Published or Mandated Sponsor Deadline
postmarked by _____ receipt by _____ electronic submission due _____

IDENTIFICATIONS:
Principal Investigator Name: ________________________
Last Name: ____________________ First and Initial: _______ UIN: _______ Initiating Dept/Division Name: ________
Initiating Dept/Division Name: ________ E-mail Address: ______

Co-principal Investigator(s):

____________________ ______________________
Initiating Dept/Division Name: ________
E-mail Address: ______

Proposal Title: __________
Agency Name: __________
Agency Mailing Address: __________

Begin date: _______ End date: _______

Please provide previous UI eRA # ______, sponsor grant/contract # ______, and current University Grant Code ______

PRINCIPAL INVESTIGATOR RESPONSIBILITY: It is understood that if an award results from this application, the principal investigator will perform the administrative duties normally associated with the project. The principal investigator assures that he/she makes this submission with the understanding that any resulting award will contain no provision restricting the University’s right to publish research results, and that if any question of such restriction arises in subsequent negotiation he/she will assist in arranging the further review that will be required.

NOTE TO PRINCIPAL/CO-PRINCIPAL INVESTIGATOR(S): By signing this transmittal form, you are certifying that 1) the information submitted herein is true, complete and accurate to the best of your knowledge, 2) any false, fictitious, or fraudulent statements or claims may subject you to criminal, civil or administrative penalties, 3) you agree to accept responsibility for the scientific conduct of the project and to provide progress reports, and 4) you have submitted a listing of your known Significant Financial Interests (and those of your spouse and dependent children) that might reasonably appear to be affected by the research being proposed.

Approved By:

Date: ____________________________
Principal Investigator or Initiator
of Proposal (Signature may not be delegated)

Co-Principal Investigator
(Signature may not be delegated)

Date: ____________________________
Co-Principal Investigator
(Signature may not be delegated)

Co-Principal Investigator
(Signature may not be delegated)

Office of Sponsored Programs and Research Administration
Research Board Authorization

For information on this proposal contact: ____________
Phone: ________ E-mail: ________

SPECIAL MAILING INSTRUCTIONS: (Attach special instructions if needed)
Account No. (Banner FOAP) to charge for shipment: ________