

FOUNDATION PROPOSAL REQUEST

≤ \$40K per year direct cost

*****Please note that all items noted in the request form are due to CRV, FPM, Peter Pavlis, 20 business days in advance of the proposal due date (please allow for additional time for complex projects or those including sub agreements)*****

PI Name _____

Request Date (must be 20 business days in advance of agency due date) _____

Type of Proposal: New ___ Re-Submission ___ Revision ___ Competitive ___ Renewal ___

If Re-Submission, Revision or Renewal Provide Grant # _____

Agency Piedmont Orthopedic Foundation _____

Type of Proposal (Research, Fellowship, etc.) _____ Agency Due Date: _____

Project Title: _____

Project Start Date: _____ Project End Date: _____

Clinical Trial: Yes ___ No ___ If yes, indicate Phase: Phase I ___ Phase II ___ Phase III ___ Phase IV ___

Cancer Related: Yes ___ No ___ Wet lab? Yes ___ No ___ Dry Lab: Yes ___ No ___

Does this project include Subcontractors? Yes ___ No ___ If yes, provide Name and Contact Information below.
If more than 3 subcontracts please use a separate sheet)

1. Name & Contact Information: _____
2. Name & Contact Information: _____
3. Name & Contact Information: _____

Human Subjects: Yes ___ No ___ If yes, IRB # & Approval Date: _____

Vertebrate Animals: Yes ___ No ___ If yes, IACUC # & Approval Date: _____

Will vertebrate animals be euthanized? Yes ___ No ___ If yes, is method consistent with American Veterinary Medical Association Guidelines? Yes ___ No ___

If not consistent with AVMA Guidelines, describe the method of euthanasian and provide scientific justification:

Will Embryonic Stem Cells be used at any time? Yes ___ No ___

Will recombinant DNA be used at any time? Yes ___ No ___

Will this proposal have any international aspects,(I.A.)? Yes ___ No ___

If yes, describe international aspect Where? What? _____

Will this project send data or technologies outside of the US? Yes ___ No ___ Where? What? _____

Will carcinogenic or biohazardous materials be used at any time? Yes ___ No ___

List carcinogens and/or biohazardous materials: _____

REQUIRED ATTACHMENTS

The following must be received before the SPS record may be routed for internal review. Missing documents will prevent review.

1. **Abstract & Relevance Statement**
2. **Signed DPAF**
3. **Budget**
4. **Budget Justification**
5. **Current / updated Biographical Sketch (FOR ALL "KEY" PERSONNEL)**
6. **Resources**

Personnel and Budget Information

(use additional pages if needed)

Name _____ Role _____ Key? _____ Effort % __

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