

UHV External Grant Proposal Routing Sheet

Project Title:

Principal Investigator:

College/Department:

Phone:

Email Address:

Grantor:

Is the Grantor a foundation?

Yes

No

If yes, obtain the signature of the Senior Director for Corporate and Foundation Relations.

Proposal Type:

Amount of Grant:

Purpose:

Percent of indirect cost recovery provided by the grant, if any:

%

Support required by the University:

Faculty FTE

Computing Resources

Staff FTE

Space Requirements

Commitment after grant ends?

Matching Funds

Proposal Deadline (Date):

Duration: Award Start Date: Award End Date:

Reporting Requirements (indicate each appropriate):

Who prepares technical reports?

Research and Related:	Does your research involve human subjects, stem cells, vertebrate animals and/or have potential impact on the environment?	Yes	No
Assurances:		If yes, request the Biosafety and Oversight Checklist. Contact Angela Hartmann at HartmannA@uhv.edu for assistance.	

Except as covered by written authorization for this project, this application does not obligate the University for funds for additional facilities, equipment, remodeling, extra operating funds, or matching funds, nor for these establishment of new organizations, courses, or programs not previously approved. My signature below certifies that: 1) I am not delinquent on any federal debts; 2) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; 3) I have not and will not lobby any federal agency on behalf of this award; 4) I am aware of and agree to abide by the UHV Drug Free Workplace policy; 5) I am aware of and have submitted notification of any relevant information with my department/college under the UHV on Conflict of Interest and agree to update information as needed and abide by this Policy; 6) I agree to be bound by the terms and conditions of the outside grant or contract which supports this proposed activity and, inconsideration of the information and facilities made available to me by the University or the outside sponsor, to assign copyright (where appropriate) and patent rights to the University of Houston - Victoria in accordance with the terms and conditions stated in the Faculty Manual; 7) I certify that the information submitted within the application is true, complete, and accurate to the best of my knowledge; 8) I understand that any false fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; 9) I agree 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 this application.

REQUIRED SIGNATURES the undersigned agree to comply with all applicable university and sponsor policies.

PI/PD: Date:

Co-PI/PD: Date:

Required signatures continued

Co-PI/PD:

Date:

Co-PI/PD:

Date:

Dean/Supervisor:

Date:

Typed name:

College or Department:

Director Grants & Contracts:

Date:

Typed name:

Director Budget Office:

Date:

Typed name:

Senior Director, Corporate & Foundation Relations (if applicable):

Date:

Typed name:

Executive Committee Approval:

Date:

Typed name:

Title: