

COM LOG#

USA CANCER RESEARCH FUND  
TRANSMITTAL FORM

Deadline Date

PROPOSAL DATA

TITLE:

PROPOSAL ABSTRACT:

PROPOSAL TYPE:

PROJECT TYPE:

AGREEMENT TYPE

INVESTIGATOR DATA

NAME	COLLEGE	DEPARTMENT	UNIT/CENTER	PHONE
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PI

AGENCY DATA

AGENCY ABBRV/NAME:

PROGRAM NAME:

FUNDING SOURCE  CFDA  ENTIRE PROJECT PERIOD FROM:  TO   
CURRENT BUDGET PERIOD FROM:  TO

BUDGET DATA

CURRENT BUDGET PERIOD:	ENTIRE PROJECT PERIOD:	COST SHARING ITEM:	AMOUNT	BANNER ACCOUNT#
DIRECT \$ <input type="text"/>	DIRECT \$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ DOCUMENTATION ATTACHED TOTAL \$:

COMPLIANCE REVIEWS

COMPLIANCE TYPE	IF ANY OF THE FOLLOWING ARE USED IN YOUR RESEARCH, PLEASE CHECK THE APPROPRIATE BOX	ADMINISTRATOR SIGNATURES
	YES	PROTOCOL#
ANIMAL USE	<input type="checkbox"/>	<input type="text"/>
BIOLOGICAL MATERIALS	<input type="checkbox"/>	<input type="text"/>
EMBRYONIC STEM CELLS	<input type="checkbox"/>	<input type="text"/>
HUMAN SUBJECTS	<input type="checkbox"/>	<input type="text"/>
RADIATION SAFETY	<input type="checkbox"/>	<input type="text"/>
SAFETY & ENVIRONMENTAL	<input type="checkbox"/>	<input type="text"/>
SELECT AGENTS or TOXINS	<input type="checkbox"/>	<input type="text"/>

**EXPORT CONTROLS**

YES NO

Please contact RESEARCH COMPLIANCE, should you have any questions on EXPORT CONTROLS.

☐ ☐

Will any equipment be exported by the University in the course of this project?

☐ ☐

Will this project require any export controlled information to be received on campus?

☐ ☐

Will this project involve any foreign nationals?

If YES, please list by name:

**INVESTIGATOR DISCLOSURES AND CERTIFICATIONS**

YES NO

☐ ☐

Principal and key investigators certify that the information submitted in this application is true, complete, and accurate to the best of their knowledge. Any false, fictitious, or fraudulent statements of claims may subject the Principal Investigator to criminal, civil, or administrative penalties. The Principal Investigator 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.

☐ ☐

The facilities/space and other University resources necessary to complete the proposed project are available to the project, or provisions have been arranged with the Department/College/Unit to make such space or other University resources available in the event an award is made.

☐ DOCUMENTATION ATTACHED

YES N/A

☐ ☐

Applicable to Principal Investigator only, I confirm that I have reviewed all subawards included in this proposal. All subaward direct costs have been verified with the subawardee organization as being current for the proposed duration, and I have received verification by letter from an authorized official of the subawardee organization.

**CONFLICT OF INTEREST CERTIFICATION**

YES NO

☐ ☐

Principal Investigator certifies an annual COI / COC disclosure form has been filed and has been updated if applicable.

☐ ☐

Do any of the Investigators or other personnel responsible for the design, conduct or reporting of the proposed research, or their spouse or dependent children, have any Significant Financial interest as defined by PHS / NSF (> \$10,000) that would reasonably appear to be affected by the activities to be funded?

**APPROVALS***Please type name of official in blanks below signature line.*

PI

DATE

PI/Co-PI

DATE

PI/Co-PI

DATE

PI/Co-PI

DATE

DEPT. CHAIR

DATE

COLLEGE DEAN

DATE

DEPT. CHAIR

DATE

COLLEGE DEAN

DATE

DEPT. CHAIR

DATE

HSGAD ADMINISTRATOR