

OTIS GLEBE MEDICAL RESEARCH FOUNDATION
Face Page

Title of proposal:

Principal investigator:

College/department:

Secondary division/unit:

Zip:

Email:

Phone:

Secondary investigators (and institutions):

Total amount requested:

Please check all required review committees for this proposal and current status:

IRB	Pending or Approval # and date:
IACUC	Pending or Approval # and date:
Biosafety	Pending or Approval # and date:
Pharmacy & Therapeutics	Pending or Approval # and date:
Radiation & Chemical Safety	Pending or Approval # and date:
Stem Cell	Pending or Approval # and date:
Cancer Scientific Review	Pending or Approval # and date:
Is intellectual property involved?	Yes No
International component / export control:	Does this project involve sending or performing any part of
the project to or in another country?	Yes No
Conflict of Interest Disclosure completed?	Yes No

Principal Investigator

- I agree that all information on the Application and Budget is true, complete, and accurate
- I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant or contract is awarded as a result of the application

Signature of Principal Investigator:

Signature of Chair or Dean: