Intake Form

Required attachments (check each item included)

- [ ] RFP
- [ ] VA SOW
- [ ] Draft budget
- [ ] Justification

Concurrence required from VA ACOS/R&D or VA ACOS/Education.

VHF Control #
(internal use only)

Category

Select...

VA approval

- [ ] Attached
- [ ] In process

If in process, expected date (MM/DD/YYYY)

Principal Investigator

PI phone

PI email

VA Medical Center

Select...

VA Service Line

Affiliated VA Centers of Excellence (check all that apply)

- [ ] CHERP
- [ ] GRECC
- [ ] HERL
- [ ] MIRECC

VA appointment

- [ ] Paid
- [ ] WOC

If paid, number of VA eighths (1–8)

Are you seeking VA salary support?

- [ ] Yes
- [ ] No

Service Line VP name

Service Line VP email

Service Line Business Manager name

Service Line Business Manager email

Paid appointment at Academic Affiliate?

- [ ] Yes
- [ ] No

If yes, Academic Affiliate name

Project Manager?

- [ ] Yes
- [ ] No

If yes, Project Manager name

Project Manager phone

Project Manager email

VA resources needed (check all that apply)

- [ ] Bioinformatics Core
- [ ] Investigational Drug Service
- [ ] Clinical Trials
- [ ] Imaging
- [ ] Qual Core
- [ ] Animal Care/Facility
- [ ] Laboratory
- [ ] Nursing

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Funding Agency or Organization

Is funder a for profit entity?

☐ Yes ☐ No

Project Type

Select...

Project Title

VHF is

Select...

Project Location

Select...

If Other, specify project location

Additional VA space required?

☐ Yes ☐ No

If VHF is a sub-recipient, Prime PI name

Prime institution

Prime institutional contact name

Prime institutional contact email

Prime institutional contact phone

Application submission / sponsor deadline

Target submission deadline per prime

VHF deadline (30 days before sponsor deadline)

Period of Performance start date

Period of Performance end date

PI signature

VA ACOS/R&D or VA ACOS/Education signature

VHF signature (internal use)

Submit to VHF Grants