

VA PI Name:				Phone#					
VA PI Email:			Pre	ferred email:					
VA Title:	VA Service								
Salary Requested?	Yes	No	%FTE to project		VA Salaried	/8ths	woc		
Type of application				VHF is					
Sponsor	Link to Funding Announcement								
Project Title									
Sponsor Deadline	Your Target Submission Date Internal Dead								
*If VHF is the prime sub	mitting ir	nstitution, th	ne internal deadline for c	omplete proposa	al is minimum 3 bu	siness days befor	e sponsor deadline		
Project Period	to								
Prime Institution (if not VHF):									
Prime PI:	Institutional Contact:								
Please check all VAPHS/VHF resources that you plan to use:				Please attach a draft budget if available or provide a general overview here:					
Human Subjects	V	HF Perso	nnel						
Animal Research Facility	V	'A Person	nel						
Investigational Drugs			ent Employee(s) nited Employee(s)						
Investigational Devices									
Stat Core	L	aboratory	/						
Qual Core	lı	maging							
Clinical Trials Center	т	issue ban	ks or repositories						
VA Data	C	Other:							

Research will be conducted at	VAP	HS/VHF	Pitt	/UMPC	Other		
Check the institution that will pro	ovide 50% o	r more of	each project	resource (as appl	licable):		
VA/VHF P	itt/UPMC	Other					
			Property of	owned, leased, or	rented		
			Personnel	effort			
			Data or da	atabases			
			Computer	hardware			
			Laborator	y and/or office sp	oace		
			Clinical re	sources			
			Research	subjects			
			Equipmen	t			
Is additional space needed for this project?	Yes		No	If yes, have you contacted R&D?		Yes	No
If VHF will serve as the Prim			•			·	ssible.
Principal Investigator Signature	Date		Grants :	and Contracts Ma	ınager	Date Receiv	red

My signature as PI assures the following:

- 1) The information submitted within the application listed above is true, complete, and accurate to the best of my knowledge;
- 2) 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 the application.
- 3) I agree to notify VRFP immediately but no later than thirty (30) days following the identification of a significant financial interest that may conflict with the work to be carried out under this award and to comply with all applicable regulations in managing, reducing, or eliminating any conflict.
- 4) I understand that the VAPHS R&D committee must review and approve all research conducted at VAPHS.

PLANNED PROJECT PERSONNEL

Complete if VHF is Prime Submitting Institution

Name (if known)	Role	Key person	%Effort paid or unpaid	Years	VA permanent employee? Y/N	Salary Requested? Y/N
PRIME SITE:	VETERANS HEALTH FO	UNDATI	ON/VAPI	4S		
	PI					
SUBCONTRACT SITE 1:	[SITE NAME]					
	Site PI					
SUBCONTRACT SITE 2:	[SITE NAME]					
	Site PI					
SUBCONTRACT SITE 3:	[SITE NAME]					
	Site PI					
SUBCONTRACT SITE 4:	[SITE NAME]					
	Site PI					
CONSULTANTS			Hours		Rate	Institution
	Consultant					

STATEMENT OF WORK

Complete if VHF is a Subcontracting Site