

Grant Application Submission Assistance Cover Sheet College of Health Professions Research Office

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|---|--|--|--|
| PI Name (Last, First) | | | |
| PI Title | | | |
| PI Department | | | |
| PI eRA Commons and Orchid ID | | | |
| PI Career Stage (<i>Trainee, New, Early Stage, Established</i>) | | | |
| PI Chair | | | |
| Date Chair notified of intent to submit application | | | |
| | | | |
| Funding Opportunity Number | | | |
| Sponsor Agency | | | |
| Application Due Date | | | |
| Type of funding mechanism (<i>R01, R03, R15, R21, Private Foundation, Subaward, etc</i>) | | | |
| Type of Application (<i>New, Resubmission, Subaward</i>) | | | |
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| Project Title | | | |
| Project Performance Period | | | |
| Project Allowable Budget | | | |
| Modular or Detailed Budget | | | |
| Multiple PI Leadership Plan | | | |

| Key Personnel | eRA Commons and Orchid ID | Role | Percent Effort |
|---------------|---------------------------|------|----------------|
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| Other Personnel | Role | Percent Effort |
|-----------------|------|----------------|
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| Consortium/Contractual Agreement | Role | Administrative contact |
|----------------------------------|------|------------------------|
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| Regulatory Compliance | |
|---|--|
| Does this project/research involve human subjects (Yes/No)? If yes, please provide the IRB outcome number or JIT pending. | |
| Does this project/research involve animal subjects (Yes/No)? If yes, please provide the IACCU outcome number. | |

| Letters of Support (Provide Name) | Request Support needed from Pre-Award |
|-----------------------------------|---------------------------------------|
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| Level of support needed from Pre-Award |
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| Application Questions for Pre-Award Team |
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