



## Grant Feasibility Questionnaire

- Please fill out the form completely and email to [VHANFLNFFREAdmin@va.gov](mailto:VHANFLNFFREAdmin@va.gov).
- This form collects data on VA space, staff, and services needed for the research. These data are needed by the North Florida/South Georgia Veterans Health System (NF/SG VHS) Research & Development Committee.
- Questions? [VHANFLNFFREAdmin@va.gov](mailto:VHANFLNFFREAdmin@va.gov).

Grant Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Funding Source: \_\_\_\_\_

Does this grant permit Indirect Costs (IDCs)? \_\_\_\_

1. Are you currently assigned designated VA research space? If so, please list or check for No:

Location/Rm No	Function
NOTE: Additional space available at end of questionnaire.	

Will you require **additional** or **new** VA space? If so, describe:

\_\_\_\_\_

2. Is this a human study or animal study? \_\_\_\_

3. If this study recruits humans, where will subjects be recruited?

\_\_ VA

\_\_ Non-VA locations – List all:

4. Which IRB will this protocol be submitted to? \_\_\_\_

5. Will this project require regulatory support? If so, select the support required or check No:

\_\_\_\_ Initial submission, including all VA subcommittees and IRB of record

\_\_\_\_ Maintenance, including continuing reviews, revisions, and status reports

6. Staff who will assist with the study:

Employee Name	Type of Appointment VA / WOC / UF / Other	Funding Source
NOTE: Additional space available at end of questionnaire.		

7. Will you need to hire additional personnel to conduct this study? \_\_\_\_

8. Does this project have any imaging requirements? If yes, list below or check No:

Describe Imaging Type/Procedure	Location
NOTE: Additional space available at end of questionnaire.	

9. Does this project require any laboratory sample processing? If so, list below or check No:

Describe Specimen and Lab Value	Collection/Analysis Location
NOTE: Additional space available at end of questionnaire.	

10. Will you need to ship specimen samples? \_\_\_\_

If yes, will the shipment of samples require the use of dry ice? \_\_\_\_

11. Will you need access to research freezer space? \_\_\_\_

12. Does this project involve a study drug? No

If yes, describe where the study drug will be maintained and dispensed:

---

If the services of the NF/SG VHS Investigational Drug Service will be needed, complete the Pharmacy Service IDS Feasibility Assessment.

13. Will you need to purchase supplies or equipment specifically for this project? No

If yes, please list and indicate if there is sufficient storage space for equipment:

Items to Be Purchased	Storage Space for Equipment (Y/N/NA)
NOTE: Additional space available at end of questionnaire.	

### Continuation Tables

Space Location/Rm No	Function

Employee Name	Type of Appointment VA / WOC / UF / Other	Funding Source

Describe Imaging Type/Procedure	Location

Describe Specimen and Lab Value	Collection/Analysis Location

Items to Be Purchased	Storage Space for Equipment (Y/N/NA)