**Department of Psychiatry**

**Research Review Committee**

**Cover Sheet**

Applications must be submitted to the Research Review Committee at least **one month before the due date** at the funding agency. Please e-mail a completed copy of this **form** together with your **proposal** to [psychiatryrrc@upmc.edu](mailto:psychiatryrrc@upmc.edu).

Please copy the PI on the e-mail if the proposal is submitted by an individual other than the PI. All Key Personnel should be aware that this proposal is being submitted.

**Application Title:**

**Submission:**

Original – please submit your grant proposal and this coversheet.

Resubmission – please submit your grant proposal, this coversheet, summary statement, and introduction page.

NIH “New” A0, previously twice reviewed – please submit your grant proposal, this coversheet, and Dr. Lewis’

additional departmental approval. Per NIH guidelines, no mention of earlier versions of this submission can be made in the application. For questions, please contact your grant specialist.

**Type of Review:**

**Click here to select**

**Award Mechanism:**

**Click here to select**

**Principal Investigator(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  ***(i.e. David Lewis, MD)*** | **E-mail** | **Department**  **(if not Psychiatry)** | **University**  **(if not Univ of Pgh)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Co-Investigator(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  ***(i.e. David Lewis, MD)*** | **E-mail** | **Department**  **(if not Psychiatry)** | **University**  **(if not Univ of Pgh)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Due Dates**  Office of Grants and Contracts (OGC)  **Click here to enter a date.** |

|  |
| --- |
| **Funding Agency**    Federal NIH **Click here to select**  Federal Non-NIH **Click here to Select**  Foundation **Click here to select**  Pharmaceutical / Industry Sponsored **Click here to select**  Other **Click here to select**  *If you selected “Other (specify)” for* ***any*** *of the above, please specify here* |

Is this application relevant to the NIMH Research Domain Criteria (RDoC) initiative?If “yes,” please check

Please suggest 3-5 reviewers who are **not co-investigators** and who have **not been involved in writing** the project.

**We ask that you confirm the willingness/availability of your suggested reviewers prior to listing them here**.

Please check the confirmed box for each reviewer who has agreed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Area of Expertise** | **E-mail Address** | **Confirmed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |