

**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	University of Medicine and Dentistry of New Jersey (now Rutgers Univ.)
Kessler Medical Rehabilitation Center <sup>9/16/06</sup>	Kessler Foundation <sup>9/16/06</sup>
Coriell Institute for Medical Research <sup>9/16/06</sup>	New Jersey Institute of Technology <sup>9/16/06</sup>
Hackensack University Medical Center <sup>9/16/06</sup>	Morristown Medical Hospital and Medical Center <sup>11/10/09</sup> (now part of Atlantic Health Systems Hospital Corporation)
Stevens Institute for Technology <sup>9/16/06</sup>	International Brain Research Foundation <sup>12/7/09</sup>
Cooper University Hospital/Health System <sup>12/7/09</sup>	Englewood Hospital Research <sup>12/7/09</sup>
Princeton University <sup>12/7/09</sup>	CentraState Medical Center <sup>3/15/11</sup>
Rowan University <sup>12/13/11</sup>	Saint Barnabas Medical Center <sup>10/11/11</sup>
Edge Therapeutics, Inc. <sup>12/14/10</sup>	VA NJ Health Care System and Veterans Biomedical Research Institute
Atlantic Health Systems Hospital Corporation <sup>12/7/09</sup> (Atlantic Health Care System Neuro. Institute)	JFK NJ Neuroscience Institute, JFK Health System and Seton Hall University School Health Medical Science <sup>12/07/09</sup>
The Center for Neurological and Neurodevelopment Health II, Inc., The Center for Neurological and Neurodevelopment Health LLC, Clinical Research Center of NJ, and NeurAbilities <sup>10/11/11</sup>	Montclair State University <sup>9/15/15</sup>
St. Joseph's University Medical Center <sup>9/18/18</sup>	The College of New Jersey <sup>9/15/15</sup>
	Visikol, Inc. <sup>9/20/16</sup>

The completed form can be sent electronically to [NJCBIR@doh.nj.gov](mailto:NJCBIR@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:

\_\_\_\_\_

**QUALIFIED RESEARCH INSTITUTION  
REQUEST FOR APPROVAL  
(Continued)**

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

- |  |  |
|--|--|
| <input type="checkbox"/> National Institutes of Health (NIH) | <input type="checkbox"/> National Science Foundation (NSF) |
| <input type="checkbox"/> State or other Government Agencies  | <input type="checkbox"/> Private and Corporate Foundations |
| <input type="checkbox"/> 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.)

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**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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