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/nihdmsp/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 #: __________

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**UNMC Project Personnel** *(Remember to budget a GRA for federal grants!)*

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

v. 07-02-2024