

## UC Davis Center for Healthcare Policy and Research Request for Center Assistance

<b>SERVICES REQUESTED</b>	
<input type="checkbox"/> Proposal development	<input type="checkbox"/> Existing project assistance
<input type="checkbox"/> Overall development <input type="checkbox"/> Writing/Editing	<input type="checkbox"/> Project Management <input type="checkbox"/> Recruiting/Enrollment
<input type="checkbox"/> Literature Review/Background Development	<input type="checkbox"/> Intervention Delivery <input type="checkbox"/> Analytical/Statistical
<input type="checkbox"/> Grant Administration	
<b>Note: Proposals development services have two methods of support for services rendered. Please choose one:</b>	
<input type="checkbox"/> Future award to be managed through CHPR <input type="checkbox"/> Acct.# for cost recovery _____	
<b>SECTION A</b>	
1. PI Name:	Today's Date:
2. PI Department:	
3. PI Phone:	
4. PI e-mail:	
5. Funding Agency:	
6. Funding opportunity or existing award number:	
7. Funding opportunity title:	
8. Your Project title:	
9. (For existing awards) DaFis Account #:      Managing Dept:	
10. Purpose of the project: Briefly outline the general purpose, specific aims and timeline of the research project:	
<b>The following section (Section B) pertains to proposal development only</b>	
<b>Section B</b>	
1. <b>Submission Due Date:</b>	
2. Proposed project start date:      End date:	
3. Is this a subaward for a project being submitted by another institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Does this submission include a subaward to another institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4a. (If yes to either of the above) Please list the institution(s) and key contact(s) for the subaward:	
5. List all <b>UC Davis personnel</b> to be named as key persons below. Include name, contact number or e-mail, and project role (i.e. co-investigator):	
6. List all <b>non-UC Davis personnel</b> to be named as key persons. Include institution, name, contact number or e-mail, and project role (i.e. co-investigator):	
7. List all consultants and institutions from which we will need to acquire <b>letters of support</b> :	

Preference will be given to interdisciplinary and collaborative research. The Center Director and Leadership Committee will review these requests on an ongoing basis to make decisions regarding the allocation of the Center's resources using the following criteria: appropriateness of the project to the Center mission and expertise, complexity and duration of the project, availability of Center staff and resources, adequate financial support for the project activity, and adequate financial support for Center-related project administration.

Please submit project requests to: Monica Steinhart, (916) 734-4665

Upon approval of the request, the Center Administrator will contact you regarding the details of the service agreement.