DEPARTMENT OF SURGERY
 Guidelines for Voluntary Pre-Submission Grant Application Reviews

Federal research funding is extremely competitive. To help faculty compete more successfully for research grants, the Department of Surgery will implement a pre-submission grant application review process. The intent of this pre-submission review is to provide critical and timely feedback, thus allowing the investigator to revise and strengthen the application prior to formal submission to the grant agency. This program is modeled after several successful pre-submission review programs at top universities and medical centers throughout the country.

The specific details of the program are as follows:

1. The program is entirely voluntary and open to all Department of Surgery faculty, fellows, and residents who request assistance in preparing a grant application to a federal granting agency.

2. Applicants to the program will be prioritized based on the following criteria:
   a. New investigators preparing their first grant application.
   b. Investigators resubmitting an unfunded application that was scored.
   c. Investigators resubmitting an unfunded application that was not discussed.

3. Grant applications of all types (e.g., NIH R, K or T mechanism) will be considered.

4. Applicants to the program should complete the Request for Pre-Submission Grant Application Review form. This form should be submitted well in advance of the actual grant submission deadline to permit the Consultant(s) enough time to complete the review and to allow the applicant ample time to make revisions.

5. The applicant should identify a Consultant to perform the pre-submission grant application review. Selection of the Consultant should be based on the following criteria:
   a. Well-established investigator in the specified field.
   b. Current or previous recipient of grant from targeted agency.
   c. Current or previous reviewer for targeted agency.
   d. Willingness to offer specific, detailed, and written advice on the strengths and limitations of the applications, as well as ways to improve the application.
   e. Ability to provide the written critique within two weeks of receiving the application.

The Consultant should be someone affiliated with Beth Israel Deaconess Medical Center or Harvard Medical School. An external Consultant or a second Consultant may be requested under special circumstances, although strong justification must be provided.

6. Arrangements for the review will be made by a Member of the Pre-Submission Grant Review Committee. The Committee Member will confirm the Consultant’s credentials and willingness to serve in this capacity. A complete, final draft of the grant application will be submitted to the Consultant at least 6 weeks before the actual submission deadline.

7. The Department of Surgery will provide an honorarium of $500 to the Consultant upon receipt of the written review.
DEPARTMENT OF SURGERY
Request for Pre-Submission Grant Application Review

This form should be completed if requesting a pre-submission grant application review by an external Consultant. Please review the Guidelines for Voluntary Pre-Submission Grant Application Reviews before completing this form. Submit the completed form to Jim Rodrigue, PhD via email (jrrodrig@bidmc.harvard.edu) or fax (617-632-9820).

1. Principal Investigator: __________________________________________________________

2. Division: __________________________________________________________

3. Contact Information: Phone: _______________________ Fax: ________________________
   Email: __________________________________________________

4. Grant Information: Title:  ____________________________________________________
   ______________________________________________________
   Agency:  __________________________________________________
   Type:  ☐ New investigator, new application  
   ☐ Resubmission of an unfunded application that was scored
   Impact / Priority Score: _________
   ☐ Resubmission of an unfunded application that was not discussed
   ☐ Established investigator, new application or resubmission

5. Recommended Consultant:
   Name:  ____________________________________________________
   Affiliation: _____________________________________________
   Contact Information: ______________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

6. Reason for Request: _________________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

For Department use only:  ☐ Approved  ☐ Not approved
   Signature: _______________________________  Date: ______________
   Comments:  _______________________________________________