THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED TO THE GRANTS TEAM AS SOON AS YOU KNOW A PROPOSAL WILL BE SUBMITTED.

Date: ________________

1. Principal Investigator: ________________________________________________________________

2. Agency/Sponsor: ___________________________________________________________________

3. Agency Deadline: __________________________________________________________________

4. If this is a Subcontract, please indicate prime institution and contact info (name, email, and phone):
_____________________________________________________________________________________
_____________________________________________________________________________________

If this is a proposal that is being submitted by another UF department, please list the PI’s name and contact info:
_____________________________________________________________________________________
_____________________________________________________________________________________

5. Grant/Contract Title: _________________________________________________________________
_____________________________________________________________________________________
(Not to exceed 81 character spaces, including spaces between words and punctuation for NIH grants.)

6. Type of Submission: Please check one and complete additional information requested.
   a. New: □ If in response to an RFA/PA, write # here: _________________________________
   b. Resubmission: □ Agency/Federal ID #: ______________________________
   c. Supplement to existing grant: □ Agency/Federal ID Number: ______________________________
   d. Renewal: □ Agency #: __________________________________________________________________
   e. Research Type: HOP □  ICHP □ (Does this project contain a child component?)

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7. Is this a NIH-defined Clinical Trial? Yes □ No □

8. Dates of Entire Proposed Project Period: Start Date: _______________ End Date: _______________

9. List Names of Collaborating Faculty in the Department:

__________________________________________________________________________
__________________________________________________________________________

10. List Collaborating Faculty Outside of Department:

Name/Department

__________________________________________________________________________
__________________________________________________________________________

11. List Subcontract/Consortium Agreements (if applicable):

a. Institution/Principal Investigator/Phone#: _______________________________________

b. Institution/Principal Investigator/Phone#: _______________________________________

c. Institution/Principal Investigator/Phone#: _______________________________________

d. Institution/Principal Investigator/Phone#: _______________________________________

12. List Consultants (list full names and affiliation):

__________________________________________________________________________
__________________________________________________________________________

13. Human Subjects:

Does this project involve human subjects including human data or tissue? Yes □ No □

 Does this project involve identifiable human data? Yes □ No □
(Be sure that title of proposal and IRB are the same.)

If yes, what is the status of the Human Subjects Application

Approved: □ Approval Pending: □

Exempt: □ Exemption Category: ___________________________________________________
IRB Number: ________________________________________________________________
Approval Date: _______________________________________________________________
14. Patents:

Is it likely that anything patentable will result from this research? Yes ☐ No ☐

Have any inventions been conceived or reduced to practice under prior research on this project:

Yes ☐ No ☐ If yes, previously reported: Yes ☐ No ☐

15. Space Requirements:

For planning and budgeting purposes, please indicate whether sufficient space is currently available for this project:

a. Current space is sufficient: ☐

b. An additional number of cubicles/offices will be needed:

c. Please explain: ________________________________________________________________

Note: You must confirm with Liz Manini about the availability of additional space.

16. Programmer Requirements:

Note: All projects that will require programmer effort should be discussed with Deepa Ranka in order to determine what amount of effort will be required and to identify a programmer name that should be included on the proposal.

a. Programmer(s) will be needed: ☐

b. If so, percent effort needed: ___________________________________________________

c. Name of programmer (if identified): ____________________________________________

17. Incentives/Study Stipends: Yes ☐ No ☐

PeopleSoft Training Requirements for PI and Coordinator: http://www.fa.ufl.edu/departments/treasury-management/hsp-new/hsp-security-roles/

PRV801 – HIPAA & Privacy for Research
PRV804 – Protecting Social Security Numbers
RSH320 – Human Subject Payment (new course)

Please provide project keywords/lay abstract:

________________________________________________________________________

Principal Investigator Signature ______________________________________________________

Name __________________________ Date ______________________

For Internal Use Only

Ufirst # ______________________

Initial Meeting

Date: __________________________ Revised 3

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