

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

Contact: Dr. James Carson, CoHP Office of Research
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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)?																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Key Personnel</th> <th style="text-align: left;">Role</th> <th style="text-align: left;">Effort Percent</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td></tr> </tbody> </table>			Key Personnel	Role	Effort Percent	1.			2.			3.			4.			5.		
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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.	