

# 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](#))

**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:

<https://www.unmc.edu/spa/policies/nihdmisp/writing/dmptool.html>

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

Please provide contact information and any additional pertinent details you deem important at this time:

**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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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