

**Service Level Agreement: DFCM PRE-APPROVAL FORM Thomas Jefferson University  
Research Administration Center of Excellence (RACE)**

DFCM Faculty Member	PI <input type="checkbox"/>	CO-I <input type="checkbox"/>	Other <input type="checkbox"/>
Your role on the Grant <i>(If you are not the PI, please Provide a PI name and affiliation)</i>			
Funding Organization <i>(Include RFA No. if applicable)</i>			
Application Due Date			
Project Title			
Project Start/End Date			
Is a DFCM Site Involved? <i>(If yes, please specify)</i>			
Outside DFCM Collaborations? <i>(If yes, please specify)</i>			
Human Subjects Enrollment? <i>(If yes, from where?)</i>			
<b>Required**</b> What is your effort on the grant? Is it funded? <i>If not, please explain.</i>			
Other DFCM Faculty or Staff? List all <u>with role on project &amp; effort</u> <i>(If project requires faculty, clinical or other role adjustment please explain)</i>			
Short Abstract or Project Description			

**Notes**

Randa Sifri, MD, Director of Research: \_\_\_\_\_

Noah Lazarus, MBA, Administrator: \_\_\_\_\_

Marina Rodriguez, Assistant Business Manager: \_\_\_\_\_

Please submit one copy of this form to Alexis Silverio [alexis.silverio@jefferson.edu](mailto:alexis.silverio@jefferson.edu)