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| UNMC Internal Grant Mechanism Front Page | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: |  | | | | |  | RFA Mechanism: | | | | | | |  | | | | | | | | | | | | | | |
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| Proposal Title: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Principal Investigator: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| College/Department: | | | |  | | | | | | | | | | | | Division/Unit: | | |  | | | | | | | | | |
| Campus Zip: | |  | | | | | | Email: | | |  | | | | | | | | | | | Phone: | | |  | | | |
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| Collaborators, Co-Investigators including institution and role: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| Total Budget Requested: | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |
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| **Please check all Regulatory approvals required for this proposal and current status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regulatory approval/process | | | | | | | | | | | | | Status (Not Applicable/  Pending/Approved/Exempt) | | | | | | | | | Protocol #/ Date of Approval | | | | | | |
| IRB | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |
| IACUC | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |
| IBC (Biosafety Committee) | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |
| Stem Cells | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |
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| **Other requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the PI have a COI form on file? | | | | | | | | | | | | | | | | | | | | |  | | | Yes | |  | No |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will the project involve persons, samples, data, or equipment sent to or | | | | | | | | | | | | | | | | | | | | |  | | | Yes | |  | No |  |
| received from outside the US? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If yes, contact Export Control (export@unmc.edu) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Will all or any part of this award be administered by another institution | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| or company with separate regulatory approval? | | | | | | | | | | | | | | | | | | | | |  | | | Yes | |  | No |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If so, What institution/entity? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| Does this project include the purchase of new equipment or software? | | | | | | | | | | | | | | | | | | | | |  | | | Yes | |  | No |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, contact Facilities for equipment placement authorization and Information Security for a “Third Party Risk Assessment” | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Principal Investigator assurance statement** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| * I agree that all information on the Application and Budget is true, complete, and accurate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * I agree that all required training has been completed | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature of Principal Investigator | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Signature of Mentor (if required) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Signature of Chair or Dean | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Administrative use only: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date Regulatory approvals received | | | | | | | | | | |  | | | |  | | Total Budget Approved | | | | | |  | | | | | |
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