

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

Contact: Janine Twitchell, CoHP Office of Research, jtwitch@uthsc.edu
or
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PI (last, first):		
PI Department:		
PI Title:		
Due Date to Agency:		
Due Date to Sponsored Programs:		
Due Date to CoHP Office of Research:		
Cayuse Proposal #:		
Sponsor Agency:		
Type of funding Mechanism (Subcontract, R03, R15, R21, R01 etc.):		
Investigator status (trainee, early stage, new, established etc.)		
Type of Submission (new, resubmission):		
Funding Opportunity Number:		
Project Title:		
Project Period:		
Total Direct Costs:		
Multiple PI application (yes / no)?		
Key Personnel	Role	Effort Percent
1.		
2.		
3.		
4.		
5.		
Other Personnel	Role	Effort Percent
1.		
2.		
3.		
4.		

Subcontractor/Subaward	Role	Admin Contact at Sub Institution
1.		
2.		
3. *Any foreign institutions or collaborators? Yes/No		
Operating Budget	Amount	
Salaries		
Fringe Benefits		
Consultant Costs		
Supplies		
Travel Expenses		
Other Expenses		
Subcontractor/Subaward Expenses		

Regulatory Compliance	
Does this research involve Human Subjects or have a Not Human Subjects Research (NHSR) determination?	Yes / No
Does this research involve Animal Subjects?	Yes / No

Letters of Support	Need assistance writing drafts?
1.	
2.	
3.	
4.	