

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

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

- |  |  |
|--|--|
| <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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