Notice of Intent to Submit a Grant or Contract Proposal

Completion of this form is requested of **all** Department of Surgery personnel planning to prepare a grant or contract proposal to any governmental, corporate, or foundation sponsor. It will be used to coordinate resources for support of proposal development.

	he SURGERY RESEARCH ADMINISTRATION TEAM at possible (Or fax it to 404-727-3881).		
PI / PD Name	Today's Date		
Campus Telephone Number	Email Address		
Collaborators			
What is the principal activity proposed?			
Type of Project?			
Working Title?			
Have you identified a sponsor/funding source?	Which One?		
If NIH, Mechanism? RFA/PA/C	Other Identifier		
RFA/PA/Program Web Link or URL			

Deadline Dates For Grant/Contract Submission

Letter of Intent	Mode of Transmission
Full Proposal DUE DATE	Mode of Transmission
Primary Contact Name/Phone/Email	
Duration of the Project (Years)	Maximum Annual Budget Allowed
Is cost sharing or matching required	Will the project involve subcontracted activities
Location(s) of the majority of activities	

Will any of the following regulated activities be involved:

O Human Subjects Research	Hazardous Materials/Toxic Chemicals	Radiation
Animal Subjects Research	C Regulated Biological Materials	O Material Transfer Agreements
O Primates	C Recombinant DNA	Proposal involves cancer
O Device Trial	O Patents, Copyrights, and/or Possible Inventions	