**SHP Faculty Name: Department:**

**SHP Faculty Role on Submission:**

**Project Title: Date of Request:**

**Sponsor: Funding Opportunity: Name/Number**

**School of Health Professions Internal Submission Form**

**Principal Investigators (PIs) are required to complete the following questions for their research, service or training new grant submissions and send the form to the SHP Office of Research at least 8 business days before the sponsor deadline.**

**The information will help the PI plan appropriately for their research, service or training project and allow the School administration and leadership to evaluate your request for grant funding during the internal routing of your proposal.**

**PI completes the following:**

|  |  |
| --- | --- |
| 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 and building?** | 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, attach the current teaching workload, a memo from their chair describing what will change, how that change will be funded and costs associated with the overload or adjunct.) |
| 1. **List current percent effort that SHP faculty have on active grants, whether they are receiving salary support or not. If this proposed submission will put them over 100% then please provide a plan for adjusting effort.**   **Please also include the SHP faculty declared research effort.** |  |
| 1. **Will any data be transferred to and from Rutgers for this project?** |  |
| 1. **Will you be collaborating with a foreign entity or collaborator for this project?** |  |
| 1. **Does this study involve human subjects? And if so, do you have a viable recruitment plan for participants?** | Yes or No (If yes, briefly describe the plan.) |
| 1. **Please include an abstract/summary/aims of the proposal or attach it to this document.** |  |
| 1. **Please confirm your Chair has reviewed all aspects of this application and have they approved its submission.**   **This should be done before sending the documents to the Office of Research for approval.** |  |

**\*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.**

**\*Contact** [**Filiz Carus Ozen**](mailto:fc339@shp.rutgers.edu)**, Instructional Designer in SHP, if you need to request educational technology tools or information around those items.**

**PI Checklist for Submission to Office of Research:**

* **Budget**
* **Budget Justification**
* **Draft of Abstract/SOW/Narrative**
* **Chair Approval**
* **Facilities and Other Resources Document, if applicable to your submission.**

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

|  |  |
| --- | --- |
| **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. |
| **Direct Costs & Indirect Costs:**  **IDC Rate**  **Provide a justification if you are proposing to use an off-campus rate.** To be considered “off-campus” greater than 50% of the effort (as determined by the budget- where the work is being done 50% of the work/effort) of a project must be done at a location not part of Rutgers (not owned or leased by Rutgers).  **Type of Grant: https://research.rutgers.edu/sites/default/files/2020-12/Sponsored%20Program%20Purpose-FA-Rate%20Agreement%2005032019.pdf**  **If this is a submission where another School at Rutgers is the lead, what resources will be used at SHP?**  **Project Period:**  **PI Effort:**  **SHP Co-Investigator(s) Effort:**  **Sub-contracts out?**   * **If yes, direct and indirect costs to subawardee:**   **Is this COVID-19 Research?**  **For NIH grants, Modular or Non-Modular Budget:**   * **Justification if Modular** |  |