



Research Intake Form

This form summarizes key aspects of your external/internal research grant application or contract, and details any related School resource requirements, as well as required health and safety training for individuals involved in the project.

Attachments Required:

- Summary of your grant proposal (i.e. lay abstract or 1-page scientific summary, as applicable)
- Proposed budget

Faculty Member:	
Email:	
Application Type:	<input type="checkbox"/> GRANT application <input type="checkbox"/> NEW application <input type="checkbox"/> Resubmission <input type="checkbox"/> Contract <input type="checkbox"/> Award (Scholarship, travel, etc.) <input type="checkbox"/> Other (specify): _____
Role in this Project:	<input type="checkbox"/> Principal Investigator (responsible for the direction of the proposed activities, as well as administrative and financial aspects of the grant/award/contract) <input type="checkbox"/> Co-Principal Investigator (shares responsibility for the direction of the proposed activities) <input type="checkbox"/> Co-Investigator (contributes to the proposed activities) <input type="checkbox"/> Collaborator (provides a specific service, e.g., access to equipment or patient population, statistical analysis) <input type="checkbox"/> Knowledge-User (person likely to use the information generated through research to inform policy, programs or practice) <input type="checkbox"/> Other (specify): _____
Project Title:	
Lead University:	
Research Team: (name & affiliation)	Principal Investigator: _____ Co-Investigators: _____ Collaborators: _____ Knowledge Users: _____

A. Funding Information

Funding Agency: _____

Grant Competition: _____

Total Funds Requested: \$ _____

Funding Start/End: _____ - _____
(month/year) (month/year)



B. Application Resource Specifics

(check all that apply AND provide details for each)

- Implications for faculty member duties:**
- N/A
 - Teaching release (if yes, percentage): _____%
 - Student supervision
 - Hiring research personnel
 - Other (specify)

Highly Qualified Personnel (HQP):

	Number (#)	New recruit(s)
Undergraduate student(s)	_____	<input type="checkbox"/> Yes
Graduate student(s) (Master’s level)	_____	<input type="checkbox"/> Yes
Graduate student(s) (Doctoral level)	_____	<input type="checkbox"/> Yes
Postdoctoral Fellow(s) (PDF)	_____	<input type="checkbox"/> Yes
Research Staff	_____	<input type="checkbox"/> Yes

- Equipment:**
- N/A
 - Purchase of new equipment
 - Use of available equipment
 - Modifications to existing space to support the new equipment
 - Moving equipment from the current space to a new location
 - Purchase and/or maintenance of computer hardware or software

- Space:**
- N/A
 - Office for research personnel
 - Use of existing laboratory space
 - Renovation of existing space
 - Construction of new space

- Recoverable College/School Revenue:**
- N/A
 - Testing or Lab fees (if yes, \$ amount): _____
 - Administrative costs, e.g. photocopying, mailing/courier, office supplies (if yes, \$ amount): _____

- Other School Funding Requirements:**
- N/A
 - Yes, please describe ALL costs related to personnel, space, equipment, materials & supplies, and/or the implementation of this research project not budgeted for in the proposal and/or may require School funding.

Signatures:

Faculty Member _____

Date: _____

Associate Dean/Director _____

Date: _____