

Department of Plastic Surgery Grant Review Committee

PLANNING TO SUBMIT OR RESUBMIT A GRANT

____/____/ ______

Working Title of Grant: Due Date: My Role in the Grant:			Yes		
	Does your prop	osal include clinical trials?	Yes		
My Role in the Grant:			Does your proposal include clinical trials? Yes No		
		Submission (check one)			
Principal Investigator		Original			
Co-investigator		Resubmission			
Consultant		Competing Rene	ewal		
Type of Agency (check one)					
Federal (NIH, DOD, NSF)	(specify agency)				
Foundation	(specify name)				
Industry	(specify company name)				
Other	(specify name)				
Grant Focus (check one)					
Adipose Stem Cell Biology		Lymphedema			
Craniofacial Research		Nerve Regeneration			
Body Contouring		Transplantation			
Fat Grafting/Processing		Tissue Engineering			
Burn Research		☐ Wound Healing			
Other:					
Response to an RFA/PA?					
Yes	No	If Yes, specify the following			
Number	Title of RFA/PA				
Provide link to proposal submission g	uidelines				

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 <u>pittplasticsurgery@upmc.edu</u> as soon as you decide to submit a grant. The pre-awards office requires 3 weeks notification prior to the grant deadline. If you decide not to submit, or to change your submission date, please notify the GRC as soon as possible.