

GAP # \_\_\_\_\_

Reviewer: \_\_\_\_\_



## Grant Application Document Tracking Form

How did you hear about this opportunity: Research Administration ☐ The RUN ☐ Other: \_\_\_\_\_  
please specify

Please submit a completed & signed copy at least 4 weeks before grant deadline via e-mail to [PeerReview@unityhealth.to](mailto:PeerReview@unityhealth.to)

Are you submitting a ☐ Letter of Intent/Registration or ☐ Full Grant Application? Date Submitted: \_\_\_\_\_  
SMH Contact (questions & pick up: Name: \_\_\_\_\_ Ext: \_\_\_\_\_

### INVESTIGATOR INFORMATION

SMH Investigator: \_\_\_\_\_ Dept: \_\_\_\_\_ Division: \_\_\_\_\_  
Principal: ☐ Co-Investigator: ☐ Junior Investigator (<6yr faculty Appt.): ☐ Senior Investigator: ☐  
List of other Investigators: \_\_\_\_\_

### GRANT APPLICATION INFORMATION

Study Title: \_\_\_\_\_  
Full Name of Funding Agency: \_\_\_\_\_  
Funding Purpose: ☐ Operating ☐ Clinical Trials ☐ Career Award ☐ Infrastructure ☐ Other  
Name of Competition: \_\_\_\_\_  
Application Deadline: \_\_\_\_\_ If awarded, Month & Date when funds will be received: \_\_\_\_\_  
Type of Application: ☐ New ☐ Renewal Resubmission: ☐ Yes ☐ No If yes, list agencies: \_\_\_\_\_  
Total amount Requested: \_\_\_\_\_ Years Requested: \_\_\_\_\_  
Is Administering Institution: ☐ SMH ☐ Other, please specify: \_\_\_\_\_  
Research Area: ☐ Dry Bench ☐ Clinical ☐ Other ☐ Basic, if basic has Research Core Facility cost been included ☐ Yes  
Will you receive equipment through this grant: ☐ Yes ☐ No If yes, do you have approvals and space: ☐ Yes ☐ No ☐ Pending  
Matching funds required: ☐ Yes ☐ No, If Yes, approval received: ☐ Yes ☐ No ☐ Pending Source & Amount: \_\_\_\_\_

### MANDATORY PEER REVIEW PROCESS (MPRP)- FOR ALL PEER REVIEWED GRANTING AGENCIES & OPERATING GRANTS OF NON PEER REVIEWED AGENCIES

Undergoing MPRP: ☐ Yes ☐ Exempt

Name of reviewers, including email address if not at SMH: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
(3<sup>rd</sup> Optional) 3. \_\_\_\_\_

If exempt, reason:

Please Select

Name of organization(option 2) \_\_\_\_\_

### CONFLICT OF INTEREST

Conflict of Interest: Does the SMH Investigator or anyone on the Research Team or their family members have a financial or equity interest in the funding agency or any organization that could benefit from the research outcomes (e.g. employment, consulting, endorsement of products to be studied, member of senior management etc.)? ☐ No ☐ Yes if yes, please describe: \_\_\_\_\_

### SIGNATURES

(If human subjects and/or clinical resources are involved, both signatures are required from PI and Division Chief):

Principal Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Division Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Application picked up by Signature: \_\_\_\_\_ Date: \_\_\_\_\_