

SUBMISSION DEADLINE DATE



051669  N  
 AGREEMENT  P/NB  
 NUMBER  C  
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**TRANSMITTAL AND APPROVAL FORM FOR GRANTS & CONTRACTS**

1. PROJECT TITLE:	
2. PRINCIPAL INVESTIGATOR:	DEPT: PHONE:
3. FUNDING AGENCY:	
4. AGENCY PROGRAM TITLE:	PROJECT AMOUNT: PROJECT START DATE:
5. PURPOSE: <input type="checkbox"/> RESEARCH <input type="checkbox"/> SERVICE <input type="checkbox"/> TRAINING/EDUCATION <input type="checkbox"/> RESEARCH/SERVICE <input type="checkbox"/> PLANNING	
7. TYPE: <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> COMPETING <input type="checkbox"/> SUPPLEMENT <input type="checkbox"/> REVISION <input type="checkbox"/> OTHER <input type="checkbox"/> NON-COMPETING <input type="checkbox"/> RESUBMISSION <input type="checkbox"/> MODIFICATION <input type="checkbox"/> SUBCONTRACT	
8. HUMAN SUBJECTS: <input type="checkbox"/> NO; <input type="checkbox"/> PENDING; <input type="checkbox"/> APPROVED ON: / /	PROTOCOL NO.:
9. ANIMALS: <input type="checkbox"/> NO; <input type="checkbox"/> PENDING; <input type="checkbox"/> APPROVED ON: / /	PROTOCOL NO.:
10. RADIOISOTOPES: <input type="checkbox"/> NO; <input type="checkbox"/> PENDING; <input type="checkbox"/> APPROVED ON: / /	PROTOCOL NO.:
11. BIOHAZARDS: <input type="checkbox"/> NO; <input type="checkbox"/> PENDING; <input type="checkbox"/> APPROVED ON: / /	PROTOCOL NO.:
12. RECOMBINANT DNA: <input type="checkbox"/> NO; <input type="checkbox"/> PENDING; <input type="checkbox"/> APPROVED ON: / /	PROTOCOL NO.:

**NEED FOR COMMITMENT OF ADDITIONAL INSTITUTIONAL RESOURCES (BEYOND GRANT / CONTRACT BUDGET REQUEST)**

- 1. SALARIES  NO  YES
- 2. LABORATORY SPACE/OFFICE SPACE/OTHER SPACE  NO  YES
- 3. MECHANICAL, ELECTRICAL, PLUMBING (HVAC) SERVICES  NO  YES
- 4. SPACE ALTERATION OR RENOVATION  NO  YES
- 5. MAJOR EQUIPMENT  NO  YES
- 6. HOSPITAL/MENTAL HEALTH SERVICES/FACILITIES  NO  YES
- 7. RESEARCH INCLUDES, AFFECTS OR IMPACTS URBAN/MINORITIES  NO  YES

NOTE: IF ANSWER IS "YES" TO ONE OR MORE OF THESE, ATTACH SHEET(S) PROVIDING DETAILS, INCLUDING WHO WILL PAY COSTS OF PROVIDING SERVICES. DOCUMENT, FOR ITEMS 5 AND 6, APPROVAL BY THE RESPONSIBLE CHIEF(S) OR SERVICE AND HOSPITAL/MENTAL HEALTH ADMINISTRATION.

**REVIEW AND APPROVAL PROCESS**

	DATE IN	DATE OUT		DATE IN	DATE OUT
1. PRINCIPAL INVESTIGATOR / PROGRAM DIRECTOR			5. VP LEGAL MANAGEMENT (IF REQ'D)		
2. DEPARTMENT CHAIR/UNIT HEAD			6. VP FINANCE/CHIEF FINANCIAL OFFICER (IF REQ'D)		
3. MANAGER, GRANTS & CONTRACTS					
4. DEAN / ASSOCIATE DEAN/UNIT HEAD					