

UNIVERSITY OF HOUSTON PROPOSAL TRANSMITTAL FORM

Principal Investigator: _____ **Department:** _____

Extension: _____ **UH Mail Code:** _____ **E-mail address:** _____

Project Title: _____

Proposed Effective Dates: _____ **Duration:** _____ yrs/mos **Total Project Cost:** _____
 (Begin) (End)

Type of Proposal: Pre-proposal _____ New Proposal _____ (If New, was a Pre-proposal submitted? Yes _____ No _____)
 Resubmission _____
 Continuation _____ Renewal _____ Supplement _____ Current UH Project ID _____

NOTE: This form is required for proposal processing. Three working days are required for complete processing. Proposals that do not meet this deadline will be reviewed, but the PI will be responsible for copying and mailing the proposal.

(SPONSOR'S STREET ADDRESS, BUILDING, AND ROOM NUMBERS MUST BE INCLUDED FOR PROPOSALS BEING MAILED BY OVERNIGHT MAIL)

Sponsor's Name: _____

ATTN: _____

Address: _____

City, State, Zip: _____

Sponsor's Phone No.: _____ **E-mail Address:** _____

Sponsor/Program Guidelines Attached: _____ **Sponsor Web Page URL:** _____

<p>PI APPOINTMENT/CITIZENSHIP: UH appointment title _____ U.S. Citizen? _____ YES _____ NO Permanent Resident? _____ YES _____ NO Employment Authorization & Expiration Date required for non-US citizen Employment Authorization _____ YES _____ NO Expiration Date of Employment Authorization _____</p>	<p>PROPOSAL DEADLINE INFORMATION: Proposal Deadline _____ This is a _____ postmark deadline. _____ Receipt deadline. _____ Target deadline. _____ This is an online submission _____ Should be sent regular mail by OGC (allow one week) _____ Should be sent overnight carrier by OGC. NOTE: You must provide cost center for the overnight carrier charge: _____ _____ Should be returned to PI to mail</p>
<p>CONFLICT OF INTEREST (must be submitted annually): Date Current Form Submitted: _____</p>	<p>PRIOR INSTITUTIONAL APPROVALS: _____ Creation of new organizational unit _____ Creation of new degree program _____ Alterations to existing space Attach appropriate University approvals for any of the circumstances listed above.</p>
<p>INTELLECTUAL PROPERTY/BACKGROUND TECHNOLOGY: 1. Is any proprietary information in this proposal? _____ YES _____ NO If YES, be sure that the proposal is marked appropriately. 2. Is any background technology being used? _____ YES _____ NO If YES, attach an explanation and state to whom it belongs.</p>	<p>HUMAN SUBJECTS: Does this project involve human subjects or data obtained from human subjects? _____ YES _____ NO If YES, date of approval _____ If application is pending, date submitted _____ If YES, all "key personnel" must complete HUMAN SUBJECTS TRAINING. Please indicate date completed: _____ Attach e-mail certifications for all key personnel.</p>
<p>PROJECT COST SHARING: Does this project involve cost sharing? _____ YES _____ NO If YES, please attach a completed Resource/Cost Share Commitment Request Form. The proposal cannot be processed without it.</p>	<p>ANIMALS: Does this project involve the use of animals? _____ YES _____ NO If YES, date approved _____ If application is pending, date submitted _____</p>
<p>INDIRECT COSTS: Does the sponsor allow full indirect costs? _____ YES _____ NO If NO, maximum percentage allowed _____ If NO, please attach a copy of the sponsor's written policy.</p>	<p>OTHER SAFETY COMMITTEE REVIEW: _____ Radiation Safety _____ On select agents _____ Chemical Safety _____ Biosafety (includes recombinant DNA) DATE OF APPROVALS _____</p>
<p>SUBRECIPIENT AGREEMENTS: Does the proposal involve a subrecipient? _____ YES _____ NO If YES, Attach a signed offer, detailed statement of work, budget, and appropriate certifications.</p>	
<p>PROJECT SPACE: Is space other than current office or lab necessary? YES _____ NO _____ If YES, identify and attach commitment _____</p>	

INVESTIGATOR(S)'S STATEMENT AND CERTIFICATIONS:

Except as covered by written authorization for this project, this application does not obligate the University for funds for additional facilities, equipment, remodeling, extra operating funds, or matching funds, nor for the establishment of new organizations, courses, or programs not previously approved. **My signature below certifies that:** 1) I am not delinquent on any federal debt; 2) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; 3) I have not and will not lobby any federal agency on behalf of this award; 4) I am aware of and agree to abide by the UH Drug Free Workplace policy; 5) I have filed the annual certification and any required updates with my department/college under the UH Policy on Conflict of Interest for Academic Staff and agree to update the certification as needed and abide by this Policy; 6) I agree to be bound by the terms and conditions of the outside grant or contract which supports this proposed activity and, in consideration of the information and facilities made available to me by the University or the outside sponsor, to assign copyright (where appropriate) and patent rights to the University of Houston in accordance with the terms and conditions stated in the Faculty Handbook; 7) I certify that the information submitted within the application is true, complete and accurate to the best of my knowledge; 8) I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; 9) 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.

SIGNATURES AND CREDIT SPLITS

(Please be aware that the investigator signing on Line #1 will be listed as the Principal Investigator AND the first Department/Institute/Center shown will be assigned administrative and fiscal responsibility.)

**(Credit % must be in whole numbers)
% CREDIT**

<u>PI SIGNATURE</u>	<u>EmpID Number</u>	<u>DATE</u>	<u>NAME OF DEPT./INSTITUTE</u>	<u>% CREDIT</u>
1. _____			Name of Dept./Inst. _____ Name of Dept./Inst. _____ Name of Dept./Inst. _____	% = _____ % = _____ % = _____
2. _____			Name of Dept./Inst. _____ Name of Dept./Inst. _____ Name of Dept./Inst. _____	% = _____ % = _____ % = _____
3. _____			Name of Dept./Inst. _____ Name of Dept./Inst. _____ Name of Dept./Inst. _____	% = _____ % = _____ % = _____
4. _____			Name of Dept./Inst. _____ Name of Dept./Inst. _____ Name of Dept./Inst. _____	% = _____ % = _____ % = _____

NOTE: CUMULATIVE TOTAL MUST EQUAL 100%

DIVISION HEAD/DEAN/INSTITUTE or CENTER DIRECTOR/DEPARTMENT CHAIRPERSON'S STATEMENT: I have reviewed this proposal and the accompanying Transmittal Form. The research or program proposed is in keeping with Division/College/Department educational objectives and is beneficial to the University. The Division/College/Institute or Center/Department is aware of all requirements of this project and is committed to providing for them, except as noted.

1. _____ Signature of Chairperson	_____ Date	2. _____ Signature of Chairperson	_____ Date
3. _____ Signature of Chairperson	_____ Date	4. _____ Signature of Chairperson	_____ Date

INSTITUTE or CENTER DIRECTOR'S SIGNATURE(S)

1. _____ Signature of Director	_____ Date	2. _____ Signature of Director	_____ Date	3. _____ Signature of Director	_____ Date
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COLLEGE DEAN SIGNATURE(S)

1. _____ Signature of Dean	_____ Date	2. _____ Signature of Dean	_____ Date	3. _____ Signature of Dean	_____ Date
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DIVISION HEAD SIGNATURE(S) – if required

1. _____ Signature of Division Head	_____ Date	2. _____ Signature of Division Head	_____ Date
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VICE PRESIDENT, FACULTY AFFAIRS – if required

Signature of Vice President, Faculty Affairs _____ Date