

PROPOSAL INTAKE FORM

This form will capture information your grant manager needs to create your application record. Please provide all information that is known at this time. You may update it later with your grant manager as needed.

Section Header: Proposal Details

1. Planned Project Start Date _____
2. Planned Project End Date _____
3. Proposal Type (Activity)
 - {1} Clinical Trial
 - {2} Conference
 - {3} Construction/Renovation
 - {4} Equipment
 - {5} Fellowship
 - {6} Institutional Training Program or CME
 - {7} Institutional Support
 - {8} Public Service
 - {9} Research
4. Submission Type
 - {1} New
 - {2} Competing
 - {3} Supplement
 - {4} Non-competing
 - {5} Resubmission
 - {6} Revision
 - What is the grant number of the original submission? _____
5. Does this application involve COVID-19 activities? {1} Yes {0} No
6. Is this project cancer related? {1} Yes {0} No
7. Primary Research Lab Type
 - {1} Wet Lab (involves biological matter, liquids, chemicals, etc. – typically requires ventilation and specialized utilities)
 - {2} Dry Lab (involves primarily analysis of data – typically conducted in office or non-bench lab settings)
 - {3} Both
 - {4} Not Sure
8. Does this project involve activities outside the United States or collaborations with international people or entities? {1} Yes {0} No
 - A. Does the project involve: (All Y/N)
 - Use of human subjects at a foreign site?
 - Use of vertebrate animals at a foreign site?
 - Foreign travel for the purpose of data collection, surveying, sampling, or similar activities?
 - Use of facilities or instrumentation at a foreign site?
 - Receipt of any financial support or resources from a foreign entity specific to this project?

- Any activities that may have an impact on U.S. foreign policy, either through involvement in the affairs of or the environment of a foreign country?
 - Collaborations with investigators at a foreign site that are anticipated to result in co-authorship?
 - Clarifying information – ((Notes box))
- B. Transfer of materials into or out of the U.S.? (Y/N)
9. Will this project involve any of the following?
 {1} New Degree / Curriculum
 {2} Summer University Housing
 {3} Duke Forest
 {4} Class 3B or 4 Lasers
10. SF-424 Specific Information
- Is the proposal being submitted to any other federal agencies {1} Yes {0} No
 - Please Specify. _____
11. PI VA Appointment {1} Yes {0} No
12. PI Anticipated Effort, if known _____
13. Explain any changes in effort over the course of the project.
14. PI Biographical Sketch
15. Will space, services, and /or procedures (e.g., MRIs) from other departments be used? {1} Yes {0} No
- Please specify _____

Section Header: Other Duke Personnel, Subcontractors and Consultants

Other Duke Personnel

1. Beyond the PI, how many additional Duke Personnel will be on the proposal?
 {1} None
 {2} 1-5
 {3} More than 5
2. Duke Personnel Information
 1. Last Name _____
 2. First Name _____
 3. Department _____
 4. Project Role _____
 5. Collaboration type: {1} Key {2} OSC (3) FCOI Inv {4} VA Appt {5} Multi-PI {6} Admin Sal
 6. Anticipated Effort/Person Months _____
 7. Explain any changes in effort over the course of the project.
 8. Biographical Sketch

(keep repeating as many times as needed)

Subcontractors

1. How many Subcontractors will be listed on the proposal?
{1} None
{2} 1-5
{3} More than 5

1. Subcontractor Information
 - Last Name _____
 - First Name _____
 - Organization _____
 - Role
 - Collaboration type: 1} Key {2} OSC {3} FCOI Inv {4} Multi-PI
 - eRA Commons Name (if applicable)

(keep repeating as many times as needed)

Consultants

2. How many Consultants will be listed on the proposal?
{1} None
{2} 1-5
{3} More than 5

3. Attach Consultant Information
 - Last Name _____
 - First Name _____
 - Organization _____
 - Project Role
 - Collaboration type: {1} Key {2} OSC {3} FCOI Inv

(keep repeating as many times as needed)

Section Header: Protocol Information

16. Will human subjects be used at any time during the project period, either at Duke or at any participating subrecipient and/or site location?

{1} Yes {0} No [if yes, display the below]

- A. Will participants be involved or recruited at any performance site? {1} Yes {0} No
- B. Will any participants be prospectively assigned to an intervention? {1} Yes {0} No
- C. Is any study designed to evaluate the effect of the intervention on any participants?
{1} Yes {0} No
- D. Is the effect that will be evaluated a health-related biomedical behavioral outcome? Yes/No

- If yes to #16, Does this research involve more than one study? Y/N
 - If no, Is at least one of the studies an NIH-defined Phase II Clinical trial? Y/N
 - If yes, Does at least one of the studies fit all 4 criteria shown above? Y/N
- If yes, What is the IRB review board? IRB status?
- If yes to #16 Is the human subjects research exempt? {1} Yes {0} No
 - If yes, Indicate Exemption category. 1-8

17. Does the proposed research involve human specimens and/or data? {1} Yes {0} No

18. Will embryonic stem cells be used at any time during the project period? {1} Yes {0} No

- Can specific cell lines be referenced at this time? {1} Yes {0} No
 - Please list the registration number(s) of the specific cell line(s): _____
 - Specify cell lines used.

19. Does the proposed project involve human fetal tissue, cord blood, etc. obtained from elective abortions?
Y/N

20. Does this project include vertebrate animals? {1} Yes {0} No

- IACUC Number if available _____
- Will vertebrate animals be euthanized? {1} Yes {0} No
 - (if yes) Is method consistent with the American Veterinary Medical Association (AVMA) guidelines? Yes/No
Describe the method and provide scientific justification.
- Will animal research take part at Duke?
 - If no, please describe location
- If vertebrate animal products/tissues/materials are purchased, are they considered off-the-shelf and commercially available?
 - If no, please describe

21. Will recombinant DNA be used at any time? {1} Yes {0} No

22. Will carcinogenic or biohazardous materials be used? {1} Yes {0} No
Please specify. _____

Goals and Aims, Attachments, and Overall Comments

Please provide all information that is known at this time. You may update it later with your grant manager as needed.

Goals and Aims

1. Major goals of the project _____
2. Specific aims _____
3. Attachments
4. Budget
5. Budget Justification
6. Abstract/SOW
7. Relevance Statement
8. Biographical Sketch
9. Facilities Attachment
10. Equipment Attachment
11. General Attachments (1-4)
12. Multi-PI Leadership Plan
13. Overall Comments
14. Do you have any additional information, comments, considerations to share with your grant manager?