

FUNDING SOURCE CODES

1. Department of Veterans Affairs (Use only Administrative Code 02.)

[9002] = Research Advisory Group (Prog 821; CC 103) [9023] = Agent Orange & Related Herbicides (Prog 823)
[9003] = Merit Review (Prog 821; CC 103) [9024] = Health Services R&D (Prog 824)
[9006] = Special Research Initiatives (Prog 821; CC 106) [9025] = Cooperative Studies (Prog 825) [9092] = Musculoskeletal Research
[9008] = Career Development (Prog 821; CC 108) [9050] = Clinical Science R&D (Prog 825, CC 150)
[9009] = Other Designated Research (Prog 821; CC 109) [9090] = Office of Academic Affairs
[9022] = Rehabilitation R&D (Prog 822) [9091] = Health Care System & VISN Supported Research

2. National Institutes of Health and Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)

[9103] = Natl Cancer Institute [9122] = Natl Human Genome Research Institute
[9105] = Natl Eye Institute [9123] = Natl Center for Nursing Research
[9107] = Natl Heart, Lung, & Blood Institute [9125] = Natl Inst on Aging
[9109] = Natl Inst of Allergy and Infectious Diseases [9127] = Natl Inst on Alcohol Abuse and Alcoholism
[9111] = Natl Inst of Child Health & Human Development [9129] = Natl Inst on Arthritis, Musculoskeletal and Skin Diseases
[9113] = Natl Inst of Dental and Craniofacial Research [9131] = Natl Inst on Deafness & Other Communication Disorders
[9115] = Natl Inst of Diabetes, Digestive & Kidney Disease [9133] = Natl Inst on Drug Abuse
[9117] = Natl Inst of Environmental Health Sciences [9135] = Natl Inst on Mental Health
[9119] = Natl Inst of General Medical Sciences [9137] = Natl Center for Research Resources
[9121] = Natl Inst of Neurological Disorders & Stroke [9138] = Natl Inst of Biomedical Imaging and Bioengineering

3. Other United States Federal Government Agency

[9202] = Centers for Disease Control [9213] = Environmental Protection Agency [9225] = Natl Library of Medicine
[9203] = Dept of Defense [9215] = Food and Drug Admin [9227] = Natl Science Foundation
[9205] = Dept of Education [9217] = Health Resources & Svcs Adm [9229] = Rehabilitation Svcs Admin
[9207] = Dept of Energy [9219] = Natl Inst of Occupational Safety [9235] = U.S. Public Health Service
[9209] = Dept of Health & Human Services [9221] = Natl Aeronautics & Space Adm [9237] = Natl Inst of Disability Rehabilitation Research
[9211] = Dept of Labor [9223] = Agency for Health Care Policy Research [9299] = Other (Specify Name)

4. Other Government, Private Donor, or Academic Institution

[9301] = Affiliated University [9305] = Local Government [9309] = Foreign Government
[9303] = Private Donor [9307] = State Government [9360] = VA Medical Care-Supported Mgt Studies
[9399] = Other (Specify Name)

5. Private Proprietary Company

[9701] = A.H. Robins [9725] = Du Pont [9752] = Lorex [9781] = Ross
[9703] = Abbott [9731] = Eli Lilly [9754] = Marion-Merrell Dow [9782] = R.W. Johnson Pharm
[9705] = Adria [9732] = Fujisawa [9756] = McNeil [9783] = Sandoz
[9707] = Alpha Therapeutic [9733] = G.D. Searle [9760] = Merck & Co. [9784] = Schering
[9708] = American Cyanamid [9734] = G.H. Bessalaar [9764] = Miles [9785] = SmithKline Beecham
[9710] = Amgen [9736] = Genetech [9766] = Proctor & Gamble [9787] = Sanofi-Winthrop
[9712] = Berlex [9738] = Glaxo [9768] = Organon [9789] = Stuart
[9713] = Boehringer Ingelheim [9740] = Hoechst-Roussel [9770] = Ortho [9791] = Syntex
[9715] = Boots [9742] = Hoffman-LaRoche [9773] = Parke-Davis [9792] = TAP Pharm
[9717] = Bristol-Meyers Squibb [9744] = Hybritech [9775] = Pfizer [9793] = Upjohn
[9719] = Burroughs Wellcome [9745] = Immunomedics [9776] = Purdue Frederick [9795] = Warner-Chilcott
[9720] = Centocor [9746] = Janssen [9777] = Roberts Pharm [9797] = Wyeth-Ayerst
[9721] = Ciba-Geigy [9748] = Knoll [9778] = Roche [9798] = Zeneca
[9723] = Cytogen [9750] = Lederle [9779] = Rhone-Poulenc Rorer [9799] = Other (Specify Name)

6. Voluntary Agency/Foundation (For Local Chapters of National Organizations, use Agency/Foundation code, not 9899.)

[9803] = Alzheimer's Dis & Rel Dis Assoc [9823] = Arthritis Foundation [9863] = National Dairy Council
[9805] = American Cancer Society [9827] = Council for Tobacco Research [9867] = Natl Foundation Ileitis & Colitis
[9809] = American Diabetes Association [9831] = Cystic Fibrosis Foundation [9871] = National Kidney Foundation
[9811] = American Fdn for Aging Research [9833] = Deafness Research Fndn [9875] = Natl Multiple Sclerosis Society
[9812] = American Fndn for AIDS Research [9837] = Dermatology Foundation [9879] = Paralyzed Veterans of America
[9813] = American Heart Association [9839] = Disabled American Veterans [9883] = Robert Wood Johnson Fndn
[9815] = American Kidney Foundation [9843] = Epilepsy Foundation [9885] = Scleroderma Foundation
[9817] = American Legion [9847] = Juvenile Diabetes Foundation [9887] = Smokeless Tobacco Research Council
[9819] = American Lung Association [9851] = Lupus Foundation [9891] = Spinal Cord Society
[9821] = American Narcolepsy Assoc [9855] = March of Dimes [9895] = Change
[9822] = Amer Parkinson Disease Assoc [9859] = Muscular Dystrophy Association [9899] = Other (Specify Name)

7. None (Enter 0000) (Use only Administrative Code 01.)

ADMINISTRATIVE CODES

[01] = No funding (Valid only for Funding Code 0000) [06] = Change
[02] = VA funds (Valid only for Funding Codes beginning with 90) [07] = Affiliated University
[03] = VA - Reimbursed from another Federal Agency* [08] = Other Agency
[04] = VA - Direct grant [09] = Med Care-Supported Studies
[05] = VA - General Post Funds

*Administrative Code 03 is valid only for Funding Codes beginning with 91 and 92.

*Administrative Code 09 is valid only for Funding Code 9360.

Request to Review Research Proposal/Project

1. **Principal Investigator/Program Director:** _____
Last First MI Degree

2. **SSN:** ____ - ____ - ____ 3. **Telephone:** _____ **Ext.:** _____ 4. **Mail Code:** _____

5. **VA Appointment:** Full-Time Part-Time WOC Consultant Contract
(Check one)

6. **Status of PI in Proposal:** _____ (01 = Awardee or Initiator 02 = Not Awardee; i.e., Participant in VA Co-Op Study)
(Enter Code)

7. **Type of Submission:** New Renewal of Active Project
(Check one)

If Renewal, complete a and b: a) Enter 4-digit number of active project _____ b) Has title changed? Yes No

8. **Project Title:** _____
(142 characters maximum)

9. **Co-Principal Investigators:** (Enter only if study is funded. Must have a VA appointment and must be designated a Co-PI in application.)

(Last name, first name, mi, degree) _____ (Social Security Number) Check if at another VAMC

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10. **Anticipated Starting Date:** ____/____/____ (mm/dd/yy)

11. **Funding Source and Fund Administration:** (Codes are on back of instruction sheet)

Source Code (4-digits)	Name if Source Code ends in "99"	Admin Code (2-digits)	Name if Admin Code is "08"
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If Source Code is 9022, 9024, or 9025, enter VACO Project Number _____

12. **Project Uses:** (Mark each item and submit completed forms. If Animal Subjects is Yes, Complete Item 15.)

Human Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No	Invest Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No	Radioisotopes <input type="checkbox"/> Yes <input type="checkbox"/> No
Animal Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No	Invest Devices <input type="checkbox"/> Yes <input type="checkbox"/> No	Biohazards <input type="checkbox"/> Yes <input type="checkbox"/> No

13. **Project Focus:** (Mark each item.)

Agent Orange <input type="checkbox"/> Yes <input type="checkbox"/> No	Females <input type="checkbox"/> Yes <input type="checkbox"/> No	Prisoners of War <input type="checkbox"/> Yes <input type="checkbox"/> No
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14. **Keywords:** (Minimum 3, maximum 6. Use MeSH terms only. Enter one term per line.)

1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

15. **Animal Subjects:** (Species and, if applicable, strain. Enter one species per line.)

1) _____ 5) _____
2) _____ 6) _____
3) _____ 7) _____
4) _____ 8) _____

16. **Abstract:** (Submit on separate sheet or on floppy disk; see instructions)

17. **Institutional Support:** (Mark each item. *If Yes, a letter of support/collaboration must be attached to this form.)

Laboratory*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicine*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pharmacy*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radiology*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nuclear Medicine*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nursing*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatry*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outpatient*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surgery*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other*	<input type="checkbox"/> Yes <input type="checkbox"/> No	> If Yes, Specify _____			
Lab Space	<input type="checkbox"/> Yes <input type="checkbox"/> No	> If Yes, Bldg and Room _____			
Budget Page	<input type="checkbox"/> Yes <input type="checkbox"/> No	> Must be included with all submissions (except Funding Source Code 0000)			

18. **Institutional Approvals:** (Signatures as appropriate)

Section Chief _____ _____
Date

Service Chief _____ _____
Date

19. **Comments:** _____

Principal Investigator _____ _____
Signature *Date*

Note: If this is your First Research Proposal submitted at this Medical Center, please also submit an Investigator Data Sheet (Page 18) and a Personal Data Form. The same applies to co-principal investigators who have not submitted these forms.

Research Office use only:

Date Received: _____

Item check: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 VAF 10-5368

Date Returned: _____ *Reason:* _____

Date Entered: _____