

## REVIEW & APPROVAL FORM

SPA Use Only	
Project	_____
Proposal	_____
Reviewer	_____
Version 111014	

**PROJECT TYPE**

- Instruction
- Research
- Scholarship/Fellowship
- Service
- Other

**PROPOSAL TYPE**

- New
- Continuation
- Renewal
- Resubmission
- Supplement
- Transfer

**AWARD TYPE**

- Contract
- Coop Agreement
- Grant
- Subcontract
- CTA

**RESEARCH**

- Basic
- Clinical Research
- Clinical Trial
- N/A

**PRINCIPAL INVESTIGATOR OR PROJECT DIRECTOR**

PI Name/Degree \_\_\_\_\_

Academic Position \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Department \_\_\_\_\_

**% Effort on this Project**

(Minimum 2% [required](#) on all Sponsored Projects)

UTHealth salaried appointment for PI?  Yes  No

(If not, attach a memo from Chair/Dean/Director authorizing submission.)

**PROJECT**

Title \_\_\_\_\_

Funding Opportunity Number/Announcement \_\_\_\_\_

Link to Guidelines \_\_\_\_\_

Existing Grant/Award # \_\_\_\_\_ FMS Project # \_\_\_\_\_

**ALL PERSONNEL**

*\*List all covered individuals (as defined [here](#)) responsible for the design, conduct or reporting of the research. All persons listed below must complete a [Research Conflict of Interest \(RCOI\)](#) certification form (page 4 of this R&A). Additional forms can be found [here](#).*

Name	Role	% Effort	Dept.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*\*Additional All Personnel sheets can found [here](#).*

Do you have personnel from other UT Health schools or departments?  Yes  No If yes, obtain other school/departmental signatures on [this](#) form.

**SPONSOR**

Sponsor/Agency \_\_\_\_\_ Prime (Funding Agency If Subcontracting) \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Due Date \_\_\_\_\_  Receipt  Postmark Sub Due Date \_\_\_\_\_ Electronic Submission Required?  Yes  No

Funding Source?  Federal  State  Private After the fact proposal?  Yes  No Has this proposal been awarded?  Yes  No

*\*Has this proposal already been submitted to the agency?  Continuous Submission*

*\*If yes, attach Notice of Grant Award.*

**DEPARTMENT ADMINISTRATIVE & FINANCIAL (A&F) CONTACTS**

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## SUBCONTRACTOR

Subcontractor	Performance Period	Amount
_____	_____	_____
Subcontractor	Performance Period	Amount
_____	_____	_____
Subcontractor	Performance Period	Amount
_____	_____	_____
Subcontractor	Performance Period	Amount
_____	_____	_____

## CLINICAL STUDIES / TRIALS (ONLY)

Protocols:  Sponsor Initiated  PI Initiated  Joint

Are clinical costs associated with this study?  Yes  No If yes, a [coverage analysis](#) is required. Contact [crf@uth.tmc.edu](mailto:crf@uth.tmc.edu) for more information.

## INSTITUTIONAL COMPLIANCE

-When marking Approved for questions 1-8, provide approval documentation with this R&A packet.

1) Use of Radioactive Materials or Radiation Producing Devices? (e.g. x-rays, lasers, etc. Approval needed by [UTH Radiation Safety Committee](#))

Approved  Pending  N/A List Nuclides: \_\_\_\_\_

2) Use of designated acutely toxic or physically dangerous chemicals?

([HOOP 90](#)-See list of designated hazardous chemicals at the [Environmental Health & Safety website](#), or contact them at x8100 for assistance)

Approved  Pending  N/A Chemicals requiring review: \_\_\_\_\_

3) Use of Biological Agents, Infectious Agents, Recombinant DNA Technology?

Approved  Pending  N/A List infectious agent and/or DNA vector: \_\_\_\_\_

4) Use of Using Carbon or Silica-based Nanochemistry (particles sized from 1-100 nm)?

(If yes, PI must contact [Environmental Health & Safety](#) at x8100)

Approved  Pending  N/A

5) Use of Humans as Research Subjects, CPHS Approval? ([HOOP 200](#))

Approved  Pending  N/A

6) Use of Human Derived Material as Research Subjects? ([HOOP 200](#))

Approved  Pending  N/A |  Identified  De-Identified |  Commercially-Available Cell Line (If yes, no IRB approval is required.)

Commercial Line: \_\_\_\_\_

7) Use of Human Embryonic Stem Cells? (If yes, PI must contact the Embryonic Stem Cell Research Oversight Committee (ESCRO) at [Sujatha.Sridhar@uth.tmc.edu](mailto:Sujatha.Sridhar@uth.tmc.edu))

Approved  Pending  N/A

8) Use of Adult Stem Cells?

Approved  Pending  N/A

9) Use of Animals? ([Animal Welfare Committee](#))

Approved  Pending  N/A Species: \_\_\_\_\_

10) Could research lead to patentable invention? (If yes, PI must contact [Office of Technology Management](#) (OTM) at x3369 or [otm@uth.tmc.edu](mailto:otm@uth.tmc.edu))

Yes  No

11) Is PI citing NIH publications in support of project? (If yes, PI must submit publications to [PubMed Central \(PMC\)](#). See [here](#) for more information)

Yes  No

12) Is this a [Multiple PD/PI application](#) ? (For NIH applications and as required by other agency's [FOA](#) [ex. CDC] a [Leadership Plan](#) is required.)

Yes  No  N/A

## SPACE/EQUIPMENT

13a) Does project require additional space or renovation of existing space?

Yes  No

13b) Do equipment purchases require installation or maintenance costs?

Yes  No

**STUDY SITE** (mark all that apply)
 MS     SPH     SON     UCT     SD     BBSB     HCPC     LBJ     IMM     MHH     CRU     UT Clinics

If study site is at a location other than the above, please specify: \_\_\_\_\_

Study site cont'd \_\_\_\_\_

**FINANCIAL**

14) Budget contains all costs to perform the research described in the proposed project?

 Yes     No15) Is there [cost sharing](#) involved? If yes, attach [Cost Sharing Request](#) memo. Yes     No16) [Percent of effort](#) of PI/Co-PI/Collaborators equal percent of salary requested in budget? Yes     No**BUDGET INFORMATION** (For clinical trials, only complete "Project Period" information): Clinical trials also require a completed [Clinical Trial Budget Worksheet](#)

YEAR	START DATE	END DATE	DIRECT COST	<a href="#">INDIRECT COST</a>	TOTAL
FIRST YEAR					
PROJECT PERIOD					

F&amp;A RATE CALCULATED AT

 % Off-Campus Instruction On-Campus Other(MTDC) Modified Total Direct Cost (TDC) Total Direct Cost Requesting an IDC Waiver?  Yes     NoAre all F&A costs being recovered?  Yes     No

If no, explain: \_\_\_\_\_

## SIGNATURES

**PRINCIPAL INVESTIGATOR**

*My signature below certifies that 1) the information submitted with the application is true, complete and accurate to the best of my knowledge; 2) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and 3) I agree 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.*

Principal InvestigatorDate  PI Name/Degree \_\_\_\_\_ Signature Field **DEPARTMENTAL APPROVAL**

*My signature below certifies that 1) the individual is eligible to be Principal Investigator; 2) the scientific merit of this proposal is within the role/scope of the department; 3) the proposal meets the requirements of the sponsor; and 4) the proposal has been subjected to an administrative and financial review.*

Department Business Person(s)Date  Print Name \_\_\_\_\_ Signature Field Department ChairDate  Print Name \_\_\_\_\_ Signature Field **DEAN'S OFFICE APPROVAL**

*My signature below certifies that the scientific merit of this proposal is within the research and educational objectives of the school and meets the financial interests of the school.*

DeanDate  Print Name \_\_\_\_\_ Signature Field

# RESEARCH CONFLICT OF INTEREST CERTIFICATION FORM

Name:	
Job title/ Department/Program/School:	
Research Sponsor:	
If this is a Subcontract, list original Funding Agency:	
If funded internally, list account name/UTHealth official making funding decision:	
Research project title:	

**COVERED INDIVIDUALS:** All Covered Individuals designated by the PI as responsible for the design, conduct, or reporting of this research must certify whether they or their family members hold any Significant Financial Interests related to the proposed research. Family members include spouse, dependent children/step-children, any person financially dependent upon you regardless of legal/biological relationship, and any person with whom you have joint financial interests.

**DEFINITION OF SIGNIFICANT FINANCIAL INTEREST:**

- From a publicly-traded entity: Compensation in the preceding 12 months (includes payment for services such as consulting, advising, lectures, honoraria, paid authorship; reimbursed or sponsored travel; and royalties, fees, and rights to such interests) and the value of stock, stock options, or ownership interests held on the date of disclosure, that when aggregated exceeds \$5,000. (Does not include interests in mutual funds/retirement accounts, or royalties and other fees paid to you by UTHealth.)
- From a private entity: Compensation (see above) in the preceding 12 months that when aggregated exceeds \$5,000.
- From a private entity: Any amount of stock, stock options, ownership interests, or rights to such interests.
- Service as an officer, director, or other fiduciary position for an outside entity from which the individual received remuneration or payment for expenses in the preceding 12 months.
- Gifts received from an outside entity in the preceding 12 months that exceed \$250 in value.

**DISCLOSURE: Based upon the definitions above, answer each of the following questions.**

**YES NO**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) Do you or a family member participate in an outside activity with the research sponsor that would be defined as a Significant Financial Interest (see definition above)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) Do you or a family member own stock, stock options, business ownership, or rights to such interests in the research sponsor, that would be defined as a Significant Financial Interest (see definition above)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) Do you or a family member personally own rights to the technology that will be studied or validated in the proposed research? (Does not include intellectual property owned by UTHealth.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) Do you or a family member have a Significant Financial Interest (see definition above) in an entity that owns or licenses the technology that will be studied or validated in the proposed research?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) Do you or a family member have any other personal relationship or financial interest that could appear to affect, or be affected by, the proposed research?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) Do you have an existing UTHealth Research Conflict of Interest Management Plan for this sponsor, or for the technology that will be studied or validated in the proposed research?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7) Are you aware of any Significant Financial Interest (see definition above) held by your supervisor (including a department chair, or a graduate or postdoctoral advisor) with the sponsor, or in the technology that will be studied or validated in the proposed research? |

**ADDITIONAL REQUIRED DISCLOSURE:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>YES</b>               | <b>NO</b>                | Have you submitted your current <a href="#">Financial Disclosure Statement</a> ? A current annual disclosure must be on file when research is proposed. (If you are not a UTHealth employee or trainee, contact the UTHealth department that sent you this form for assistance, or <a href="mailto:Research_COI@uth.tmc.edu">Research_COI@uth.tmc.edu</a> .) |
| <input type="checkbox"/> | <input type="checkbox"/> |  |

**CERTIFICATION:**

I certify that I have read and understand the UTHealth [Research Conflicts of Interest Policy](#) and will comply with all applicable laws and UTHealth rules and policies governing conflicts of interest. I understand that I am required to notify UTHealth within 30 days if there are any changes in my disclosure. I certify that to the best of my knowledge the foregoing information is true and correct.

Employee Signature: \_\_\_\_\_ Employee Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_