UNM HEALTH SCIENCES CENTER PROPOSAL DATA SHEET (PDS) (INTERNAL USE ONLY)

PROPOSAL # **HSC-**	DEPARTMENT (Lead department if multiple departments)	PIs ORG CODE	CURRENT INDEX#	CURRENT FUND#

PRINCIPAL INVESTIGATOR (PI)	PI's BANNER ID	E-MAIL, If not SALUD	PHONE
CO-PI (If more than one, attach sheet)	Co-PI's BANNER ID	E-MAIL, If not SALUD	PHONE
DEPARTMENT CONTACT	PHONE	E-MAIL, If not SALUD	FAX

AGENCY: (sponsor/company/collaborator)	SOLICITATION NUMBER or PROGRAM NAME	DATE PROPOSAL IS DUE TO AGENCY:
AGENCY CONTACT	AGENCY E-MAIL	AGENCY TELEPHONE

PROJECT TITLE

DOES THIS PROJECT SERVE:	☐ NATIVE AMERICANS	☐ HISPANICS	☐ OTHER UNDERSERVED POPULATIONS

THIS ACTION IS (SELECT ONE)
☐ SUPPLEMENT   ☐ TRANSFER
☐ NEW   ☐ COMPETING RENEWAL   From: _____
☐ CONTINUATION   ☐ REVISION to #_____

PROPOSAL/PROJECT CLASSIFICATIONS

TYPE: (SELECT ONE)
☐ GRANT
☐ COOPERATIVE AGREEMENT
☐ CLINICAL TRIAL
☐ CONTRACT
☐ SUBAWARD – originating sponsor is _____

CATEGORY: (SELECT ONE)
☐ RESEARCH
☐ OTHER - PUBLIC SERVICE
☐ INSTRUCTION
☐ TRAINING
☐ FELLOWSHIP

LOCATION: (SELECT ONE)
☐ ON CAMPUS
☐ OFF CAMPUS
Location: _____

☐ *ELECTRONIC SUBMISSION*
Check if Applicable

COSTS for Initial or New Budget Period:

From _____ To _____
DIRECT COSTS   **$ 0**
F&A RATE: **50%**
F&A COSTS   **$ 0**
Total for Budget Period $ 0

COSTS for Entire Project: (Award Cycle)

From _____ To _____
Total for Entire Project $ 0

CLINICAL TRIALS ONLY:	FDA Phase: ☐ I ☐ II ☐ III or ☐ IV Multi Center Study ☐ YES ☐ NO

Enrollment Start Date: _____   Inventions are Anticipated ☐ YES ☐ NO   PI Waives Intellectual Property Ownership ☐ YES ☐ NO

FACULTY ACTIVITY DATABASE (FAD) – SOM ONLY (SELECT ONE)
☐ RESEARCH   ☐ CLINICAL   ☐ EDUCATION   ☐ NON MISSION SPECIFIC

IF THIS PROPOSAL INVOLVES ITEMS LISTED BELOW, CHECK ALL BOX(ES) THAT APPLY . SEE PI GUIDE OR LINKS FOR ADDITIONAL INFORMATION.

☐ HUMAN SUBJECTS
☐ LABORATORY ANIMALS
☐ SUBCONTRACTORS
☐ CONSULTANTS
☐ VA EMPLOYEES–MOU NEEDED (NIH)
☐ OTHER UNM COLLEGES / FACILITIES
☐ COST SHARE or MATCHING FUNDS
☐ REQUIRES BUILDING MODIFICATIONS

☐ RECOMBINANT DNA; RADIOACTIVE/HAZARDOUS MATERIALS or WASTE – Contact Safety Officer
☐ EXPORT CONTROL / SELECT AGENTS
☐ FOREIGN NATIONAL UNM PERSONNEL ☐ UNM PERSONNEL WITH DUAL CITIZENSHIPS
☐ FOREIGN COLLABORATORS
☐ RESTRICTIONS ON PUBLICATIONS
☐ FUNDING from a FOREIGN-OWNED AGENCY/COMPANY, List Country: _____
☐ FOREIGN TRAVEL, List Country: _____
☐ PROPRIETARY, CLASSIFIED or SENSITIVE INFORMATION

IN SIGNING THIS DOCUMENT, THE PI AND CHAIR DO HEREBY AGREE THAT ALL INFORMATION CONTAINED WITHIN THE APPLICATION/PROPOSAL IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF THEIR KNOWLEDGE. THE DEPARTMENT HEREBY ACCEPTS ALL RESPONSIBILITY FOR THE BUDGET, COST SHARE COMMITMENTS, F&A SPLIT AGREEMENT(S), AUTHORIZATIONS FOR USE OF UH, MIND IMAGING, CANCER CENTER, AND LIBRARY FACILITIES, CURRICLUM CHANGES, THE COST OF REQUIRED BUILDING MODIFICATIONS, AND COORDINATION WITH OTHER UNM DEPARTMENTS, CONSULTANTS, COLLABORATORS, AND SUBCONTRACTORS, INVOLVED WITH THIS PROJECT. THE PI AND CHAIR ALSO AGREE TO SECURE HRRC & ARF APPROVALS PRIOR TO BEGINNING THE RESEARCH AND WILL WORK WITH INDUSTRIAL SECURITY TO DEVELOP A COMPLIANCE PLAN FOR EXPORT CONTROL, IF APPLICABLE. THE PI ACCEPTS RESPONSIBILITY FOR THE SCIENTIFIC CONDUCT OF THE PROJECT, SUBMISSION OF THE REQUIRED PROGRESS REPORTS, COMPLIANCE WITH FEDERAL REGULATIONS PROHIBITING DEBARED/SUSPENDED PERSONNEL FROM PARTICIPATING ON FEDERALLY FUNDED PROJECTS, AND HEREBY ACKNOWLEDGES THAT ANY FALSE, FICTICIOUS, OR FRAUDULENT STATEMENTS OR CLAIMS MADE IN THIS PROPOSAL/APPLICATION MAY SUBJECT THE PI TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.

_____   _____
SIGNATURE OF PI   DATE

_____   _____
SIGNATURE OF PI's CHAIR   DATE

_____   _____

SIGNATURE of PreAward Reviewer   DATE