

## Grant Submission Assistance Summary Cover Sheet

### College of Health Professions Office of Research

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