Please submit on colored paper with full proposal at least 5 working days prior to the deadline (see instructions for more info.)

AGENCY/SPONSOR DEADLINE:
- Postmark  [ ]
- Electronic Submission  [ ]
- Confidential stamp requested  [ ]

OSP Use Only: Date Received __________
Correction Received __________ App. # __________

<table>
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<tr>
<th>TITLE OF PROPOSAL:</th>
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<td>AGENCY/SPONSOR:</td>
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ADDRESS:  PHONE:  AGENCY NUMBER (if available):  [ ] Sub-contracts involved?

- Guidelines attached or website link:

PROJECT TYPE:  New  [ ]
- Resubmission  [ ]
- Non-Competing Continuation  [ ]
- Competing Renewal  [ ]
- Supplemental  [ ]
- MTA  [ ]
- Other:  [ ]

PROJECT START DATE:  PROJECT END DATE:  

PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR:

| DEPARTMENT: |
| CAMPUS: |
| PHONE: |

Annual % effort:  [ ]
- HSC Faculty?  [ ] Y  [ ] N  VA-paid?  [ ] Y  [ ] N  COS member?  [ ] Y  [ ] N

CO-DIRECTOR/CO-INVESTIGATOR:

| DEPARTMENT: |
| CAMPUS: |
| PHONE: |

Annual % effort:  [ ]
- HSC Faculty?  [ ] Y  [ ] N  VA-paid?  [ ] Y  [ ] N  COS member?  [ ] Y  [ ] N

ADDITIONAL FACULTY?  [ ] Y  [ ] N  If yes, attach list with information as above.

DEPARTMENTAL CONTACT FOR THIS APPLICATION:  Phone:  Fax:  Email:  

PERFORMANCE SITES  USE OF PROJECT  PROJECT CATEGORIES

- Amarillo campus  [ ]
- El Paso campus  [ ]
- Lubbock campus  [ ]
- Odessa campus  [ ]
- Other; specify:  [ ]

- Fellowships  [ ]
- Scholarships  [ ]
- Instruction  [ ]
- Public Service  [ ]
- Research, if research complete next section  [ ]

- Medical  [ ]
- Biological  [ ]
- Other; specify:  [ ]
- Basic  [ ]
- Applied  [ ]
- Development  [ ]

- Aging  [ ]
- AIDS  [ ]
- Border health  [ ]
- Cancer  [ ]
- Cardiovascular  [ ]
- Child health  [ ]
- Health disparity  [ ]

- Hispanic/border health  [ ]
- International  [ ]
- Mental health  [ ]
- Obesity  [ ]
- Peer review  [ ]
- Rural health  [ ]
- Substance abuse  [ ]

COST SHARING: Does the project involve a commitment of TTUHSC resources (cost sharing/matching)?  [ ] Yes  [ ] No

Cost sharing commitments are subject to institutional approval. Attach a description of the proposed cost sharing and identify the source of funds.

Does the project require additional resources that are NOT available from TTUHSC or the sponsoring agency?  [ ] Yes  [ ] No

If yes, please list:

PROJECT-RELATED INCOME: Is PRI expected from sources other than the agency/sponsor?  [ ] Yes  [ ] No

OSP USE ONLY:  F&A Rate -  Notes
DOES THE PROJECT INVOLVE ANY OF THE FOLLOWING:

<table>
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<th>HUMAN SUBJECTS, DATA, OR SPECIMENS?</th>
<th>ANIMAL SUBJECTS?</th>
<th>BIOHAZARDOUS MATERIALS?</th>
<th>RECOMBINANT DNA?</th>
<th>RADIOACTIVITY?</th>
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**PROJECT DIRECTOR / PRINCIPAL INVESTIGATOR ASSURANCES**

My signature below certifies that: 1) the information submitted within the application is true, complete and accurate to the best of the PD/PI’s knowledge; 2) that any false, fictitious or fraudulent statements or claims may subject the PD/PI to criminal, civil, or administrative penalties; and 3) that the PD/PI agrees 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. I further certify that the personnel involved in this project are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from any federal department or agency and I agree to be bound by the terms and conditions of the external funding agency/source.

Project Director / Principal Investigator Signature Date

Co - PD/PI Signature Date

Printed Name

Printed Name

**Conflict of Interest Disclosure**

Do any participating faculty, staff, or students (or their spouse or dependent children) have any financial interest such as royalty, equity, or any other payments (e.g., consulting, salary, etc.) in the sponsor or other entities having a financial interest in intellectual property, products or services which are the subject of the proposed project? [ ] Yes [ ] No  If yes, attach Financial Disclosure Form(s)

As PD/PI, have you verified that all research personnel involved in this project have updated their Financial Disclosure Form as required in TTUHSC OP 73.09? [ ] Yes [ ] No

**TTUHSC ENDORSEMENTS**

The attached proposal has been examined by the officials whose signatures appear below and it is found to be consistent with department and school policies and objectives. These signatures indicate that the signers are familiar with the proposal and the department has the available resources to support this project, except as expressly described on this form.

Department Chair Date

Cooperating Department Chair Date

Printed Name

Printed Name

Dean/Associate Dean *if required by school* Date

Cooperating Dean/Associate Dean *if required by school* Date

Printed Name

Printed Name

**OSP USE ONLY:**

Sponsored Programs Date

TTUHSC Authorized Official Date