

# Doisy College of Health Sciences

## Grant Application Pre-Proposal

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### Overview

Research activity within the Doisy College of Health Sciences (DCHS) is an important component of our overall mission. Therefore, it is critical that the grant application process within the college for proposals seeking funding be as smooth and transparent as possible. The purpose of this grant application pre-proposal form is to alert the DCHS Grants Manager to upcoming projects and to help identify potential problems that could delay processing of grant applications. This form is not needed when submitting Letters of Intent, it is *only* for full applications. **ALL** funding applications (both internal and external to SLU) must be uploaded to eRS by the DCHS Grants Manager and this form must be submitted before an application can be uploaded to eRS. Please keep in mind that all applications-

a) with a subcontract or sub-award must be submitted to ORDS through eRS at least 10 business days prior to the agency deadline

b) without a subcontract/sub-award must be submitted 5 business days prior to the agency deadline.

### Section I. General Information

Name of PI	Today's Date
Funding Agency Name	Submission Deadline Date
Purpose of Proposed Work	

## Section II. Identification of Potential Concern(s)

Applications needing additional review are those that:

1. Involve a SLU unit in addition to DCHS
2. Have a role for SLU students in the proposed work
3. Have a budget of more than \$100,000/year in direct costs
4. Are NIH applications
5. Have a PI external to DCHS

### *Instructions*

If none of the above mentioned points apply to your application, skip the rest of this section and complete Section III. For studies that include one or more of the points detailed above, please complete both this section and section III, and submit this document to Michele Carley **at least four weeks** before the funding agency submission deadline.

	1	2	3	4	5
(check all that apply)					

#### For items 1 and/or 5.

Please provide names and affiliations of other internal/external investigators involved.

Identification of equipment and/or space required for study completion.

#### For item 2.

Identification and description of students.

#### For items 3 and/or 4.

Which agency/institute is the application going to, and what are the total dollars being requested.

### Section III. Signatures

PI		Date
Department Chair		

#### Upon signing, please return to:

Michele Carley  
Grants Manager  
Dean's Office  
Doisy College of Health Sciences  
Phone: 977-8615  
Fax: 977-8503  
[mcarley@slu.edu](mailto:mcarley@slu.edu)