

**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 in COI Smart?	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:**