



Proposal No.

RA Initials

**The completed route sheet with a proposed budget, an abstract or specific aims, and all required signatures must be submitted to OSP at least 10 calendar days before the agency deadline.**

## Funding Agency Information

Agency/Sponsor Name

Agency Type

Sponsor Deadline

Announcement Name/Number

Link to Agency Guidelines

TTUHSC is submitting as

Submission Method

Limited Submission?

Yes

No

If NIH grant, select mechanism

If 'Other', enter NIH mechanism

## Project Information

Project Title

Project Type

Proposed Project Start Date

Proposed Project End Date

Does the project include subawards? Yes No

Is this proposal being submitted as a result of internal institutional seed grant funding? Yes No

If yes, select the source of seed grant funding

If other, specify

## Principal Investigators (PIs) and Co-Principal Investigators (Co-PIs)

Name

Role

Department

% Effort

Faculty

Email

Lead PI

**If there are additional Co-PIs for the project, please list them in a separate document and attach using the paper clip.**

Lead PI Department Administrator

Phone

Email

## Project Budget

Year 1                      Total Project Cost (all years)

Direct Cost

Indirect Cost

Total Cost

Is there cost sharing\*?    Yes    No    \*Cost sharing is a commitment of TTUHSC resources and is subject to institutional approval.

If yes, select the type of Cost Sharing

If cost sharing is required by the sponsor, provide a description of the cost sharing, include the source of funds, and attach the approval using the paper clip to the left.

---

## Project Characteristics

If **Research** is selected, complete **both** fields below:

Use of Project                      -->

If other, please specify

Project Categories (Select all that apply)

Aging	Cardiovascular	Human Stem Cells- child	Peer Review
AIDS	Child Health	International	Rural Health
Border/Hispanic Health	Health Disparity	Mental Health	Substance Abuse
Cancer	Human Stem Cells- adult	Obesity	Other (please specify):

---

## Special Review (Regulatory Compliance)

Approval Status                      Approval Date  
(Submission date  
if pending)

Human Subjects

Human Data or Specimens

Biohazardous Materials

List the biohazardous materials for the project,  
if applicable

Recombinant DNA

Animal Subjects

Will vertebrate animals be euthanized?	Yes	No	
Will AVMA guidelines be followed?	Yes	No	N/A
Custom antibodies?	Yes	No	

Radioactivity?    Yes    No    If yes, enter sub-license name

---

## Attachments

Did you attach the project budget?                      Yes    No

Did you attach the project abstract or specific aims?                      Yes    No

---

---

## Proposal Certifications, Assurances and Approvals

---

### Lead Principal Investigator Certifications and Assurances

By checking the boxes and signing below, I certify that:

The information submitted within the application is true, complete and accurate to the best of my knowledge;

Any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties;

I accept responsibility for the scientific conduct of the project.

I agree to provide the required progress reports if a grant is awarded as a result of the application.

I agree to be bound by the terms and conditions of the external funding agency/source.

### Financial Conflict of Interest Disclosure for Research

My signature below certifies that to the best of my knowledge, all faculty, staff and students participating in the proposed project have submitted a financial disclosure.

Lead Principal Investigator (PI) Signature

Lead PI Printed Name

---

### PI/Co-PI Endorsement

My signature below certifies that my financial disclosure form is current and confirms my intention to participate in the proposed project at the proposed level of effort.

Role	Name	Signature
Lead PI		

---

### Department Chair Endorsements

By signing below, I certify that the proposed project is consistent with departmental and institutional policies and that all committed departmental resources are available.

Role	Name	Signature
Lead PI Department Chair		

---

**OSP Endorsements**

By checking the boxes and signing below, I certify that:

I have reviewed all proposal documents for administrative accuracy and completeness.

I have reviewed and uploaded all required documents in the grants.gov application package (when applicable).

I have verified that all research personnel involved in this project have updated their financial disclosure form as required by TTUHSC 73.09.

I have verified that Senior/Key Personnel and subawardees are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from any federal department or agency.

OSP Research Administrator (RA) Signature

OSP RA Printed Name

---

OSP Authorized Official (AO) Signature

OSP AO Printed Name