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| UNMC Internal Grant Mechanism Front Page |
| Date: |  |  | RFA Mechanism: |  |
|  |
| Proposal Title: |  |
|  |
| Principal Investigator: |  |
|  |
| College/Department: |  | Division/Unit: |  |
| Campus Zip: |  | Email: |  | Phone: |  |
|  |
| Collaborators, Co-Investigators including institution and role: |  |
|  |
|  |
| Total Budget Requested: |  |  |
|  |
| **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 |  |  |
|  |
| **Other requirements** |
|  |
| 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? |
|  |
| If yes, contact Export Control (export@unmc.edu) |
|  |
| 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? |  |
|  |
| 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” |
|   |
|  |
| **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 |  |
|  |
| Signature of Mentor (if required) |  |
|  |
| Signature of Chair or Dean |  |
|  |
|  |
| Administrative use only: |
|  |
| Date Regulatory approvals received |  |  | Total Budget Approved |  |
|  |