New Jersey Commission on Brain Injury Research  
QUALIFIED RESEARCH INSTITUTION  
REQUEST FOR APPROVAL

The New Jersey Commission on Brain Injury Research requires that the organization or institution of a grant applicant be approved as a qualified research institution prior to the submission of a grant application.

If your organization or institution appears below, you do not need to submit this document. Those organizations or institutions that have not been approved, and are not listed below, must apply.

Qualified Institutions

Rutgers, The State University of New Jersey 9/16/06
Kessler Medical Rehabilitation Center 9/16/06
Coriell Institute for Medical Research 9/16/06
Hackensack University Medical Center 9/16/06
Stevens Institute for Technology 9/16/06
Cooper University Hospital/Health System 12/7/09
Princeton University 12/7/09
Rowan University 12/13/11
Edge Therapeutics, Inc. 12/14/10
Atlantic Health Systems Hospital Corporation 12/7/09 (Atlantic Health Care System Neuro. Institute)
The Center for Neurological and Neurodevelopmental Health II, Inc., The Center for Neurological and Neurodevelopmental Health LLC, Clinical Research Center of NJ, and NeurAbilities 10/11/11
University of Medicine and Dentistry of New Jersey (now Rutgers Univ.)
Kessler Foundation 9/16/06
New Jersey Institute of Technology 9/16/06
Morristown Medical Hospital and Medical Center 11/10/09 (now part of Atlantic Health Systems Hospital Corporation)
International Brain Research Foundation 12/7/09
Englewood Hospital Research 12/7/09
CentraState Medical Center 3/15/11
Saint Barnabas Medical Center 10/11/11
VA NJ Health Care System and Veterans Biomedical Research Institute
JFK NJ Neuroscience Institute, JFK Health System and Seton Hall University School Health Medical Science 12/07/09
Montclair State University 9/15/15
The College of New Jersey 9/15/15
Visikol, Inc. 9/20/16

The completed form can be sent electronically to NCBIR@doh.nj.gov or by mail to The New Jersey Commission on Brain Injury Research, 369 South Warren St., P.O. Box 360, Trenton, New Jersey 08625-0360. If you have questions related to the completion of this form, please call the Commission office at 609-633-6465.

Name of Institution/Organization: ____________________________

1. Is this Institution/Organization capable of receiving and administering federal and state grants?
   □ Yes    □ No

2. Does this institution/organization have a Grant Administration Office (or equivalent) that is responsible for overseeing grant programs?
   □ Yes    □ No

IF YES, please list the grant administrator’s name, address, and phone number:

Administrator’s Name: ____________________________________________

Address: ________________________________________________________ Room: __________

City: __________________________ State: __________ Zip: ________________

Phone: __________________________ Email: ____________________________

IF NO, please explain what type of fiscal oversight structure your institution or organization has in place:

_____________________________________________________________
3. **What type of grants does the institution/organization hold?** Please check those that apply:

- [ ] National Institutes of Health (NIH)
- [ ] National Science Foundation (NSF)
- [ ] State or other Government Agencies
- [ ] Private and Corporate Foundations
- [ ] Other (please specify): __________________________________________________________________

4. **Does your institution/organization provide for the protection of human subjects, animal welfare, and recombinant DNA molecules as regulated by the National Institutes of Health?**

- [ ] Yes  
- [ ] No

   **IF NO**, please explain: __________________________________________________________________

5. **Does this institution/organization have in place an Institutional Review Board (IRB) that will approve proposed research?**

- [ ] Yes  
- [ ] No

6. **Please provide information on any ongoing funding that the institution/organization receives in regard to grants.** (Attach additional sheets if necessary.)

   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

7. **Please provide information on any affiliation agreements with any other institutions/organizations that the institution/organization may be an affiliate of.** (Attach additional sheets if necessary.)

   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
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