**School of Health Professions Internal Proposal Form**

**Principal Investigators (PIs) are required to complete the following questions.**

**The information will help the PI plan appropriately for their project and allow the School administration and leadership to evaluate your request for grant funding.**

**PI completes the following:**

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| --- | --- |
| 1. **Will there be new hires?** | Yes or No (if yes, identify whether staff/faculty/adjuncts/consultants/students, provide additional details, justification and if they will be office or field-based) |
| * **If hiring a student, indicate the student’s education level, (i.e. Undergraduate, Masters, PhD), Program, and School.** |  |
| 1. **Will new or additional office or other space be needed?** | Yes or No (if yes, indicate on-campus or off-site and provide details on the type of space needed) |
| * **If on campus, indicate which campus?** | Piscataway, Newark or Blackwood |
| 1. **Will any renovations be needed?** | Yes or No (if yes, provide additional details) |
| 1. **\*Will any special equipment (including Information Technology, i.e. software, hardware) be needed?** | Yes or No (if yes, provide additional details) |
| 1. **Will teaching load need to be reduced for faculty on the grant?** | Yes or No (if yes, provide additional details) |
| 1. **What will the cost be for adjuncts or overload associated with the above question?** | Identify dollar amount |
| 1. **Does this study involve human subjects?** | Yes or No (If yes, please complete questions 8 - 10.) |
| 1. **Does it involve an intervention or an in-person interaction with patients on campus in a Rutgers SHP building?** | Yes or No (If yes, please describe the intervention and the space it will occur within.) |
| 1. **Does it involved an intervention or an in-person interaction with patients at a non-Rutgers sites?** | Yes or No (If yes, please describe the intervention and the space it will occur within.) |
| 1. **Do you have a viable recruitment plan for participants?** | If yes, briefly describe. |
| 1. **Has your Chairperson reviewed all aspects of this application and have they approved its submission?** |  |

**\*Contact** [**Vern Chhibber,**](mailto:chhibbva@shp.rutgers.edu) **Mgr. Technology Services in SHP, if you need to request IT Equipment or Software and his group will be able to assist in identifying materials and costs.**

**Office of Research, School of Health Professions completes the below:**

|  |  |
| --- | --- |
| **Is cost share mandatory?** Yes or No | If yes, provide details and amounts. |
| **Is there voluntary cost share?** Yes or No | If yes, provide details and amounts. |
| **PI Effort:**  **SHP Co-Investigator(s) Effort:**  **Sub-contracts out?**   * **If yes, direct and indirect costs to subawardee:**   **Is this COVID-19 Research?** |  |