

Completed form must be submitted to SOM ADR Office as an email attachment (somsubmissions@utrgv.edu) FIVE business days before the proposal due date. Please also attach the final budget and budget justification.

Principal Investigator/s

Project Title

Funding Agency:

Funding Mechanism
(CFDA,R01,etc.)

Proposal Due Date:

UTRGV Prime Institution?

Yes No

Start Date:

End Date:

If no, list prime institution

Name of subcontract organization, if applicable:

Budget Information
Grant Funds

Budget	
Grant Funds	
Total Personnel Salaries.....	\$
Total Wages.....	\$
Total Fringe Benefits.....	\$
Total Operating Expenses (including Travel, Equipment, etc.).....	\$
Subcontract Total Costs.....	\$
Total Direct Costs.....	\$
Total Indirect Costs.....	\$
Grant Funds Total Cost.....	\$
Cost Share	
Required/Requested Cost Share.....	\$
Matching Funds	
Required/Requested Matching Funds...	\$
Project Total Costs.....	\$

Will this proposal be submitted on behalf of a Center or Institute? Yes No

If yes, indicate collaborating Center/Institute:

Is cost share or matching a requirement for the grant? Yes No Center Director

If yes, please attach completed cost share approval form and explain any special circumstances.

Indirect Cost Rate 48% UTRGV On-Campus Rate 26% Off-Campus Rate Other Rate

If other rate, please indicate rate and explain.

Is there a salary cap for the grant? Yes No

If Yes Federal salary cap \$212,100 Other cap

If other salary cap rate, please indicate cap and explain.

Include brief narrative, provide link or attach abstract.

Check all that apply.

Is this a clinical, translational or non-clinical proposal? Clinical Translational Non-Clinical

Will this proposal require review and approval by IRB, IBC, and/or IACUC? Check all that apply:

IRB

Date of submission: Date of approval: Pending submission/approval:

IBC

Date of submission: Date of approval: Pending submission/approval:

IACUC

Date of submission: Date of approval: Pending submission/approval:

Program Director/Principal Investigator's Assurance

As Principal Investigator, I certify the following:

- 1) that the information submitted within the application is true, complete and accurate to the best of my knowledge;
- 2) that I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

Project Personnel: Please include all PD/PIs and Co-Investigators for reporting purposes. **All investigators are required to provide an electronic signature. Signature certifies that all PD/PIs and Co-Investigators agree to the indicated split of project credit.**

Person/Department	Employee Type	Role in Project	Project Credit	Signature/Date
Name:			%	
Dept.				
Name:			%	
Dept.				
Name:			%	
Dept.				
Name:			%	
Dept.				
Name:			%	
Dept.				

Column must total 100%

Approved:

Chair/Director:

Title:

For Office Use Only. Our office will route for SOM approvals.

Angela Cook, Ph.D., R.N., O.C.N., C.C.R.P.
Associate Vice President, Clinical &
Translational Research
Interim Associate Dean of Research

Michael Patriarca, M.B.A.
Executive Vice Dean

Michael B. Hocker, M.D., M.H.S.
Dean

(Dr. Hocker's approval is required if the grant funds total is over \$1M.)

Kelly Nassour, Ph.D.
Vice President
Institutional Advancement

(Dr. Nassour's approval is required for all non-governmental sponsors.)

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