

Attach Appropriate Completed HSC and Sponsor Forms Here*

The following documentation should be completed, "zipped", and attached to this form by using the "Attach ZIP File" button below.

- Disclosure of Financial Interests Part I
- VAMC Memorandum of Understanding for Effort on Grants and Contracts for Individuals with Joint Univ. and VA Appointments
- Taxability Questionnaire (known as UBIT Form)
- Clinical Trials Required Form
- Effort Commitment and Certification
- Grant Application/ Contract Proposal in complete and final format
- Sponsor Instructions (non-NIH Sponsors only)
- Additional documentation

JustZipIt – Free ZIP Software available for download at <http://free-backup.info/>

Budget Period Budget Detail		Begin Date:	End Date:
Direct Costs			
Personnel	Salaries and Wages*		\$
	Fringe Benefits*		\$
		Personnel Subtotal	\$
Consultant Costs*			
	Equipment (Over \$5,000)/Capital Expenditures*		\$
	Supplies*		\$
	Travel*		\$
	Hospital Patient Care Costs*		\$
Subcontract(s)	How Many? *		\$
Trainee Costs	Stipends*		\$
	Tuition and Fees*		\$
		Trainee Costs Subtotal	\$
Other Expenses			
	Center for Laboratory Animal Care (At SOM)*		\$
	IRB Review of Industry Sponsored Protocols*		\$
	Rent*		\$
	Tuition Remission and Related Fringe Benefits*		\$
	Other*		\$
		Other Expenses Subtotal	\$
		Direct Costs Total	\$
Facilities And Administrative Costs (F&A)			
F&A Cost % Rate*	Costs Subject To F&A* \$	F&A Total	\$
List Excluded Categories:*			
Total Costs			
		Direct Costs and F&A Total	\$

Comments

Approvals

Principal Investigator Certification - By submitting this routing form, you: 1) Acknowledge and accept responsibility for the technical content and quality of the proposed project; 2) Assure that the project and other professional activities are compatible; 3) Assure that no individuals on the project will have commitments in excess of 100 percent effort; 4) Accept responsibility for the proper technical and financial conduct of the project; 5) Assure that the information contained on this form and attached application/ proposal is true, accurate and complete to the best of my knowledge; 6) Acknowledge and accept responsibility for compliance with award terms and conditions and university policies and procedures, particularly for the technical conduct of the work, submission of technical reports, regulatory compliance, and financial management if an award is made; 7) Assure that arrangements have been made to fund any cost sharing requirements if an award is made; 8) Any items requiring special consideration by the Dean, Chancellor's Office, Planning Office, etc. have been disclosed; 9) Assure that if a joint appointment with the Veterans Administration exists, a memorandum of understanding has been executed between the HSC and the VA, full disclosure has been made to the NIH or other sponsors as required, and my time and effort will not be double billed for the same effort; 10) I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties; and 11) If an award is made, I am responsible for compliance with award terms and conditions and University policies and procedures, particularly for the technical conduct of the work, submission of technical reports, regulatory compliance, and financial management.

Name: _____ Date Approved (EST): _____
 Email: _____

Department Chair, Division Head, or Director (or designee) Certification - By approving this form, you are certifying that: 1) the proposed project is appropriate to the administrative unit's mission; 2) staff and budget commitments are in accordance with the administrative unit's programs and space availability; and 3) you accept responsibility for technical and financial conduct of the project for the administrative unit. This certification also represents that: 1) the prospective PI is a full-time faculty or academic staff member who possesses the stature, judgment, and technical competence necessary for the direction of the proposed project; and 2) the PI has not been given notice of termination of faculty appointment, has not tendered a resignation of faculty appointment, and that there are no circumstances known to you that would jeopardize the performance of projects obligation(s) by the PI.

Name:* _____ Date Approved (EST): _____
 Email:* _____ Comments: _____

Dean (or designee) Certification - By approving this form, you are indicating: 1) your approval of the academic content of the application; 2) that space and personnel are available to pursue the project; and 3) that the project is appropriate to and coordinated with the school/units programs and policies. This certification also represents that you have verified that regulatory compliance, e.g., human subjects and/or animal care protocols are approved, bio-safety issues are resolved; and accept responsibility for financial and technical conduct of the project.

Name:* _____ Date Approved (EST): _____
 Email:* _____ Comments: _____

Institutional Endorsement

Grants and Contracts _____ Date: _____
 Email: _____ Comments: _____

Principal Investigator Use Only