



## GRANT SUBMISSION FORM

**Grants Management Office (GMO); WBSC Room 2230; Phone X6738**

### INSTRUCTIONS

Complete items 1-24, sign the form (25) and have the chairperson(s) of all participating departments sign it (26). Signatures on this form can be Adobe digital signatures or ink signatures.

- For proposals submitted electronically on grants.gov, after completing this form, save it in your folder on the Carpenter drive. When your complete\* application is on the Carpenter drive and GMO has approved it, GMO will submit your proposal to grants.gov.
- For all other proposals, submit one copy of your application, including the original face page. GMO will obtain the remaining signature(s) and submit the application to the sponsor electronically after it has been approved\*. If it is a paper application, GMO will return the signed application to you for mailing to the sponsor.

**\*IMPORTANT NOTICE – Some funding agencies, including NIH, require that investigators disclose their significant financial interests to their institution before an application can be submitted. Therefore, for proposals subject to the PHS financial disclosure regulation, all investigators must submit the Summary Disclosure of Financial Interests form along with the Investigator's Detailed Disclosure Form (when applicable) BEFORE GMO is allowed to submit the application to the funding agency. See Summary Disclosure of Financial Interests instructions for more information.**

1) \_\_\_\_\_ 2) \_\_\_\_\_  
 PI's name PI's department

3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_  
 PI's phone Sponsor Sponsor's deadline

6) \_\_\_\_\_ 7) \_\_\_\_\_ 8) \_\_\_\_\_ 9) \_\_\_\_\_  
 Start date End date Year 1 direct costs Total direct costs

10) \_\_\_\_\_  
 Title of proposal

11) Type of application -	12) Is the proposal -	13) Source of funding -
<input type="checkbox"/> Grant	<input type="checkbox"/> New	<input type="checkbox"/> Federal
<input type="checkbox"/> Contract	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Private
<input type="checkbox"/> Fellowship	<input type="checkbox"/> Renewal (Competing Continuation)	<input type="checkbox"/> Industry
<input type="checkbox"/> Contains Subcontracts (MMC prime)	<input type="checkbox"/> Resubmission/Revision	<input type="checkbox"/> State
<input type="checkbox"/> Subcontract (MMS subrecipient)		<input type="checkbox"/> Foreign

Yes	No	Does the project -	MYg Bc K Ujj Yf ZUfYgYUfW [ fUbh!
<input type="checkbox"/>	<input type="checkbox"/>	14) Propose to hire new employees?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22) Have you completed a studio review?
<input type="checkbox"/>	<input type="checkbox"/>	15) Require renovations or additional space?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 23) Have the specific aims and research plan been edited by MOSEP?
<input type="checkbox"/>	<input type="checkbox"/>	16) Use vertebrate animals?	
<input type="checkbox"/>	<input type="checkbox"/>	17) Use recombinant DNA?	
<input type="checkbox"/>	<input type="checkbox"/>	18) Use human subjects or human biological samples?	
<input type="checkbox"/>	<input type="checkbox"/>	19) Use carcinogens, toxins or other hazardous substances?	
<input type="checkbox"/>	<input type="checkbox"/>	20) Use radioactive materials?	
<input type="checkbox"/>	<input type="checkbox"/>	21) Require cost sharing?	

24) Is this proposal subject to the PHS financial disclosure regulations? (See *Summary Disclosure of Financial Interest instructions for more information.*)  Yes  No  
 If yes, have the financial disclosure forms been completed and submitted for the PI and all other investigators?  Yes  No

25) **Principal investigator's assurance:** The information in this application is true to the best of my knowledge. The application conforms to the sponsoring agency's guidelines for content and format. I understand that if my project involves vertebrate animals, human subjects, recombinant DNA, radioactive materials, or human or animal pathogens, it must be approved by appropriate institutional committees, and that I must conduct the project in accord with their findings. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded. I also accept responsibility for the financial management of any award that results from this application. If I am seeking funds from agency subject to the U.S. Public Health Service (PHS) financial disclosure regulations, I certify that I have submitted the relevant disclosure form(s) for myself and all other Investigators as defined by the regulations.

\_\_\_\_\_  
 Principal Investigator's Signature \_\_\_\_\_  
 Date

26) **Assurance of chairpersons from all participating departments: I approve the proposed commitment of time and effort by departmental personnel, the salaries which the application requests for that effort, and the remainder of the requested budget. I approve the use of departmental space and facilities described. The project fits into the general plan for development of this department. The application has been reviewed by a reader other than the PI.**

\_\_\_\_\_  
 Department Chair's Signature \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Department Chair's Signature \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Department Chair's Signature \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Department Chair's Signature \_\_\_\_\_  
 Date

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**Grants Management Office Use ONLY**

27) \_\_\_\_\_  
 Date submitted to GMO

28) **Assurance of primary reviewer in GMO: This application conforms to the guidelines of the sponsoring agency and Meharry. The budget has been correctly computed and conforms to the college's policies for salaries, fringe benefits, indirect costs, and other budgetary matters. The typing and general appearance of the application are satisfactory. If required, Investigators personnel have completed and submitted the financial disclosure forms.**

\_\_\_\_\_  
 Primary GMO reviewer's signature \_\_\_\_\_  
 Date

29) \_\_\_\_\_  
 % effort for PI in calendar months \_\_\_\_\_  
 F & A rate

Yes	No	30) Check each item:	31) Type:	
<input type="checkbox"/>	<input type="checkbox"/>	Salary recovery?	<input type="checkbox"/> R	<input type="checkbox"/> TI
<input type="checkbox"/>	<input type="checkbox"/>	PHS?	<input type="checkbox"/> D	<input type="checkbox"/> TF
<input type="checkbox"/>	<input type="checkbox"/>	Minority?	<input type="checkbox"/> I	<input type="checkbox"/> RR
<input type="checkbox"/>	<input type="checkbox"/>	Alliance?	<input type="checkbox"/> RT	<input type="checkbox"/> O

32) \_\_\_\_\_  
 Control Number