



Department of Plastic Surgery
Grant Review Committee

____ / ____ / ____

PLANNING TO SUBMIT OR RESUBMIT A GRANT

Name: _____

Working Title of Grant: _____

Due Date: _____ Does your proposal include clinical trials? Yes No

My Role in the Grant:

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

- R01 P01 U01
R21 P20 K (specify type)
R34 P30 Other R (specify type)
T32 P50 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 _____

Provide link to proposal submission guidelines

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. 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.