

# ROUTE SHEET EL PASO

Office of Sponsored Programs  
www.ttuhsu.edu/sponsoredprograms  
SponsoredPrograms@ttuhsu.edu  
Fax (806) 743-2976 MS 6271 2B107

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.

AGENCY/SPONSOR DEADLINE: [ ] [ ]

Postmark

Mailing Instructions:

Electronic Submission  Limited Submission

Confidential stamp requested

OSP Use Only: Date Received \_\_\_\_\_

Correction Received \_\_\_\_\_ App. # \_\_\_\_\_

<b>TITLE OF PROPOSAL:</b>	[ ] [ ]
<b>Key Word(s): At least one</b>	[ ] [ ]
<b>AGENCY/SPONSOR:</b>	[ ] [ ]

ADDRESS: [ ] [ ]

PHONE: [ ] [ ]

AGENCY NUMBER (if available): [ ] [ ]

Sub-contracts involved?

Guidelines attached or website link: [ ] [ ]

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					

<b>PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR:</b>	[ ] [ ]
---	---------

DEPARTMENT: [ ] [ ]

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

Annual % effort: [ ] [ ] HSCEP Faculty?  Y  N VA-paid?  Y  N COS member?  Y  N

<b>CO-DIRECTOR/CO-INVESTIGATOR:</b>	[ ] [ ]
-------------------------------------	---------

DEPARTMENT: [ ] [ ]

PHONE: [ ] [ ]

Annual % effort: [ ] [ ] HSCEP Faculty?  Y  N VA-paid?  Y  N COS member?  Y  N

<b>CO-DIRECTOR/CO-INVESTIGATOR:</b>	[ ] [ ]
-------------------------------------	---------

DEPARTMENT: [ ] [ ]

PHONE: [ ] [ ]

Annual % effort: [ ] [ ] HSCEP Faculty?  Y  N VA-paid?  Y  N COS member?  Y  N

<b>CO-DIRECTOR/CO-INVESTIGATOR:</b>	[ ] [ ]
-------------------------------------	---------

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.

<b>OSP USE ONLY: F&amp;A Rate -</b>	Notes
-------------------------------------	-------

<b>DEPARTMENTAL CONTACT FOR THIS APPLICATION:</b>	Phone: [    ]	Email: [    ]
	Fax: [    ]	

PERFORMANCE SITES	USE OF PROJECT			PROJECT CATEGORIES	
<input type="checkbox"/> El Paso campus <input type="checkbox"/> Other; specify: [    ]	<input type="checkbox"/> Fellowships <input type="checkbox"/> Scholarships <input type="checkbox"/> Instruction <input type="checkbox"/> Public Service <input type="checkbox"/> Research, if research, also complete next two sections	<input type="checkbox"/> Medical <input type="checkbox"/> Biological <input type="checkbox"/> Other; specify: [    ]	<input type="checkbox"/> Basic <input type="checkbox"/> Applied <input type="checkbox"/> Development	<input type="checkbox"/> Aging <input type="checkbox"/> AIDS <input type="checkbox"/> Border health <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Child health <input type="checkbox"/> Health disparity	<input type="checkbox"/> Hispanic/border health <input type="checkbox"/> International <input type="checkbox"/> Mental health <input type="checkbox"/> Obesity <input type="checkbox"/> Peer review <input type="checkbox"/> Rural health <input type="checkbox"/> 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?	ANIMAL SUBJECTS?	BIOHAZARDOUS MATERIALS?	RECOMBINANT DNA?	RADIOACTIVITY?
<input type="checkbox"/> Yes <input type="checkbox"/> No IRB approval date: [    ] IRB number: [    ] <input type="checkbox"/> Approval pending Date submitted to IRB: [    ]	<input type="checkbox"/> Yes <input type="checkbox"/> No IACUC approval date: [    ] IACUC number: [    ] <input type="checkbox"/> Approval pending Date submitted to IACUC: [    ] Custom antibodies? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No IBC approval date: [    ] IBC number: [    ] <input type="checkbox"/> Approval pending Date submitted to IBC: [    ] List materials: [    ]	<input type="checkbox"/> Yes <input type="checkbox"/> No RDRC approval date: [    ] RDRC number: [    ] <input type="checkbox"/> Approval pending Date submitted to RDRC: [    ]	<input type="checkbox"/> Yes <input type="checkbox"/> 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	Date
[    ]	[    ]

Printed Name

Co - PD/PI Signature	Date
[    ]	[    ]

Printed Name

Co - PD/PI Signature	Date
[    ]	[    ]

Printed Name

Co - PD/PI Signature	Date
[    ]	[    ]

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 TTUHSCEP OP 73.09?  Yes  No

### TTUHSCEP ENDORSEMENTS

*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

Printed Name

Cooperating Department Chair

Date

Printed Name

Vice President for Research

Date

Cooperating Dean/Associate Dean *\*if required by school* Date

Printed Name

**OSP USE ONLY:**

Sponsored Programs

Date

TTUHSCEP Authorized Official

Date