



## Research Grant Review Form

PI Name	Degree(s)	/8ths <input type="checkbox"/> VA-Salaried or <input type="checkbox"/> WOC
Email	Mailstop	Phone #
VA Title	VA Service	VA Section
Univ. Title	Univ. Dept.	Univ. Div.

Project Title

This application is  New  Revision  Competitive Renewal  Resubmission  Supplement  Other

Research Category  Basic Science  Human Data/Tissue Only  Translational  Clinical  Other

This site is the  Prime  Subawardee Name of Other NPC (If any)

Contact Name/Email of Other Site PI (If any, cont. on next pg if needed)

Sponsor	Funding Opportunity Number	Year 1 Direct Cost Total \$
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Submission Deadline	Project Period	to	PI Effort	%
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Relevance to VA (Continue on next page if needed)

Research project will be conducted at these VA sites:  RMRVAMC  CU Anschutz  National Jewish Health  
in Building(s) \_\_\_\_\_ and Room(s) \_\_\_\_\_  Other

Yes  No Is additional VA space required for this project?

Yes  No Are additional/new VA resources required? (E.g. new VA facilities or equipment access, biohazard handling capacity, etc.)

Yes  No Are engineering changes required for this project?

**Regulatory Components**, indicate if the proposed project will involve the following:

<input type="checkbox"/> Yes <input type="checkbox"/> No Human Subjects Research <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt	<input type="checkbox"/> Yes <input type="checkbox"/> No Vertebrate Animals <input type="checkbox"/> Yes <input type="checkbox"/> No Euthanasia
<input type="checkbox"/> Yes <input type="checkbox"/> No Multiple sites performing human subjects research	<input type="checkbox"/> Yes <input type="checkbox"/> No Method per AVMA Guidelines
<input type="checkbox"/> Yes <input type="checkbox"/> No Children Subjects (under 18 years old)	<input type="checkbox"/> Yes <input type="checkbox"/> No VA Prohibited Research
<input type="checkbox"/> Yes <input type="checkbox"/> No Local recruitment of non-Veterans	<input type="checkbox"/> Yes <input type="checkbox"/> No Radioactive Materials Use
<input type="checkbox"/> Yes <input type="checkbox"/> No Human embryonic stem cells or fetal tissue	<input type="checkbox"/> Yes <input type="checkbox"/> No Recombinant DNA
<input type="checkbox"/> Yes <input type="checkbox"/> No Investigational Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No Select Agents/Toxins
<input type="checkbox"/> Yes <input type="checkbox"/> No Investigational Devices	<input type="checkbox"/> Yes <input type="checkbox"/> No Biohazards

Yes  No Use of human specimens and/or data not considered to be human subjects research?

Yes  No Tissue Banking? Will biological specimens be banked? **If yes:** will specimens  be added to an existing bank or  form a new bank?

**VA Clinical Services for Research** to be used, if any, over and above standard care: (Must also include in the budget)

Yes  No Pharmacy  Yes  No Cardiology  Yes  No Nursing  Yes  No Diag. Imaging  
 Yes  No Laboratory  Yes  No Radiology  Yes  No Other Clinic/Service

**RMRVAMC R&D Core Services** to be used:

Clinical Research Unit  Animal Care  Animal Surgery  Imaging/Confocal  Histology  
 Medical Genomics Lab  Tissue Culture  Mass Spectrometry  Molecular Biology  Other  None

**SF424 Questions**, for U.S. federal funding or  N/A because funding source is not a U.S. federal funder

Yes  No Is this application being submitted to, or under consideration at, other federal agencies? (Saying "Yes" is not exclusionary and is required if there are concurrent overlapping proposals pending.) Which?

Yes  No Will DRI's proposal involve any proprietary or privileged information, or any Department of Defense, Export Control, or other controlled unclassified information (CUI)?

Yes  No Does this proposal involve activities outside the United States or partnership with international collaborators? If so, which countries?

Yes  No Is the research performance site designed or eligible to be designated as a historic place?

Yes  No Does this project have an actual or potential impact – positive or negative – on the environment?

Yes  No For Competitive Renewals only, were there inventions or patents in the prior funded segment?

		<b>***Office Use Only***</b>
<hr/> <b>Principal Investigator Signature</b> <span style="float: right;"><b>Date</b></span>		
This signature assures: <ol style="list-style-type: none"> <li>1) That the information submitted pertaining to and within the application listed above is true, complete, and accurate to the best of my knowledge;</li> <li>2) I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties; and</li> <li>3) I agree to accept responsibility for the scientific conduct of the project, to comply with the terms of award, and to provide the required progress reports if a grant is awarded as a result of the application.</li> <li>4) I agree to notify DRI immediately but no later than thirty (30) days following the identification of a significant financial interest that may conflict with the work to be carried out under this award and to comply with all applicable regulations in managing, reducing, or eliminating any conflict.</li> </ol>		<hr/> <b>Service Chief Signature</b> <b>Date:</b>
		<hr/> <b>DRI Authorized Official Signature</b> <b>Date:</b>
		<i>DRI Tracking ID:</i>

Insert Abstract or SOW below or attach.