



GRANT TRANSMITTAL FORM
Attach Abstract, Budget and Budget Justification

PI & FUNDING AGENCY INFORMATION

PI Last Name: Submission Deadline:
PI First Name: PI E-mail:
PI Phone Number: PI Department:
Do you have a faculty appointment with HMH School of Medicine? Yes No
Funding Agency: If subaward, indicate PTE: RFP/FOA #:
CFDA (if applicable)
Title of Project:

PROPOSAL INFORMATION

Type of Proposal: (Select all that apply) New Renewal / Continuation Resubmission Sub-award Contract
Other (please explain)
Begin Date: End Date: IDC Rate:
Total Request: Direct: Indirect:
Proposed PI Effort: Cost Share or Matching funds, if applicable:
If Full Available HMH indirect costs are not being recovered on this grant, please provide a statement in the space provided and explain the value/benefit of this project to the institution. Also, attach documentation from the solicitation pertaining to indirect costs. (2-3 sentences are adequate):
Are there other HMH network participants in this submission? Yes No
If Yes, please complete an Interdepartmental Research Grant Collaboration Approval Form.
Is this an MPI submission? Yes No
If Yes, MPI name & institution:

Are subawards or subcontracting arrangements anticipated in the grant performance? Yes  No

If Yes, Please list Name and total cost

Sub 1 name: \_\_\_\_\_ Total: \_\_\_\_\_

Sub 2 name: \_\_\_\_\_ Total: \_\_\_\_\_

Sub 3 name: \_\_\_\_\_ Total: \_\_\_\_\_

**REQUIRED CLEARANCES-does the project involve**

Use of biohazards, controlled substances, radioactive material or rDNA? Yes  No

Use of human subjects or human tissue? Yes, IRB Pending  Yes, IRB Approval Date: \_\_\_\_\_ No

Use of vertebrate animals? Yes, IACUC Pending  Yes, IACUC Approval Date: \_\_\_\_\_ No

Will any part of this project involve work outside the U.S.? If yes, what countries? \_\_\_\_\_

Will your project require collaboration with, purchases, from, or export to any foreign entity? Yes  No

Potential environmental impacts, which require review under the NJ Environmental Policy Act? Yes  No

Will the proposed research involve intellectual property which the PI, or Co-I, and/or HMH maintains rights to? Yes  No

Will this project involve an outside entity (directly or indirectly) that the PI, Co-Investigator or immediate family member of the PI and/or Co-I has a financial interest or associational relationship? Yes  No

Conflict of Interest disclosure forms need to be submitted within the past 12 months.

**REQUIRED SIGNATURES**

**Principal Investigator(s)/Project Director(s)**

I certify that the plan detailed in the proposal complies with all institution, state, and federal regulations and policies and reflects institution and department goals. This project is achievable as described, including the limitations of time, resources, and personnel. All required clearances have been satisfied. If awarded, I agree to conduct the proposed project in compliance with 1) the conditions of the grant, and 2) with all federal policies and procedures and with all policies, procedures and protocols mandated by HMH and the state of New Jersey.

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Department Chair**

I certify that I have reviewed the proposal and found it to be complete, including required clearances, budget, and commitments, involving space, faculty/staff time, and matching funds. In addition, I certify that all resources and other provisions of any award will be fulfilled. Also, I certify that I understand that any expenses exceeding the budget authority become the responsibility of the department and HMH.

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Site Controller**

I certify that I have reviewed the proposal including required clearances, budget, and commitments, involving space, faculty/staff time, and matching funds. In addition, I certify that all resources and other provisions of any award will be fulfilled. Also, I certify that I understand that any expenses exceeding the budget authority become the responsibility of HMH.

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Office of Sponsored Programs**

By signing this transmittal, I certify that this proposal is consistent with state and federal regulations; is within the HMH research/service mission; is in-line with the institution's strategic initiatives, and is approved for submission to the funding agency.

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_