

Department of Plastic Surgery
PLANNING TO SUBMIT OR RESUBMIT A GRANT

____ / ____ / ____

Name: _____

Working Title of Grant: _____

Due Date: _____

My Role in the Grant:

- Principal Investigator
- Co-investigator (PI is at PITT) Primary PI _____ Department _____
- Co-investigator (PI is outside of PITT) Primary PI _____ University _____

Investigator(s)

PI Name _____ Phone Number _____

Co-PI Name _____ Phone Number _____ (If Multiple PI grant)

Type of Agency (check one)

- Federal NIH (specify agency) _____
- Federal Non-NIH (specify name) _____
- State and Local Government (specify name) _____
- Foundation (specify name) _____
- Industry (specify company name) _____
- Other (specify name) _____

Type of Award (if you checked a federal agency above, please check type of award below)

- | | | | |
|------------------------------|------------------------------|----------------------------------|----------------------|
| <input type="checkbox"/> R01 | <input type="checkbox"/> P01 | <input type="checkbox"/> U01 | |
| <input type="checkbox"/> R21 | <input type="checkbox"/> P20 | <input type="checkbox"/> K | (specify type) _____ |
| <input type="checkbox"/> R34 | <input type="checkbox"/> P30 | <input type="checkbox"/> Other R | (specify type) _____ |
| <input type="checkbox"/> T32 | <input type="checkbox"/> P50 | <input type="checkbox"/> Other | (specify) _____ |

Submission (check one)

- Original
- Resubmission (please specify grant ID) _____
- Competing Renewal (please specify grant ID) _____

If resubmission, please write previous submission scores below (for recording purposes)

Priority Score _____ Percentile _____

- Submission as New of 2x previously reviewed grant (previous grant ID) _____

Please write previous submission scores below (for recording purposes)

1st Submission → Priority Score _____ Percentile _____

2nd Submission → Priority Score _____ Percentile _____

Does the Planned Grant Involve:

Lab, office, or clinic space NOT ALREADY HELD BY INVESTIGATOR OR COLLABORATORS is Needed for This Study

Yes No If yes, specify _____

New Equipment Purchase Needed that is Not Budgeted in the Grant

Yes No If yes, specify _____

Use of the Center for Innovation in Restorative Medicine (CIRM)/Department Clinical Trials Resources

Yes No If yes, specify _____

Grant Focus (check one)

- | | |
|--|---|
| <input type="checkbox"/> Adipose Stem Cell Biology | <input type="checkbox"/> Lymphedema |
| <input type="checkbox"/> Craniofacial Biology | <input type="checkbox"/> Nerve Regeneration |
| <input type="checkbox"/> Hand Transplantation | <input type="checkbox"/> Microsurgery |
| <input type="checkbox"/> Eye Transplantation | <input type="checkbox"/> Tissue Engineering |
| <input type="checkbox"/> Face Transplantation | <input type="checkbox"/> Inflammation and Wound Healing |
| <input type="checkbox"/> Other: _____ | |

Response to an RFA/PA?

Yes No If Yes, specify the following:

Number _____ Title of RFA/PA _____

Proposal Abstract is to be submitted as a separate document, and should include the title of the proposal.

Please complete and email this document as well as the abstract to pittplasticsurgery@upmc.edu as soon as you decide to submit a grant. If you decide not to submit, or to change your submission date, please notify the GRC as soon as possible.