

MEHARRY MEDICAL COLLEGE GRANT SUBMISSION FORM

GRANTS MANAGEMENT OFFICE (GMO); WBSC M103; PHONE 6703

APPLICATIONS TO NIH	SPONSORS OTHER THAN NIH
<p>Complete items 1-21, sign the form (22) and have the chairpersons of all participating departments sign it (23); then save it in your folder on the Carpenter drive. Signatures can be Adobe digital signatures, or get ink signatures, scan the form and save it. When your complete application is on the Carpenter drive and GMO has approved it, GMO will submit it to grants.gov.</p>	<p>Complete items 1-21, sign the form (22) and have the chairpersons of all participating departments sign it (23); then submit it to GMO with one copy of your application and the original face page. G MO will obtain the remaining signatures and submit the application to the sponsor electronically after it's been approved. If it's a paper application, GMO will return the signed application to you for mailing.</p>

1) PI's name 2) PI's department

3) PI's phone 4) Sponsor 5) Sponsor's deadline

6) Start date 7) End date 8) Year 1 direct costs 9) Total direct costs

10) Title of proposal

11) Type of application (check one item in each column)

Type of Application		Source of Funding
<input type="checkbox"/> Grant	<input type="checkbox"/> New	<input type="checkbox"/> Federal
<input type="checkbox"/> Contract	<input type="checkbox"/> Supplement	<input type="checkbox"/> Private
<input type="checkbox"/> Fellowship	<input type="checkbox"/> Renewal (competing continuation)	<input type="checkbox"/> State
	<input type="checkbox"/> Resubmission	

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	12) Does the project
<input type="checkbox"/>	<input type="checkbox"/>	13) Propose to hire new employees?
<input type="checkbox"/>	<input type="checkbox"/>	14) Require renovations or additional space?
<input type="checkbox"/>	<input type="checkbox"/>	15) Use vertebrate animals?
<input type="checkbox"/>	<input type="checkbox"/>	16) Use recombinant DNA?
<input type="checkbox"/>	<input type="checkbox"/>	17) Use human or animal pathogens?
<input type="checkbox"/>	<input type="checkbox"/>	18) Use human subjects or human biological samples?
<input type="checkbox"/>	<input type="checkbox"/>	19) Use carcinogens, toxins, or other hazardous substances?
<input type="checkbox"/>	<input type="checkbox"/>	20) Use radioactive materials?
<input type="checkbox"/>	<input type="checkbox"/>	21) Require matching funds??

22) Principal investigator's assurance: The information in this application is true to the best of my knowledge. The application conforms to the sponsoring agency's guidelines for content and format. I understand that if my project involves vertebrate animals, human subjects, recombinant DNA, or human or animal pathogens, it must be approved by appropriate institutional committees, and that I must conduct the project in accord with their findings. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded; I also accept responsibility for the financial management of any award that results from this application. If I am seeking funds from the National Science Foundation (NSF) or any component of the Public Health Service (PHS), I certify that neither I, my spouse, nor my dependent children have a Significant Financial Interest (as defined by NSF's Investigator Financial Disclosure Policy [60 FR 35820, July 11, 1995], or PHS's Responsibility of Applicants for Promoting Objectivity in Research for Which PHS Funding is Sought [60 FR 35815, July 11, 1995]) that would reasonably appear to be affected by the research for which funding is sought; and in entities whose financial interests would reasonably appear to be affected by the research.

Principal investigator's signature and date

Co-principal investigator's signature and date

23) Assurance of chairpersons from all participating departments: I approve the proposed commitment of time and effort by departmental personnel, the salaries which the application requests for that effort, and the remainder of the requested budget. I approve the use of departmental space and facilities described. The project fits into the general plan for development of this department. The application has been reviewed by a reader other than the PI.

Chairpersons' signatures and dates

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Grants Management Office ONLY

22) Date submitted to GMO

23) Assurance of primary reviewer in GMO: This application conforms to the guidelines of the sponsoring agency and Meharry. The budget has been correctly computed and conforms to the college's policies for salaries, fringe benefits, indirect costs, and other budgetary matters. The typing and general appearance of the application are satisfactory.

Primary reviewer's signature and date

24) % effort for PI

F & A rate

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

25) Check each item

- Salary recovery
- Contains subcontracts
- Is a subcontract
- PHS

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- Minority
- Alliance

26) Type

<input type="checkbox"/>	R	<input type="checkbox"/>	TI
<input type="checkbox"/>	D	<input type="checkbox"/>	TF
<input type="checkbox"/>	I	<input type="checkbox"/>	RR
<input type="checkbox"/>		<input type="checkbox"/>	O

27) Control Number