



Grant Intake Form

All human subject, clinical trials, and general grant opportunities must be reviewed prior to development or submission of any proposal. Please complete this form in its entirety with appropriate signatures prior to submission to the Office of Research and Grants.

Date:

Principal Investigator/Applicant:

Name	
Department	
Academic Rank/Affiliation (if applicable)	
Phone Number	
E-Mail Address	

Correspondent (person to contact about the study, if other than the PI):

Name		
Department		
Academic Rank/Affiliation (if applicable)		
Phone Number		
E-Mail Address		
Co-Investigator(s)		
Other		

Purpose and Brief Description of Proposed Grant or Funding Opportunity:

Brief Description of How Proposed Grant Benefits Arrowhead Regional Medical Center and Meets its Strategic Goals:

ORG/ARMC Resources Requested: Additional information and documentation may be requested for checked items including department review.

<input type="checkbox"/> Biostatistics and Study Design	<input type="checkbox"/> Nutrition Services
<input type="checkbox"/> Biomedical Informatics	<input type="checkbox"/> Other (please provide details below)
<input type="checkbox"/> Biorepository Support	<input type="checkbox"/> Pharmacy Services
<input type="checkbox"/> Budget Development	<input type="checkbox"/> Protocol Development
<input type="checkbox"/> Clinical Skills Training	<input type="checkbox"/> QA, Monitoring, Committee Support
<input type="checkbox"/> Clinicaltrials.gov Registration and Support	<input type="checkbox"/> Research Coordinator Resources
<input type="checkbox"/> Education for Faculty and Staff	<input type="checkbox"/> Regulatory Support
<input type="checkbox"/> EHR Support	<input type="checkbox"/> Space, Ambulatory FHC
<input type="checkbox"/> Grant Award Management	<input type="checkbox"/> Space, In-Patient
<input type="checkbox"/> Grant Proposal Writing	<input type="checkbox"/> Subject Recruitment, Call Center, Pre-Screening
<input type="checkbox"/> Laboratory Services	<input type="checkbox"/> Survey Support
<input type="checkbox"/> Marketing/Public Affairs Support	<input type="checkbox"/> Translation Services/Interpreter Services
Other: (e.g., request for letter of support; grant development)	

Notes from the PI or Department:

(Special requests, urgency alerts, questions, concerns, etc.)

Funding Source(s) Information:

Funding Source(s):
 Funding Opportunity Number:
 Source Contact Information:
 Matching Funds Required:
 Type of Grant Application (Online or Mail Submitted):
 Grant Application Deadline:

Status of the Grant (Grant #, if awarded):
 PI on the Grant:

Stakeholder Review and Support for Further Examination:

Please collect preliminary grant support from the listed ARMC stakeholder department head or designee prior to submitting this intake form to the Office of Research and Grants. **Note: These affirmations are only preliminary for the purpose of determining whether grants should be considered or pursued and that it does not interfere with operational concerns for these departments. These signatures do not constitute final approval of the grant proposal.**

Information Management

Facilities (if Applicable)

Medical Records

Patient Accounts

Compliance

Fiscal Services

Medical Staff (if Applicable)

Nursing Administration (if Applicable)

Other: (specify): _____

Submission Instructions:

Please submit form with original signatures and a copy of the grant listing or announcement to the Office of Research and Grants located in the lower level of the hospital.

External Collaboration Letter of Support

Please attach a "Letter of Support" from any outside organizations or institutions you are planning on collaborating with on this grant.

(For Internal ORG Use Only) Disposition by the ORG:

- Hold – Additional information needed.
- Proceed – Proposal may proceed to further review by stakeholders indicated.

- Institutional Review Board
- Graduate Medical Education
- ARMC Foundation
- Chief Medical Officer
- Hospital Administration

Date of Decision:

Reviewer: