**New York Medical College**

**Office of Research Administration**

Note: No research project may be initiated without Office of Research Administration approval in the form of a Digest of Award Terms or official letter.

**Submission Requirements for Research and Sponsored Programs**

* 1 copy of the application or study protocol and 1 set of sponsor’s instructions
* 1 typed, signed, original of the College Application to Conduct Sponsored Program or Research (College forms) including signatures of Principal Investigator (PI), College chair of PI’s academic department, and
College chair of any participating academic department

***If vertebrate animals are involved:***

Submit appropriate Animal form to Comparative Medicine (See: ***Department of Comparative Medicine*** on the College website)

***If rDNA, adenoviruses, retroviruses, carcinogens or other biohazards are involved:***

Submit appropriate forms to Energy, Environmental Health and Safety (EHS) (See: ***Department of*** ***Energy, Environment, Health and Safety*** on the College website).

***If Human Subjects, Human Materials, Records, Experimental Drugs in Human Subjects or Experimental Device in Human Subjects are involved***

Please go to <https://www.nymc.edu/research/office-of-research-administration/human-subjects-researchirb/>

**Due date: Since most applications are electronic, online application forms must be available for review at least one week prior to the sponsor’s deadline. Paper applications must be delivered to ORA at least one week prior to sponsor’s deadline. Applications may also be scanned and sent to** **susan\_dudick@nymc.edu** **at least one week prior to the sponsor’s deadline.**

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***NEW YORK MEDICAL COLLEGE - OFFICE OF RESEARCH ADMINISTRATION***

***APPLICATION TO CONDUCT SPONSORED PROGRAM OR RESEARCH***

**Performance Site(s): Type of Application**:

New York Medical College [ ]  Research [ ]  Fellowship [ ]

Westchester Medical Center [ ]  Training [ ]  Service [ ]  Other [ ]

Metropolitan Hospital [ ]

Terence Cardinal Cooke [ ]  New Project [ ]  Supplement [ ]

WIHD [ ]  Renewal [ ]  Transfer [ ]

Other [ ]  Continuation [ ]  Pilot Study [ ]

 Revision [ ]  Other [ ]

**Title of Proposal**: (Do not exceed 81 characters and spaces)

**Principal Investigator or Project Director:**

Name:       Degree: Academic Title:

Dept.: Phone:       Email Address:
Mailing Address:

**Grantor:**

Name:

Address: Official to whom correspondence should be addressed (name and title):

**Funds: Dates:**

Annual grant applied for: $  Period: from  to

Total grant applied for: $  Period: from  to

**Co-investigator**:  Dept.: Title:  **Other Professional Participants**:

Name:  Dept.: Title: Name:  Dept.: Title: Name:  Dept.: Title: Name:  Dept.: Title:

 *(Add additional page if necessary)*

**Facilities and Resources Required:** Specific Location: Already To be

 (**include** Bldg., Room #, Clinic, etc.) Obtained: Obtained:

 Office space: - [ ]  [ ]

 Laboratory space: - [ ]  [ ]

 Hospital beds: - [ ]  [ ]

 Outpatient facilities: - [ ]  [ ]

 Equipment: - [ ]  [ ]
 Pharmacy: -      [ ]  [ ]

Are renovations or alterations, including installation of utility lines, needed? No [ ]  Yes [ ]

 Specify:

 Amount: $  Source of funds:

Centralized support departments: engineering: [ ]  instrument shop: [ ]  Pathology lab: [ ]

OFFICE OF RESEARCH ADMINISTRATION

19 Skyline Drive, GN-B24

 (914) 594 2600

RevORA 06/18 **Lay Abstract:**

 Briefly, in lay language, summarize the purpose, plan, and significance of the proposal:

**Human Subjects, Human Materials or Records:**

 Yes: [ ]  No: [ ]

 If yes, please go to <https://www.nymc.edu/research/office-of-research-administration/human-subjects-researchirb/> to submit IRB material

**Experimental Drugs in Human Subjects**: Yes: [ ]  No: [ ]

 (new drug usage or dosage)

**Experimental Device in Human Subjects:** Yes: [ ]  No: [ ]

 If yes, please go to <https://www.nymc.edu/research/office-of-research-administration/human-subjects-researchirb/> to submit IRB material

**Vertebrate Animals**: Yes: [ ]  No: [ ]

 If yes, complete the Comparative Medicine forms (See: ***Department of Comparative Medicine*** on the College website)

**Hazardous Substances:** Yes: [ ]  No: [ ]  (if yes check appropriate box(s))

 radioisotopes [ ]

 recombinant DNA [ ]

 pathogenic organisms [ ]

 other (specify) [ ]

 If yes, complete the Biological Hazards forms (See: ***Department of*** ***Energy, Environment, Health and Safety*** on the College website).

 Name of Principal Investigator

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**INSTRUCTIONS FOR PREPARATION OF BUDGET**

Provide a budget to indicate how the funds will be used. Use the following budget form in applications where no detailed budget sheets are provided. Where a budget has been prepared for a formal application to a funding agency, attach a copy of that budget here in lieu of completing the following page.

**A**. Personnel - specify names, if known, title and % of effort. Indicate salary and fringe benefits as separate figures as well as a total for each position.

**B**. Permanent Equipment - list separately each item costing $3000 or more, which has a usable life of

greater than one year.

**C.** Supplies – list in categories, e.g., chemical agents, glassware, etc.

**D.** Travel - e.g., meetings, site visits, etc.

**E**. Animals and Animal Care - follow example:

 # Species x Unit Cost = Purchase Cost

 # Animals x #Days x Per Diem Cost = Maintenance Cost

 Additional Animal Costs – Surgery suite, miscellaneous charges =

 TOTAL ANIMAL COSTS $xxxxx

*(Current charges are available from the Department of Comparative Medicine.)*

**F.** Patient Costs - identify items of patient care to be charged to the grant, e.g., lab tests, procedures, etc.

**G.** Other - be specific, e.g., alterations and renovations, communication and publications, hazardous waste disposal.

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**GRANT BUDGET**

**For use in applications where no detailed budget sheets are provided:**

Budget Period: from  to

**A**. **Personnel % Salary Fringe**

 **Name and Title Time Requested Benefits Totals**

 Faculty:

                   **$**
                   **$**
                   **$**

 Non-faculty:

                   **$**
                   **$**
                    **$**

 Personnel Total: $

**B**. **Permanent Equipment:** (Itemize)

           **$**

**C**. **Supplies:** (Itemize)

           **$**

**D.** **Travel:**

 Domestic

 Foreign

            $

**E**. **Animals and Animal Care:**

           **$**

**F**. **Patient Costs:**

           **$**

**G.** **Other:** (List)

           **$**

 Total Direct Costs $

 Indirect Costs    % of $      $

 Total Amount Requested $

 Name of Principal Investigator

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 **APPROVALS/SIGNATURES**(To be obtained before submission to the ORA)

**Principal Investigator or Program Director:**

Typed Name: Title

**Title of Proposal:**

**Grantor:**

**Principal Investigator or Program Director Assurance:**

As principal investigator, I certify that the information submitted within the accompanying application is true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

It is agreed that the name of the New York Medical College or any of the institutions associated with it will not be used in connection with publicity, advertising or other references to this work unless a copy of the statements to be used has prior written approval of appropriate institutional officials.

I have read and agree to abide by the intellectual property policy of the New York Medical College which includes full disclosure of all inventions.

I certify that a New York Medical College Conflict of Interest and Commitment Form has been completed by me and any other individual associated with this project who is responsible for the design, conduct or reporting of research. Further, I certify that any change in the financial interests held by me or any such individual(s) since that disclosure has been/will be reported within 30 days of such change.

Signature Date

**Approval of Academic Department Chair**:

 Typed Name Title Signature Date

**Approvals of Chairs of other Participating Academic Departments**:

 **Name Department Signature Date**

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