

**HARVARD PILGRIM HEALTH CARE, INC.
SPONSORED PROGRAMS APPLICATION**

SECTION VI: ADMINISTRATIVE IMPACT ON DPM

Title of Project	
Principal Investigator	

	Yes	No
Study takes place at DPM or involves use of DPM staff or resources		

*If Yes to the first question, the Director of Institute Administration must be informed of and sign off on the proposed use of staff or resources. Please complete the following questions, **ATTACH THE FIRST TWO SECTIONS OF THIS SPA AND THE BUDGET**, and obtain sign-off upon submission of the project.*

1. Are you able to conduct this project with your current staff?
If No, describe your hiring needs. Yes No

2. Are you able to conduct this project in your current space?
If No, describe your space needs and expected timeframe: Yes No

- Position FTE Projected start/end

3. Are there any special resource requirements for this project (e.g., refrigeration, storage, special office supplies, or extensive use of telephones)? Yes No
If Yes, describe your special resource requirements:

4. What is the indirect cost rate on this project?

Director of Institute Administration

Date