the Prime):

Site Investigator: _____

Institution Name and Address: _____

Administrative Contact info: _____

Amount/budget cap, if known: \$ _____

Subcontract Out (UNMC is the Prime):

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 Attached

Not sure yet; will review at intake meeting

International Collaboration: International Project Questionnaire required 1 month in advance, per Office of Vice Chancellor for Research:

Yes No

If 'Yes', please provide contact information and any additional 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 GRA for federal grants!)

Name: _____

Position/Role: _____

Dept: _____

% of Effort: _____

Paid Unpaid

Cost Sharing % and WBS #, if applicable _____

Name: _____

Position/Role: _____

Dept: _____

% of Effort: _____

Paid Unpaid

Cost Sharing % and WBS #, if applicable _____

Name: _____

Position/Role: _____

Dept: _____

% of Effort: _____

Paid Unpaid

Cost Sharing % and WBS #, if applicable _____

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Position/Role: _____

Dept: _____

% of Effort: _____

Paid Unpaid

Cost Sharing % and WBS #, if applicable _____

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