New Jersey Department of Health
Commission on Spinal Cord Research

QUALIFIED RESEARCH INSTITUTION REQUEST FOR APPROVAL

The New Jersey Commission on Spinal Cord 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

- University of Medicine and Dentistry of New Jersey
- Princeton University
- Kessler Foundation
- Kessler Institute for Rehabilitation
- New Jersey Institute of Technology 5/19/05
- TRIM-edicine, Inc. 12/2/10
- Hackensack University Medical Center 11/14/13
- JFK NJ Neuroscience Institute/JFK Health System 12/18/03
- VA NJ Health Care System & Veterans Biomedical Research Institute 6/17/04
- Rowan University/Cooper University Hospital/Medical School & Health Systems 5/20/10
- Rutgers, The State University of New Jersey
- Coriell Institute for Medical Research
- Stevens Institute for Technology 2/2/03
- Wyeth Research/Pfizer 1/11/05
- Progenitor Cell Therapy, LLC 5/19/05
- Drew University 9/25/03
- Seton Hall University/School of Health & Medical Science 12/18/03
- Celvive, Inc. 6/18/15
- Montclair State University 9/17/15
- St. Joseph's University Medical Center 11/25/18
- GENERATION Biotech 11/21/19

The completed form can be sent electronically to NJCSCR@doh.nj.gov or by mail to The New Jersey Commission on Spinal Cord 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 609-292-4055.

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/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:

☐ 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.)

_____