Cambridge Health Alliance: Department Review Form

Please use this form for all Sponsored Research Projects and IRB Applications.

Submission Type (please check all that apply):

☐ New Grant	☐ Grant Resubmission	☐ Grant Other:
☐ New IRB Submission	☐ IRB Funding Change	☐IRB Other:

Principal Investigator:	Anticipated Start Date:
Grant Project Title:	
IRB Protocol/Submission Title (if different from above):	

Funding Details:

Funding Source:	
Total estimated costs for all years (direct and indirect costs):	Total matching (if applicable):
Total estimated indirect costs:	Number of years:
Indirect rate:	
Is there cost sharing and or salary over the federal or funder cap?	☐ No ☐ Yes (If yes, please complete the Cost Sharing Form)

Additional Resources:

Additional space needs: • Current space 100% utilized? • Additional office/cubical? • Space/clinical space?	
Additional IT and telecom needs: • # of PCs • # of telephones • # of printers and specific software	
New hires and number of positions:	
Furniture/any other resources:	

Other Department Involvement:

Does this research involve Primary Care sites? ☐ No ☐ Yes If yes, please obtain review and signoff from Senior Medical Director, Primary Care
Does this project involve any staff, resources or patients from a dept. other than that of the PI listed above? ☐ No ☐ Yes If yes, please obtain review and signoff from applicable Department Chair(s). List other departments: List resources:

Required Signature from PI/Program Director

By signing below I certify (1) that the information submitted within the application is true, complete and accurate to the best of my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject to criminal, civil or administrative penalties; and (3) that I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

Title	Printed Name	Signature	Date
Principal Investigator/Program Director			
Other Required Supportive Signatures			
Dept. Finance Review -unfunded projects at the discretion of the Dept Chief			
Dept. Chief			
Sr. Medical Director, Primary Care			
Other Dept. Chief			
Other Dept. Chief			

Submit completed form to OSR (sponsored_research@challiance.org) or IRB (CHAIRBOffice@challiance.org)

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