

PROJECT SUBMISSION FORM

Complete this form to submit a proposal with CVRE.

This form must be submitted **30 days** prior to submission due date

Submit to admin@cvre.org

PI Name: _____ Email: _____

VA Title: _____ VA Service Line: _____

Have you previously served as a MVAHCS PI? Yes No

Application Details:

Proposal Deadline: _____

Application is: New Revision Competitive Renewal Resubmission Supplement

Type: Grant/Proposal Clinical Trial (CRADA) Other

Project Short Title (if known): _____

CVRE is: Prime recipient Subrecipient

Funding Sponsor: _____ Sponsor PI: _____

Prime Sponsor (if applicable): _____

Sponsor Indirect rate %: _____ Project Period: _____

Relevance to VA mission:

Proposal Guidelines (website link or [click to attach documents](#)):

Resources (non-personnel):

Check all that apply:

Human subject Animal Use Laboratory Imaging Pharmacy Data Team / Stat Support Other

Planned Study Personnel:

VA/CVRE:

Name:	Role:	Employer: (VA/CVRE)	Salary Requested: (Y/N)

Subcontracts:

Sub Name:	Name:	Role:	Salary Requested: (Y/N)

Consultants:

Name:	Type of work:

Principal Investigator Signature

Date