APPLICATION FORMS IN SAGE-Clinical Research and Fellowships

Clinical and Translational Research Pilot Projects (CAUT19APL)

The following forms are included in the SAGE application. Grant applications that do not include all the required information will be returned to the applicant without further consideration.

DHSS Organization Information Review Page

Application Summary-Select Cost reimbursement for Preferred Payment Plan

Project Location

Local and Legislative Districts (Populated from Project Location)

Research Assurance Information

Written Response to Reviewers' Critiques: Applicants who are reapplying for a grant are required to complete this section by addressing the critiques of the original application.

Abstract of Proposal

Lay Abstract of Proposal

Narrative: Projects narrative questions are listed in the **RFA (Appendix 3).**

Biographical Sketch: For each of the key personnel list: (1) Education/Training (Institution, location, degree, year(s) and field of study); (2) Position and Honors (3) Professional Memberships (4) Selected Peer-reviewed Publications, (5) Research Support (ongoing and completed projects).

Other Support: For each of the key personnel list (1) active support, (2) applications and proposals pending review or funding, (3) applications and proposals planned or being prepared for submission. See the SAGE for specific information required for each category.

Resources and Environment

Collaborative Arrangements: If applicable, describe the involvement of collaborators in the proposed project. Attach copies of letters from the collaborators, including time commitments and agreed upon responsibilities.

Budget Schedules A – C and Justification Pages: Full and part-time personnel costs, personnel costs with no fringe, consultant services cost and other cost categories. For each schedule entered and saved a justification must be completed. Refer to Justification Pages from the Forms Menu.

Note: If applying for a one-year grant (an option for Clinical and Translational Research Pilot Projects) only the one year will be entered in SAGE. Applicants for two-year grants should prepare for expenditures for two years. The first-year budget request should be submitted with the application along with a corresponding narrative justification. The second-year budgets can be submitted without the corresponding narrative justification if general descriptions of how funding will be used in year two is included in the program plan. Indirect costs cannot exceed 15% annually and are included in the maximum funding.

The first year budget request should include, at a minimum, with corresponding narrative justification, (1) salary and justification for the Principal Investigator and other staff needed to meet the first-year responsibilities; (2) information about any sub-awards; (3) expenses related to communications, supplies, equipment; (4) travel funds for key personnel to attend an annual meeting to share research approaches, discuss lessons learned and identify potential areas of collaboration.

Cost Summary

Statement of Local Government Public Health Partnership

Schedule D: Officers and Director's List

Certification of Human Subjects & the Containment of Recombinant DNA Research

Certification of Equipment Needs: Equipment description and justification (include number and manufacturer)

Certifications Regarding Institutional Responsibilities

Schedule G: Certification Regarding Debarment and Suspension

Schedule H: Certification Regarding Lobbying

Schedule I: Certification Sheet indicating that the official (name and title) certifying for the agency agrees with all requirements and conditions of the application.

Schedule J: Agency Minority profile

Schedule K- Certification Regarding Environmental Tobacco Smoke

NJDOH Required Attachments

Note: A Valid Tax Clearance Certificate is due with submission of the application. Failure to include this will make your application non-responsive. For the Business Assistance Tax Clearance Application and Fee ($75.00 or $200.00) information please refer to
http://www.state.nj.us/treasury/taxation/busasst.shtml

Additionally, a Statement of Gross Revenue or Annual Audit Report is required. Refer to the Cost Controlling Initiatives on your grant application in SAGE under "Terms and Conditions". This is required to maintain compliance with the Commissioner's Cost Controlling Initiatives.

Miscellaneous Attachments – refer to narrative questions for grant specific required attachments. Also, attach the full proposal (narrative and abstracts) with tables, charts and illustrations as a Word or PDF document in the "Miscellaneous Attachment" section.

Postdoctoral Fellowships Research Program (CAUT19AFP)

The following forms are included in the SAGE application. Grant applications that do not include all the required information will be returned to the applicant without further consideration.

DHSS Organization Information Review Page

Application Summary-Select Cost reimbursement for Preferred Payment Plan

Project Location

Local Aid & Legislative Districts (Populated from Project Location)

Research Assurance Information

Applicant Information-applicant's and advisor's names and addresses, institution and department

Biographical Sketch

Research Funding Support of Advisor-active and pending support

Applicant Goals and Experience

Research Experience-problems studied, and conclusion reached

Publications

Lay Abstract of Research Plan

Abstract of Research Plan

Proposal Narrative: Projects narrative questions are listed in the **RFA (Appendix 4)**

Resources and Environment

Comments of Advisor-Plan for mentoring the applicant, comment on the applicant's qualifications, institutional commitment and anticipated career development for the applicant.

Budget Schedules A – C and Justification Pages: Full and part-time personnel costs, personnel costs with no fringe, consultant services cost and other cost categories. For each schedule entered and saved a justification must be completed. Refer to Justification Pages from the Forms Menu.

Note: Applicants should prepare for expenditures for two years. The first-year budget request should be submitted with the application along with a corresponding narrative justification. The second-year budgets can be submitted without the corresponding narrative justification if general descriptions of how funding will be used in year two is included in the program plan. Indirect costs cannot exceed 15% annually and are included in the maximum funding.

Cost Summary

Statement of Local Government Public Health Partnership

Schedule D: Officers and Director's List

Policies Governing Research Grants

Suggested Reviewers

Certification for the Care and Treatment of Laboratory Animals

Certification of Human Subjects & the Containment of Recombinant DNA Research

Certifications Regarding Institutional Responsibilities

Certification of Equipment Needs: Equipment description and justification (include number and manufacturer)

Schedule G: Certification Regarding Debarment and Suspension

Schedule H: Certification Regarding Lobbying

Schedule I: Certification Sheet indicating that the official (name and title) certifying for the agency agrees with all requirements and conditions of the application.

Schedule J: Agency Minority profile

Schedule K- Certification Regarding Environmental Tobacco Smoke

Required Attachments

Note: A Valid Tax Clearance Certificate is due with submission of the application. Failure to include this will make your application non-responsive. For the Business Assistance Tax Clearance Application and

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Miscellaneous Attachments -See narrative questions for grant specific required attachments. Also, attach the full proposal (narrative and abstracts) with tables, charts and illustrations as a Word or PDF document in the "Miscellaneous Attachment" section.