Please submit with full proposal at least 5 working days prior to the deadline to Lead Analyst, Grants and Contracts, El Paso for campus approval. The Lead Analyst, Grants and Contracts will forward the application at least 5 working days prior to the deadline to OSP Lubbock for institutional approval.

Title of Proposal: 

Key Word(s): At least one

Agency/Sponsor Deadline: 

☐ Postmark

Mailing Instructions: 

☐ Electronic Submission  ☐ Limited Submission

OSP Use Only: Date Received __________________

Correction Received __________ App. # __________

Title of Proposal: 

Key Word(s): At least one

Agency/Sponsor: 

Address: 

Phone:  

Agency Number (if available):  

Sub-contracts involved? 

Institution Name: 

PI/Co-PI Name & E-mail: 

OSP Contact Name & E-mail: 

Project Type:  

New ☐ Resubmission ☐ Non-Competing Continuation ☐ Competing Renewal ☐ Supplemental ☐ Other: 

Project Start Date 

Project End Date 

Direct 

Indirect 

Total 

Year 1 Budget 

Total Budget Period 

Project Director/Principal Investigator: 

Department: 

Full-Time (>50%) Compensated TTUHSCEP Employee ☐ Y ☐ No) 

Annual % effort: 

HSCEP Faculty? ☐ Y ☐ N VA-paid? ☐ Y ☐ N COS member? ☐ Y ☐ N 

Co-Director/Co-Investigator: 

Department: 

Phone:  

Annual % effort: 

HSCEP Faculty? ☐ Y ☐ N VA-paid? ☐ Y ☐ N COS member? ☐ Y ☐ N 

Co-Director/Co-Investigator: 

Department: 

Phone:  

Annual % effort: 

HSCEP Faculty? ☐ Y ☐ N VA-paid? ☐ Y ☐ N COS member? ☐ Y ☐ N 

Co-Director/Co-Investigator: 

Department: 

Phone:  

Annual % effort: 

HSCEP Faculty? ☐ Y ☐ N VA-paid? ☐ Y ☐ N COS member? ☐ Y ☐ N 

Additional Faculty? ☐ Y ☐ N If yes, attach list with information as above. 

OSP Use Only: F&A Rate - 

Notes
### PERFORMANCE SITES
- [ ] El Paso campus
- [ ] Other; specify:

### USE OF PROJECT
- [ ] Fellowships
- [ ] Scholarships
- [ ] Instruction
- [ ] Public Service
- [ ] Research, if research, also complete next two sections
- [ ] Medical
- [ ] Biological
- [ ] Other; specify:

### PROJECT CATEGORIES
- [ ] Medical
- [ ] Applied
- [ ] Development
- [ ] Basic
- [ ] Aging
- [ ] AIDS
- [ ] Border health
- [ ] Cancer
- [ ] Cardiovascular
- [ ] Child health
- [ ] Health disparity
- [ ] Hispanic/border health
- [ ] International
- [ ] Mental health
- [ ] Obesity
- [ ] Peer review
- [ ] Rural health
- [ ] Substance abuse

### COST SHARING:
- Does the project involve a commitment of TTUHSCEP resources (cost sharing/matching)?
  - [ ] Yes
  - [ ] No

*Cost sharing commitments are subject to institutional approval.*

- Is cost sharing contractually required by the sponsor?
  - [ ] Yes
  - [ ] No

- Type of cost sharing:
  - [ ] % Effort
  - [ ] Over the Cap Salary
  - [ ] Other:

Describe the proposed cost sharing and identify the source of funds.

- Does the project require additional resources that are NOT available from TTUHSCEP or the sponsoring agency?
  - [ ] Yes
  - [ ] No

If yes, please list:

### PROJECT-RELATED INCOME:
- Is PRI expected from sources other than the agency/sponsor?
  - [ ] Yes
  - [ ] No

### DOES THE PROJECT INVOLVE ANY OF THE FOLLOWING:

#### HUMAN SUBJECTS, DATA, OR SPECIMENS?
- [ ] Yes
- [ ] No
- IRB approval date:
- IRB number:
- Approval pending
- Date submitted to IRB:

#### ANIMAL SUBJECTS?
- [ ] Yes
- [ ] No
- IACUC approval date:
- IACUC number:
- Approval pending
- Date submitted to IACUC:
- Custom antibodies?
- [ ] Yes
- [ ] No

#### BIOHAZARDOUS MATERIALS?
- [ ] Yes
- [ ] No
- IBC approval date:
- IBC number:
- Approval pending
- Date submitted to IBC:
- List materials:

#### RECOMBINANT DNA?
- [ ] Yes
- [ ] No
- RDRC approval date:
- RDRC number:
- Approval pending
- Date submitted to RDRC:

#### RADIOACTIVITY?
- [ ] Yes
- [ ] No
- Sublicense under name:
  - Attach copy of sublicense.

### PROJECT DIRECTOR / PRINCIPAL INVESTIGATOR ASSURANCES

My signature below certifies that: 1) the information submitted within the application is true, complete and accurate to the best of the PD/PI’s knowledge; 2) that any false, fictitious or fraudulent statements or claims may subject the PD/PI to criminal, civil, or administrative penalties; and 3) that the PD/PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application. I further certify that the personnel involved in this project are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from any federal department or agency and I agree to be bound by the terms and conditions of the external funding agency/source.

Project Director / Principal Investigator Signature

Co - PD/PI Signature

Printed Name

Co – PD/PI Signature

Printed Name

Conflict of Interest Disclosure
Do any participating faculty, staff, or students (or their spouse or dependent children) have any financial interest such as royalty, equity, or any other payments (e.g., consulting, salary, etc.) in the sponsor or other entities having a financial interest in intellectual property, products or services which are the subject of the proposed project? □ Yes □ No If yes, attach Financial Disclosure Form(s)

As PD/PI, have you verified that all research personnel involved in this project have updated their Financial Disclosure Form as required in TTUHSC EP 73.09? □ Yes □ No

TTUHSC EP 73.09

The attached proposal has been examined by the officials whose signatures appear below and it is found to be consistent with department and school policies and objectives. These signatures indicate that the signers are familiar with the proposal and the department has the available resources to support this project, except as expressly described on this form.

Department Chair Date

Cooperating Department Chair Date

Printed Name

Printed Name

Vice President for Research Date

Cooperating Dean/Associate Dean “if required by school Date

Printed Name

OSP USE ONLY:

Sponsored Programs Date

TTUHSC EP Authorized Official Date

TTUHSC EP ENDORSEMENTS