



## Hebrew SeniorLife Grant Application Checklist / Proposal Intake Form

This form needs to be submitted to [sabrinacarretie@hsl.harvard.edu](mailto:sabrinacarretie@hsl.harvard.edu) prior to starting any work on the application, with at least 6 weeks notice. All federal applications must be prepared and submitted by Marcus Research Administration. Signatures are required at least one week prior to submission deadline. Please include a one-page summary of the benefits to HSL, the infrastructure needs, and what HSL resources are required.

### General Application Information:

Proposal Title:		
HSL PI Name:		
HSL PI Department:		
HSL Senior Leadership member(s) responsible for financial commitment		
Sponsor Name:		
Funding Title:		
Link to RFA/PA:		
Sponsor Application Deadline:		
HSL Co Investigators:		
<u>Name:</u>	<u>Department:</u>	<u>Role:</u>
Names of Subcontractors or External Collaborators:		
<u>Name:</u>	<u>Institution:</u>	<u>Role:</u>
Budget Start Date:		
Budget End Date:		
Indirect Cost Rate Used:	<b>If rate is restricted by the sponsor, attach sponsor written documentation.</b>	



<b>Budget Details</b>
(Please include necessary costs by category including staff names, Employee ID, and relevant salary information)

**Compliance Specific Details:**

Mandatory Cost Share: If not, then cost share/match is not permitted	<b>Yes or No?</b>
<b>If Yes:</b>	
What is total sponsor required amount of cost share?	
What is the amount being proposed?	
What department and HSL account will cover the cost share?	
Has department completed the cost share authorization letter?	
Are there human subjects involved?	<b>Yes or No?</b>
<b>If yes, please complete the human subjects involvement <a href="#">questionnaire here.</a></b>	
Is there adequate space for the project or will additional space be needed?	
Will this project utilize existing personnel or require additional external hires?	
Are there any IT or Legal resources required for this funding. If so please explain and get signature by authorized SLT member(s)	



Marcus Institute  
for Aging Research

Hebrew SeniorLife



HARVARD MEDICAL SCHOOL  
AFFILIATE

Does this project overlap with an existing or proposed project at HSL?	
Is this application being submitted to another agency	

**Signatures Required Before Submission\*:**

**Principal Investigator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Senior Leadership Member from PI Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if different from PI)

**Senior Leadership Member Responsible for Project:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if different from PI)

**\*note: all key personnel will be required to complete a financial conflict of interest disclosure form specific to this application rendering the individuals financial interests subject to federal auditing requirements, where applicable.**

**\*Principal Investigator and Senior Leadership Member will also be required to sign off on the final application prior to submission.**