

Notification of Intent to Submit Grant (Sutter Health is PRIME Institution)

Project Title:

Is this a re-submission or renewal? No Yes If yes, list grant #: _____ Date last submitted: _____

PI/Contact PI:

Best eMail to contact PI _____

Best PI Phone: _____

PI's Home Sutter Institution:

Sutter Institution Administering Grant:

More than 1 Principal Investigator for grant? Yes No

Name other PIs:

Will you use a Project Director or other Sr Administrator to assist with application?

No Yes

If yes, list name: _____

Phone: _____

eMail: _____

Announcement Information

Announcement Title (exact):

Announcement #: _____

URL Address: _____

Agency Information (if known)

Agency Name: _____

Agency Contact: _____

Phone: _____

Email: _____

Type of Grant:

Type of Research

Budget Period:

Standard Dates Apply Total # of Yrs:

Bgt Start Date _____

detailed bgt

Bgt End Date _____

modular bgt

Agency Due Date:

Funding Mechanism:

Vertebrate Animals

Does this research involve the use of animals? Yes No

Do you have IACUC approval? Yes No

Approval # _____ Approval Date _____

If no, will you seek approval prior to submitting grant? Yes No

Will your application include confidential information? Yes No

Will your application include select agents? Yes No

Will there be any subcontracts? Yes No

If yes to subcontracts, please complete page 2.

Humans

This research involves:

Humans Yes No Does this qualify as exempt research? Yes No

Human Tissue Yes No Is this a clinical trial? Yes No

Human Data Yes No If yes, is it a Phase III? Yes No

Do you have IRB approval already for this research? Yes No

Approval # _____ Approval Date _____

If no, will you seek approval prior to submitting grant? Yes No

Does your application involve human cell lines? Yes No

If yes, does it involve human embryonic stem cells? Yes No

Key Personnel (if more than 5, please add additional personnel to page 2)

Name	Institution	Role on Project:	Phone Numbers:	Email:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Consultants (if more than 3, please add others to page 2.)

Name	Institution	Phone Numbers	Email:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Other

SubContracts/Consortium

A. Institution Name **PI Name**

Have they been notified of involvement in this proposal? Yes No

Admin Contact

Phone Number:

Email:

B. Institution Name **PI Name**

Have they been notified of involvement in this proposal? Yes No

Admin Contact

Phone Number:

Email:

C. Institution Name **PI Name**

Have they been notified of involvement in this proposal? Yes No

Admin Contact

Phone Number:

Email:

D. Institution Name **PI Name**

Have they been notified of involvement in this proposal? Yes No

Admin Contact

Phone Number:

Email:

Key Personnel

Name	Institution	Role on Project:	Phone Numbers	Email:
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____

Consultants

Name	Institution	Phone Numbers	Email:
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____