

**University of Mississippi Medical Center  
Office of Research and Sponsored Programs**

**TRANSMITTAL FORM**

Principal Investigator  Department

Proposal Title  Proposal Type

Sponsor\*  Activity Type

Prime Sponsor\*  Award Type

BUDGET	Initial Period	Total Period
Start Date		
End Date		
Total Direct Costs		
Total F&A Costs		
Total Requested		

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:

ASSURANCES	STATUS	PROTOCOL NUMBER	ASSURANCES	STATUS	PROTOCOL NUMBER
Animal Usage			Pathogenic Microorganisms		
Human Subjects			Radioactive Materials		
Human/Other primate tissue, blood or cells			Laser		
Recombinant DNA			Fluoroscopy/CT		

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, or 2c 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

Keyword 2

Keyword 3

NSF Research Type

Indicate the core facilities this project will use

Core Facility 1

Core Facility 2

Core Facility 3

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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.

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Principal Investigator (Contact)

Division Chair\*\*\*

Department Chair

Dean\*\*\*\*

Co-Principal Investigator

Division Chair

Department Chair

Dean

\*\*\* *Division Chair signatures are only required by the Department of Medicine*

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

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