

**Directions: Please complete sections 1-6 for all proposals and complete section 7 if submitting to NIH.**

**In adherence of OSP's internal proposal review guidelines, YPAT requires email receipt of final proposal documents 7 business days in advance of the sponsor deadline to allow for a full administrative review.**

| Section 1: Principal Investigator and Project Information                                                                                                                       |                        |                                                                          |                                    |                                         |
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| PI Name:                                                                                                                                                                        |                        |                                                                          |                                    |                                         |
| Primary Project Location (Building Name & Room #):                                                                                                                              |                        |                                                                          |                                    |                                         |
| Project Title:                                                                                                                                                                  |                        |                                                                          |                                    |                                         |
| Proposal Type:                                                                                                                                                                  |                        | Program Type:                                                            |                                    | Award # (NIH Resubmissions & Renewals): |
| PI Proposed Effort:                                                                                                                                                             |                        | VA appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    | eBRAP Username (for DOD proposals):     |
| Primary Sponsor Name:                                                                                                                                                           |                        |                                                                          |                                    |                                         |
| Will Yale be a subaward? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "Yes", list originating sponsor:                                                      |                        |                                                                          |                                    |                                         |
| Funding Opportunity #:                                                                                                                                                          |                        |                                                                          | NOSI (Notice of Special Interest): |                                         |
| Project Start & End Date: _____ to _____                                                                                                                                        |                        |                                                                          |                                    |                                         |
| Sponsor Deadline:                                                                                                                                                               |                        | Deadline Time (only if before 5PM):                                      |                                    |                                         |
| Section 2: Major Goals Statement                                                                                                                                                |                        |                                                                          |                                    |                                         |
| Provide a brief statement (1-2 sentences) of the overall objectives of the project, subproject, consortium arrangement or description of activity.                              |                        |                                                                          |                                    |                                         |
|                                                                                                                                                                                 |                        |                                                                          |                                    |                                         |
| Section 3: Budget Information                                                                                                                                                   |                        |                                                                          |                                    |                                         |
| YALE PERSONNEL – LIST NAME, ROLE, EFFORT, AND SELECT APPROPRIATE DESIGNATIONS FOR EACH                                                                                          |                        |                                                                          |                                    |                                         |
| Name                                                                                                                                                                            | Role                   | Effort                                                                   | Key Personnel                      | VA Appointment                          |
|                                                                                                                                                                                 |                        |                                                                          |                                    |                                         |
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| SUBCONTRACTS AND CONSULTANTS – PROVIDE PI OR CONSULTANT NAME ALONG WITH THEIR UNIVERSITY AND AGENCY NAME.                                                                       |                        |                                                                          |                                    |                                         |
| Name                                                                                                                                                                            | Administrative Contact | Email                                                                    |                                    |                                         |
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| Section 4: Human Subjects & Vertebrate Animals                                                                                                                                  |                        |                                                                          |                                    |                                         |
| HUMAN SUBJECTS                                                                                                                                                                  |                        |                                                                          |                                    |                                         |
| Are Human Subjects Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No      If project is exempt, provide exemption number:                                      |                        |                                                                          |                                    |                                         |
| <b>Note:</b> If you answered "Yes," and are submitting to NIH/AHRQ, then you <b>must</b> complete the PHS HS Study Record:                                                      |                        |                                                                          |                                    |                                         |
| Will this be a clinical trial? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                         |                        |                                                                          |                                    |                                         |
| If "Yes," is this trial a Phase III <input type="checkbox"/> Yes <input type="checkbox"/> No      Delayed Onset Study? <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |                                                                          |                                    |                                         |
| Does the proposed project involve human fetal tissue obtained from elective abortions? <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |                        |                                                                          |                                    |                                         |
| If yes, the proposal must include the following two attachments: HFT Compliance Assurance & HFT Sample IRB Consent Form. For NIH policy visit <a href="#">NOT-OD-19-137</a>     |                        |                                                                          |                                    |                                         |
| VERTEBRATE ANIMALS                                                                                                                                                              |                        |                                                                          |                                    |                                         |
| Are Vertebrate Animals Used? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                           |                        |                                                                          |                                    |                                         |
| Involves the Use of Live Vertebrate Animals (laboratory animals or wildlife)? <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |                        |                                                                          |                                    |                                         |
| Involves the use of live cephalopods (octopuses, squid, cuttlefish, or nautilus)? <input type="checkbox"/> Yes <input type="checkbox"/> No                                      |                        |                                                                          |                                    |                                         |
| Are animals euthanized consistent with AVMA guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                |                        |                                                                          |                                    |                                         |
| If euthanizing <b>not</b> consistent with AVMA guidelines, describe method and provide justification:                                                                           |                        |                                                                          |                                    |                                         |

| Section 5: Regulatory Questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                          |                                                                            |
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| Will this project require new space, renovations to existing space, or additional equipment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              | If "Yes" please explain:                                                 |                                                                            |
| Will this project involve YNHH services/staff? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                                                          |                                                                            |
| Does this proposal involve special research (either COVID-19 or Stem Cell research)? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                          |                                                                            |
| Is there proprietary/privileged information included in the application? (patentable ideas, trade secrets, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                                                                          |                                                                            |
| Does the project have an actual impact on the environment? (threatens the environment or public health) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                          |                                                                            |
| Is the research performance site designated, or eligible to be designated, as a historic place? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                                                          |                                                                            |
| <b>WILL EHS MATERIALS BE USED ON THIS PROJECT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF "YES," INDICATE WHICH MATERIAL(S) BELOW:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                          |                                                                            |
| <input type="checkbox"/> Recombinant DNA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Hazardous Chemicals | <input type="checkbox"/> Radioactive Materials/Sources                   | <input type="checkbox"/> Select Agents                                     |
| <input type="checkbox"/> Human Gene Transfer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Biohazards          | <input type="checkbox"/> Controlled Substances                           | <input type="checkbox"/> Radiation Generating Equipment                    |
| <input type="checkbox"/> Class 3b or 4 Lasers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Human Pathogens     | <input type="checkbox"/> Human Embryonic Stem Cells                      | If Human Embryonic Stem Cells will be used on this project provide ESCRO#: |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                          |                                                                            |
| Section 6: Export Questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                                                          |                                                                            |
| Does the proposed sponsored project involve the use of any Controlled Un-Classified Information? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>'Controlled Unclassified Information' (CUI) is information that requires safeguarding or dissemination controls pursuant to and consistent with applicable law, regulations, and government-wide policies but is not classified under Executive Order 13526 or the Atomic Energy Act, as amended. If your proposal seeks funding from a federal agency and you are unsure if CUI will be received or generated in the performance of the proposed research, please consult <a href="#">this link</a> to determine if CUI is Involved.</i>                                                                      |                                              |                                                                          |                                                                            |
| <b>Does the proposed project refer to or require any of the following:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                          |                                                                            |
| <input type="checkbox"/> Export controls in general or receipt of export-controlled materials <input type="checkbox"/> Publication Restrictions <input type="checkbox"/> Restrictions on foreign nationals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                          |                                                                            |
| Collaboration with a foreign entity or foreign national? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide name of country(ies):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                                                                          |                                                                            |
| Will any part of the proposed sponsored project be conducted outside the US? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                                                          |                                                                            |
| Any foreign travel, especially foreign travel with a laptop or other electronic device? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                          |                                                                            |
| Will this project involve the transfer or shipment of equipment, materials, software, or data or provision of services outside the US? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | If "Yes," specify country(ies) and detail shipments or services.         |                                                                            |
| Does the project involve any technology or software which involves encryption, possible military applications or the possibility to use such technology in development of weapons? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              | If "Yes", provide a description of the technology and software involved: |                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                          |                                                                            |
| Section 7: NIH APPLICATIONS – Answer the following questions only if your application is being submitted to the NIH.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                                                                          |                                                                            |
| Will you require a single IRB? (for multi-sites, includes AHRQ) <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Single IRB policy applies to domestic sites of NIH/AHRQ-funded multi-site studies where each site will conduct the same protocol involving non-exempt human subjects research. NOTE: LETTER OF SUPPORT FROM YALE'S HRPP OFFICE WILL BE REQUIRED. Click <a href="#">HERE</a> for more information.</i>                                                                                                                                                                                                                                                                                                                                           |                                              |                                                                          |                                                                            |
| Does any of the proposed research involve human specimens and/or data <b>NOT CONSIDERED HUMAN SUBJECTS RESEARCH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Disclaimer: Applications involving the use of human specimens or data may not be considered to be research involving human subjects, depending on the details of the materials to be used. For detailed instructions click <a href="#">HERE</a>. Additionally, De-identified samples do not count as human subjects. For de-identified samples, either exemption 4 should be picked or the "Not Human Subjects Research" attachment needs to be included. To decide whether your research involves human subjects refer to the RESEARCH INVOLVING PRIVATE INFORMATION OR BIOSPECIMENS.</i> |                                              |                                                                          |                                                                            |
| Will this project involve key biological and/or chemical resources? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                                          |                                                                            |
| Does this project involve the collection of LARGE-SCALE human or non-human genomic data? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, is there a plan for the submission of sharing of such data? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                                                          |                                                                            |
| NIH PHS ASSIGNMENT REQUEST FORM (OPTIONAL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                          |                                                                            |
| Suggested awarding components                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                          |                                                                            |
| Suggested study sections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                                                          |                                                                            |
| Identify scientific areas of expertise needed to review your application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                                                          |                                                                            |
| List of individuals who should not review your application and why (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                          |                                                                            |