



# DOD Pre-application Guidance FORM

Complete this form to secure approval from appropriate officials to submit a pre-application for a DOD mechanism. VERAM Contracts and Grants Division will provide you with proposal or contract support based upon the information provided. We recommend submission of this form at a **minimum of 4-6 weeks** prior to a submission due date. If you have questions, please e-mail [cgm@veram.org](mailto:cgm@veram.org).

- Instructions:**
1. Log in to **eBRAP** as PI;
  2. Complete/confirm profile information as appropriate. To confirm VERAM affiliation, review instructions [here](#).
  3. On the **My Applications** page, select 'start a new pre-application'
  3. Select **Research Program/Award Mechanism>Pre-Application**
  4. **Summary:** A pre-application summary page will display including pre-application summary information, required steps and forms for completion.
  5. **Submission type:** VERAM is an **extramural** organization
  6. **Application Information:** Address all required application information
  7. **Research classification codes;** the list of codes can be found at <https://ebrap.org/eBRAP/public/>
  8. **Application Contacts:** When prompted for a response, 'is the performance site the same as the contracting organization site', respond **no**. To select organization from the pre-populated drop down menu, type **very slowly** the following:  
    - Contracting organization:** Veterans Education and Research Association of Michigan>**ADD**;
    - Performance site:** VA Medical Center, Ann Arbor, MI or VAAAHS>**ADD**;
    - Principal Investigator:** enter PI name and email>**SEARCH**. If PI is not found, contact [cgm@veram.org](mailto:cgm@veram.org) to be added as VAAAHS/VERAM PI.
  9. **Primary Business Official (BO):** The PI must identify a BO from the list of Business Officials registered with eBRAP. Contact [cgm@veram.org](mailto:cgm@veram.org) for this information.
  10. **Collaborators and Key Personnel:** Add each member inclusive of first and last name, organization (affiliation) name, phone number, email address and role. All are required.
  11. **Conflicts of Interest (COI):** Add all individuals who may have a conflict of interest in the review of the application. Include a brief explanation (less than 100 characters including spaces) as to why this individual is in conflict.
  12. **Pre-application files:** upload all required files per the FOA.
  13. **Complete all required** information **within each subsequent tab** presented. Refer to the FOA for additional submission requirements.
  14. Notify the **Business Official** to prompt a pre-application submission review. PI(s) will be notified of submission status.
  15. Attach required files listed below to the e-mail with this form (refer to Section B: Grants for additional proposal components requested)
    - a. VA Financial Conflict of Interest Form ([initiate via IRBNet](#))
    - b. [NIH Biosketch](#)

If you have additional questions specific to **eBRAP**, you may contact the eBRAP help desk at 301-682-5507 or via email [help@eBRAP.org](mailto:help@eBRAP.org).

## SECTION A: PERSONNEL

### 1. Principal Investigator:

Last Name	First Name	Department	Email Address	Commons Username

### 2. Additional named Senior/Key Personnel (use additional sheets, if necessary)

Last Name	First Name	Department	Email Address	Commons Username

Proposal Title: \_\_\_\_\_

Link to FOA: \_\_\_\_\_

Award Mechanism Type: \_\_\_\_\_ Agency Submission Deadline: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

<b>VERAM is Prime recipient?</b>	YES	NO	<b>If yes, does this proposal involve subcontractor and/or subrecipients?</b>	YES	NO
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<b>List subcontractors and/or subrecipients:</b>	<b>List subcontract POC information:</b>
1. _____	POC #1 Name: _____ POC #1 Email: _____
2. _____	POC #2 Name: _____ POC #2 Email: _____
3. _____	POC #3 Name: _____ POC #3 Email: _____

**FOR CGM USE ONLY** Type of Proposal: FEDERAL INVESTIGATOR-INITIATED FOUNDATION OTHER(Specify): \_\_\_\_\_

Supporting Materials Attached YES NO \_\_\_\_\_

NEW CONTINUATION RENEWAL SUPPLEMENTAL REVISION/RESUBMISSION

GRANT CONTRACT SUBCONTRACT FELLOWSHIP COOPERATIVE AGREEMENT

Reviewed by CGM \_\_\_\_\_ APPROVED: YES NO Comments: \_\_\_\_\_