



Office of Research Administration
Grants and Contracts

Coro West, Box 42, Suite 1.300
1 Hoppin Street
Providence, RI 02903-4141

FOR ORA USE ONLY

Access No. _____

Accountant Name: _____

Submission Information

Affiliate: [] Rhode Island Hospital [] The Miriam Hospital [] Bradley Hospital [] Newport Hospital
[] Gateway Healthcare [] Other:

Application Title:

Short Title (limit 20 spaces):

Sponsor / Funding Agency:

Pass-Through Entity:

Sponsor Due Date:

Funding Opportunity:

Internally (Department) Funded? [] Yes [] No Responsibility Center:

Principal Investigator:

Name:
Department / Division:

Phone:
E-Mail
Interoffice Mailing Address:

Principal Researcher [] / Mentor [] / Multi PI []:

Name:
Department / Division:

Phone:
E-Mail
Interoffice Mailing Address:

Budget Year 1

Start Date: Direct Costs: \$
End Date: Indirect Costs (___%): \$
Total Costs: \$

Budget Total Period

Start Date: Direct Costs: \$
End Date: Indirect Costs (___%): \$
Total Costs: \$

Subaward / Consortium (For more than two, please attach a separate list.)

1) Institution:
Investigator:
Year 1 Budget: Direct Costs: \$
Indirect Costs: \$
Total Costs: \$

2) Institution:
Investigator:
Year 1 Budget: Direct Costs: \$
Indirect Costs: \$
Total Costs: \$

Description (Please check all that apply.)

- Award Type:
[] Grant
[] Contract
[] Subaward / Consortium
[] Restricted Fund
[] Hospital Supported Research
[] Other (specify):

- Application Type:
[] New
[] Resubmission
[] Renewal (Competing Continuation)
[] Revision (Supplement)

- Classification / Purpose:
[] Basic
[] Clinical Research
[] Clinical Service
[] Other
[] Training

Committees (Please check all that apply.)

[] Human Subjects: Pending Approval []
[] Animals: Pending Approval []
[] Biohazards and Laboratory Safety: Pending Approval []
[] DNA: Pending Approval []
[] Radioactive Drug: Pending Approval []

Table with 2 columns: Committee #, Approval Date

Cost Sharing (For more than one, please attach a separate list.)

See [Lifespan Policy on Cost Sharing ORA G&C 004](#)

Is there cost sharing in the proposal: Yes No Is the sponsor requiring cost sharing? Yes No

Corp Code/Responsibility center bearing the expense of shared costs: _____

Signature/Approval of individual responsible for the above listed responsibility center: _____

Facilities & Other Resources: If acceptance of grant proposal is contingent on additional space or resources, please contact the Office of Research Administration Administrative Director or Vice President for Research.

Conflict of Interest

CONFLICT OF INTEREST: Include COI Disclosure forms for PI and any other Investigators. Investigator means the Project Director or Principal Investigator (PD/PI) and any other person, regardless of title or position, who is responsible for the design, conduct or reporting of research that is conducted at Lifespan. **The Principal Investigators of each sponsored project are responsible for determining which people (e.g., co-investigators, collaborators, staff, trainees, consultants, etc.) meet the definition of "investigator" and are responsible for the filing of conflict of interest disclosures for each person. Please include all signed COI Disclosure forms with this submission.** All Investigators are required to complete CITI Lifespan COI Training prior to engaging in any research. [Lifespan Research Conflict of Interest Policy ORA GEN 003.](#)

APPROVALS

*Signature of the Principal Investigator (PI) certifies assurance that: (1) the information submitted within the application is true, complete, and accurate to the best of the PI's knowledge; (2) any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; and (3) the PI agrees 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 the application. **When multiple PIs are proposed in an application, this assurance must be retained for all named PIs.** The PI has the ultimate scientific responsibility for the design, conduct, and oversight of the research project as well as judicious management of study funds.*

Signature of the Department Chair/Chief indicates the proposal has been reviewed and approved for scientific relevance and quality. Approval also constitutes confirmation that required resources (space, facilities, and personnel) will be available and that no duplication of available equipment is requested.

Principal Investigator Date Mentor (if applicable) Date Multiple PI (if applicable) Date

Department Administrator Date Department Administrator Date

Department Chair / Chief Date Department Chair / Chief Date

Instructions / Checklist for Proposal Submission

Ten (10) business days prior to the sponsor's due date, PI is requested to 1) route their final proposal and all other required documents through the sponsor application submission system or through the [Lifespan ORA Electronic Proposal Portal](#) and 2) email the Lifespan Business Proposal Form including signatures to your [Research Administrator \(RA\)](#) in order to provide adequate time for review and to give sufficient time for PI to make changes or corrections. Refer to ORA Website for the current [Standardized Information](#). See [Lifespan Research Policy CCPM-23](#) on the ORA website.

Other Required Documents:

- Immediately notify your [Research Administrator \(RA\)](#) of intent to apply for all externally funded research projects along with a link to or copy of guidelines
- [Disclosure Statement of Financial Interests form](#) for all Investigators for all submissions
- Budgets (detailed, including F&A)
- Department letters of collaboration from all other participating hospital departments (Pathology, Diagnostic Imaging, etc.)
- Subaward: include letter of intent, scope of work, detailed budgets, resources, biographical sketch & other required documents
- Pharmacy Budget Worksheet (To Obtain a Pharmacy Worksheet, please call: RIH: 42824, TMH: 37646, Bradley: 21282)
- [Coverage Analysis Worksheet](#) (if project includes patient billable services)
- [Qualifying Clinical Trial Determination Form](#) (if project includes patient billable services)

If Lifespan Hospital is subaward, include:

- Scope of work
- Budgets (detailed, including F&A)
- Any other required documents as requested by prime institution (Biographical Sketch, Resources, etc.)