TRANSMITTAL FORM

Principal Investigator

Department

Proposal Title

Proposal Type

Activity Type

Award Type

Due Date

BUDGET

Initial Period | Total Period

Start Date

End Date

Total Direct Costs

Total F&A Costs

Total Requested

$0  $0

1) Does this proposal include subcontracts? Yes [ ] No [ ]

2) Does this proposal require matching funds? Yes [ ] No [ ]

3) Is any voluntary cost-sharing proposed? Yes [ ] No [ ]

If Yes to questions 2 or 3, enter amount proposed: $0

ASSURANCES

STATUS | PROTOCOL NUMBER

Animal Usage | Choose One

Pathogenic Microorganisms | Choose One

Human Subjects | Choose One

Radioactive Materials | Choose One

Human/Other primate tissue, blood or cells

Laser | Choose One

Recombinant DNA | Choose One

Fluoroscopy/CT | Choose One

Do any investigators (or spouses and dependent children) involved in this project have an actual, real or perceived conflict of interest that could reasonably appear to affect the research for which funding is sought or whose interests would reasonably appear to be affected by the research? Yes [ ] No [ ]

Do you anticipate any foreign travel or collaborations? If yes, please complete the export controls checklist. Yes [ ] No [ ]

*If the sponsor or prime sponsor is NIH, please complete page 2.
NIH Certificate of Confidentiality Information
(Please complete only if NIH is the Sponsor or Prime Sponsor)

1) Is the activity biomedical, behavioral, clinical, or other research?
   
   ☐ Yes (Please proceed to question 2)  ☐ No (No further action is needed)

2) a. Does the research involve human subjects as defined by 45 CFR Part 46?

   ☐ Yes**  ☐ No

   b. Are you collecting or using human biospecimens?

   ☐ Yes**  ☐ No

   c. Does the research involve the generation of individual level, human genomic data?

   ☐ Yes**  ☐ No

   d. Does the research involve de-identified or partially de-identified data?

   ☐ Yes**  ☐ No

**If the answer to 2a, 2b, 2c, or 2d is "yes," the NIH Certificate of Confidentiality (COC) Policy Applies, and a COC is automatically issued as a term of the award. The relevant NIH COC language must appear in the informed consent document.
Supplemental Information

Indicate the keywords applicable to this project:

**Primary Keyword**  Choose One

**Keyword 2**  Choose One

**Keyword 3**  Choose One

**NSF Research Type**  Choose One

Indicate the core facilities this project will use

**Core Facility 1**  Choose One

**Core Facility 2**  Choose One

**Core Facility 3**  Choose One

Is the proposal  primarily associated with or  related to one or more Flagship Constellations?

PI assures that the information in the application is true, complete and accurate to the best of their knowledge; acknowledges that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil or administrative penalties; accepts responsibility for the scientific conduct of the project; and agrees to provide progress reports are required by the sponsoring agency. Those signing below assure they will abide by the rules and regulations of the federal government, sponsor and UMMC.

Principal Investigator (Contact)

Co-Principal Investigator

Division Chair***

Division Chair

Department Chair

Department Chair

Dean****

Dean

*** Division Chair signatures are only required by the Department of Medicine and Department of Pediatrics, Division of Neonatology.

**** Dean signatures are only required for the School of Dentistry, School of Nursing, School of Health Related Professions, and School of Population Health.

Send completed and signed transmittal form, along with your complete application or draft contract and detailed budget, to sponsoredprograms@umc.edu at least 5 business days prior to the sponsor's deadline.