

NEW YORK MEDICAL COLLEGE – OFFICE OF RESEARCH ADMINISTRATION

NON-COMPETING APPLICATION or REVISION

OF APPROVED RESEARCH OR OTHER SPONSORED PROGRAM

Principal Investigator

Academic Title Department
Address Email
Telephone Alt. Phone

Title of Proposal

Granting Agency

ORA Log #

Indicate if any of the following have changed; attach a description or additional forms.

| | | |
|---------------------------------------|----|---------------------------------|
| Scope and Aims of the Project | No | Yes |
| Key Personnel | No | Yes |
| Human Subjects, Materials, or Records | No | Yes |
| Experimental Drugs or Devices | No | Yes |
| Vertebrate Animals | No | Yes (if yes submit form to CM) |
| Hazardous Substances | No | Yes (if yes submit form to EHS) |
| Facilities and Resources | No | Yes |

For REVISED applications attach a detailed budget

Principal Investigator Assurance

As principal investigator, I certify that the information submitted within the accompanying application is true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. 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 this application.

I certify that a New York Medical College Conflict of Interest and Commitment Form has been completed by me and any other individual associated with this project who is responsible for the design, conduct or reporting of research. Further, I certify that any change in the financial interests held by me or any such individual(s) since that disclosure has been/will be reported within 30 days of such change.

Principal Investigator _____ Date
(blue ink please)

Department Chair _____ Date
(blue ink please)