

**New York Medical College  
Office of Research Administration (“ORA”)**

Note: No research project may be initiated without Office of Research Administration approval in the form of a Digest of Award Terms or official letter.

**Submission Requirements for Research and Sponsored Programs**

- 1 typed, signed, original of the College Application to Conduct Sponsored Program or Research (College forms) including signatures of Principal Investigator (PI), College chair of PI’s academic department, and College chair of any participating academic department

***IF VERTEBRATE ANIMALS ARE INVOLVED:***

***Animal Forms***

Please visit the [Department of Comparative Medicine](#) for forms, guides and other information.

**Return completed forms to:**  
**Comparative Medicine**  
**Basic Science Bldg-Room 709**  
**[\(914\) 594-4349](tel:9145944349)**

***IF rDNA, ADENOVIRUSES, RETROVIRUSES, CARCINOGENS OR OTHER BIOHAZARDS ARE INVOLVED:***

***Biological Hazards Forms***

Please visit the [Department of Comparative Medicine](#) for forms, guides and other information.

***Biological Hazards Forms***

**Return to:**

*Environmental Health & Safety*  
*Vosburgh Pavilion-Room 230*  
**[\(914\) 594-4078](tel:9145944078)**

[Registration of Research with Recombinant DNA](#) - Form for use when research includes the use of Recombinant DNA.

[Registration of Research with Microbiological Hazards](#) - Form for use when research includes the use of Microbiological Hazards.

***If Human Subjects, Human Materials, Records, Experimental Drugs in Human Subjects or Experimental Device in Human Subjects are involved***

***The submission and review process for IRB applications is electronic using Sitero’s Mentor IRB.***

*Mentor is integrated with our NYMC, TouroOne Single Sign-On system (SSO). All NYMC students, faculty, and staff are required to access the Mentor IRB using SSO.*

*Log into the [TouroOne portal](#) and proceed to the Mentor/COI Application tab.*

*If you do not know your TouroOne portal credentials, or if you encounter any other login issues, please contact the TouroOne Helpdesk: Email: [help@touro.edu](mailto:help@touro.edu)*

**NEW YORK MEDICAL COLLEGE - OFFICE OF RESEARCH ADMINISTRATION  
APPLICATION TO CONDUCT SPONSORED PROGRAM OR RESEARCH**

**Performance Site(s):**

New York Medical College   
 Westchester Medical Center   
 Metropolitan Hospital   
 Terence Cardinal Cooke   
 WIHD   
 Other

**Type of Application:**

Research  Fellowship   
 Training  Service  Other   
 New Project  Supplement   
 Renewal  Transfer   
 Continuation  Pilot Study   
 Revision  Other

**Title of Proposal:** (Do not exceed 81 characters and spaces)

**Principal Investigator or Project Director:**

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Academic Title: \_\_\_\_\_  
 Dept.: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**Grantor:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Official to whom correspondence should be addressed (name and title):

**Funds:**

Annual grant applied for: \$ \_\_\_\_\_  
 Total grant applied for: \$ \_\_\_\_\_

**Dates:**

Period: from \_\_\_\_\_ to \_\_\_\_\_  
 Period: from \_\_\_\_\_ to \_\_\_\_\_

**Co-investigator:**

Dept.: \_\_\_\_\_ Title: \_\_\_\_\_

**Other Professional Participants:**

Name: \_\_\_\_\_ Dept.: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name: \_\_\_\_\_ Dept.: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name: \_\_\_\_\_ Dept.: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name: \_\_\_\_\_ Dept.: \_\_\_\_\_ Title: \_\_\_\_\_

*(Add additional page if necessary)*

**Facilities and Resources Required:**

Specific Location: \_\_\_\_\_ Already \_\_\_\_\_ To be \_\_\_\_\_

		Obtained:	Obtained:
Office space:	- <b>(include Bldg., Room #, Clinic, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory space:	-	<input type="checkbox"/>	<input type="checkbox"/>
Hospital beds:	-	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient facilities:	-	<input type="checkbox"/>	<input type="checkbox"/>
Equipment:	-	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy:	-	<input type="checkbox"/>	<input type="checkbox"/>

Are renovations or alterations, including installation of utility lines, needed? No  Yes

Specify:  
 Amount: \$ \_\_\_\_\_ Source of funds: \_\_\_\_\_

Centralized support departments: engineering:  instrument shop:  Pathology lab:

RevORA 08/25

**Lay Abstract:**

Briefly, in lay language, summarize the purpose, plan, and significance of the proposal:

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**Human Subjects, Human Materials or Records:**

Yes:  No:

If yes, please go to <https://www.nymc.edu/departments/office-of-research-administration/human-subjects-research-irb/> to submit IRB material

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**Experimental Drugs in Human Subjects:** Yes:  No:

(new drug usage or dosage)

**Experimental Device in Human Subjects:** Yes:  No:

If yes, please go to <https://www.nymc.edu/departments/office-of-research-administration/human-subjects-research-irb/> to submit IRB material

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**Vertebrate Animals:** Yes:  No:

If yes, complete the Comparative Medicine forms (See: *Department of Comparative Medicine* on the College website)

**Hazardous Substances:** Yes:  No:  (if yes check appropriate box(s))

- radioisotopes
- recombinant DNA
- pathogenic organisms
- other (specify)

If yes, complete the Biological Hazards forms (See: *Department of Energy, Environment, Health and Safety* on the College website).

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**Please list all artificial intelligence (AI) tools and technology used and explain how they were used:**

*Use additional pages, if needed.*

Name of Principal Investigator

## INSTRUCTIONS FOR PREPARATION OF BUDGET

Provide a budget to indicate how the funds will be used. Use the following budget form in applications where no detailed budget sheets are provided. Where a budget has been prepared for a formal application to a funding agency, attach a copy of that budget here in lieu of completing the following page.

- A. Personnel - specify names, if known, title and % of effort. Indicate salary and fringe benefits as separate figures as well as a total for each position.
- B. Permanent Equipment - list separately each item costing \$5000 or more, which has a usable life of greater than one year.
- C. Supplies – list in categories, e.g., chemical agents, glassware, etc.
- D. Travel - e.g., meetings, site visits, etc.
- E. Animals and Animal Care - follow example:

# Species x Unit Cost = Purchase Cost  
# Animals x #Days x Per Diem Cost = Maintenance Cost

Additional Animal Costs – Surgery suite, miscellaneous charges =

TOTAL ANIMAL COSTS \$xxxxx

*(Current charges are available from the Department of Comparative Medicine.)*

- F. Patient Costs - identify items of patient care to be charged to the grant, e.g., lab tests, procedures, etc.
- G. Other - be specific, e.g., alterations and renovations, communication and publications, hazardous waste disposal.

## GRANT BUDGET

For use in applications where no detailed budget sheets are provided:

Budget Period: from 10/01/2025 to 09/30/2027

A. PERSONNEL		%	Salary	Fringe	
Name and Title		Time	Requested	Benefits	Totals
Faculty: <b>Sanjeev Gupta</b>					
<b>Assoc Professor of Medicine</b>		<b>8</b>	<b>\$48,000</b>		
					\$ 48,000
					\$
					\$
Non-faculty:					
					\$
					\$
					\$
					Personnel Total: \$48,000

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**B. PERMANENT EQUIPMENT:** (Itemize)

\$

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**C. SUPPLIES:** (Itemize)

**Lab costs**

**\$ 10,344**

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**D. TRAVEL:**

Domestic

Foreign

\$

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**E. ANIMALS AND ANIMAL CARE:**

\$

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**F. PATIENT COSTS:**

\$

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**G. OTHER:** (List)

\$

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<u>TOTAL DIRECT COSTS</u>	\$ 57,404
<u>INDIRECT COSTS</u> 10% of \$	\$ 5,740
<u>TOTAL AMOUNT REQUESTED</u>	\$ 63,144

Sanjeev Gupta, MD  
Name of Principal Investigator

**APPROVALS/SIGNATURES**

(To be obtained before submission to the ORA)

**Principal Investigator or Program Director:**

Typed Name:

Title

**Title of Proposal:**

**Grantor:**

**Principal Investigator or Program Director Assurance:**

As principal investigator, I certify that the information submitted within the accompanying application is true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

I certify that the information submitted within the accompanying application represents original ideas and independent work and no substantial portion of the application has been generated or substantially influenced by artificial intelligence (AI) tools or technologies. I have read and agree to abide by the directives of New York Medical College’s Use of AI in Sponsored Research and Grant Submissions policy.

It is agreed that the name of the New York Medical College or any of the institutions associated with it will not be used in connection with publicity, advertising or other references to this work unless a copy of the statements to be used has prior written approval of appropriate institutional officials.

I have read and agree to abide by the intellectual property policy of the New York Medical College which includes full disclosure of all inventions.

I certify that a New York Medical College Conflict of Interest and Commitment Form has been completed by me and any other individual associated with this project who is responsible for the design, conduct or reporting of research. Further, I certify that any change in the financial interests held by me or any such individual(s) since that disclosure has been/will be reported within 30 days of such change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approval of Academic Department Chair:**

Typed Name

Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approvals of Chairs of other Participating Academic Departments:**

**Name**

**Department**

**Signature**

**Date**

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**NEW YORK MEDICAL COLLEGE – OFFICE OF RESEARCH ADMINISTRATION**

**NON-COMPETING APPLICATION or RESUBMISSION**

OF APPROVED RESEARCH OR OTHER SPONSORED PROGRAM

**Principal Investigator**

Academic Title	Department
Address	Email
Telephone	Alt. Phone

**Title of Proposal**

**Granting Agency**

*Indicate if any of the following have changed; attach a description or additional forms.*

Scope and Aims of the Project	No	Yes
Key Personnel	No	Yes
Human Subjects, Materials, or Records	No	Yes
Experimental Drugs or Devices	No	Yes
Vertebrate Animals	No	Yes (if yes submit form to CM)
Hazardous Substances	No	Yes (if yes submit form to EHS)
Facilities and Resources	No	Yes

**For REVISED applications attach a detailed budget**

**Principal Investigator Assurance**

As principal investigator, I certify that the information submitted within the accompanying application is true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

**Please list all artificial intelligence (AI) tools and technology used and explain how they were used:**

I certify that a New York Medical College Conflict of Interest and Commitment Form has been completed by me and any other individual associated with this project who is responsible for the design, conduct or reporting of research. Further, I certify that any change in the financial interests held by me or any such individual(s) since that disclosure has been/will be reported within 30 days of such change.

Principal Investigator \_\_\_\_\_ Date

Department Chair \_\_\_\_\_ Date