



GRANT SUBMISSION FORM

Grants Management Office (GMO); WBSC Room 2230; Phone 615 327 6703.

Ext. GL Ballard, 6738, C Crowell 6739, N Karim 6730, T Micah 6715.

INSTRUCTIONS

Complete items 1-33, sign the form (34) and have the chairperson(s) of all participating departments sign it. Signatures on this form can be Adobe digital signatures or ink signatures. All corrections from submitted applications must be completed by the due date for an application to be considered on-time by the sponsor. To ensure the College's grant applications are received by the sponsor's deadline, the Grants Management Office must receive collaborative applications with subcontracts at least ten business days prior to the sponsor's deadlines. If a PI is submitting an application with no subcontracts, the GMO must receive the application at least five business days before the sponsor's deadline.

- For proposals submitted electronically to grants.gov, after completing this form, save it in your folder on the Carpenter drive. When your complete application is in the Carpenter drive and GMO has approved it, GMO will submit your proposal to grants.gov or to the sponsor's portal.
For all other proposals, submit one copy of your application, including the original face page. GMO will 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 investigators to disclose their significant financial interests to their institution before an application can be submitted. Therefore, for proposals subject to the PHS financial disclosure regulations, all investigators must submit the Summary Disclosure of Financial Interests form along with the Investigator's Detailed Disclosure Form (when applicable) to GMO before the application can be submitted to the funding

1) PI's name 2) PI's department 3) PI's phone 4) Sponsor 5) Sponsor's deadline 6) Start date 7) End date 8) Year 1 direct costs 9) Total direct costs 10)

11) Type of Application: Grant, Contract, Fellowship, Contains subcontracts (MMC prime), Subcontracts (MMC subrecipient)
12) Is the proposal: New, Supplemental, Renewal (competing continuation), Resubmission/Revision
13) Source of Funding: Federal, Private, Industry, State, Foreign Prime Awardee, MMC to Foreign Subrecipient

- | Yes                      | No                       | Does the project   |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 14) Propose to hire new employees?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 15) Require renovations or additional space?               |
| <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?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 22) Involve Biostatistics?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 23) Involve Bioinformatics?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 24) Involve Proteomic and Protein Analysis?                |
| <input type="checkbox"/> | <input type="checkbox"/> | 25) Involve BSL3?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 26) Involve Flow Cytometry?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 27) Involve Gene Editing Service?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 28) Involve Imaging, Morphology & Immunohistochemistry?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 29) Involve Pathology?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 30) Involve Endocrinology?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 31) Involve Molecular Biology?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 32) Involve Genomics?                                      |

For Shared Core Facility Resource: contact Franklin Nouvet, CRISALIS Business Manager, 615 327 6604, fnouvet@mmc.edu.

- 33) 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

**34) 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 accordance 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 will submit the relevant disclosure form(s) for myself and all other Investigators as defined by the regulations.

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

\_\_\_\_\_  
Date

35) **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**

36) \_\_\_\_\_  
Date submitted to GMO

37) **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

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

Yes	No	39) Check each item:	40) 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

41) \_\_\_\_\_  
Control Number



SUMMARY DISCLOSURE OF FINANCIAL INTERESTS

Required for projects funded by U.S. Public Health Service (PHS) agencies including National Institutes of Health (NIH) and other sponsors that have adopted the PHS regulations

For more information, see http://grants.nih.gov/grants/policy/coi

Principal Investigator's (PI's) Last Name PI's First Name PI's Middle Initial

Prime Funding Agency Project Start Date Project End Date

Proposal/Project Title

Disclosures and Certification

Investigators: By signing below, each Investigator (1) certifies that this form provides an accurate report of whether or not there are any Significant Financial Interests related to the Investigators' Institutional Responsibilities, and (2) acknowledges responsibility to provide a complete disclosure of all Significant Financial Interests reasonably related to the Investigators' Institutional Responsibilities prior to proposal submission, as new Significant Financial Interests arise, and on an annual basis during the project award period.

Do you, your spouse/domestic partner or dependent children have any Significant Financial Interests related to the Investigator's Institutional Responsibilities? (See definitions on Instructions.)

\*\*Disclosure of Significant Financial Interest does not necessarily mean that a Conflict of Interest exists. All Significant Financial Interests will be evaluated by the College Conflicts Committee to assess whether a Conflict of Interest exists.

No Yes, Investigator's Detailed Disclosure Form is attached.

Signature of Investigator Date

Name of Investigator (Please type or print information)

Investigator's Department

Role on Project

Investigator's Institution (if not at Meharry Medical College)

The Principal Investigator on a proposal subject to the PHS financial conflict of interest regulations is responsible for obtaining financial disclosure forms for all participating Investigators.

Attach additional Disclosure Forms as required to identify and include financial disclosure information for ALL project Investigators.



### INVESTIGATOR'S DETAILED DISCLOSURE FORM

**For projects funded by U.S. Public Health Service (PHS) agencies including National Institutes of Health (NIH) and other sponsors that have adopted the PHS regulations**

*See instructions before completing and use additional pages as needed*

Investigator's Last Name \_\_\_\_\_ Investigator's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Please list below all of Investigator's Significant Financial Interests (including those of the Investigator's spouse/domestic partner and dependent children) that reasonably appear to be related to the Investigator's Institutional Responsibilities. Each Investigator with a Significant Financial Interest must complete his/her own detailed disclosure form.**

#### I. Financial Interests

Note: Income from seminars, lectures, or teaching engagements sponsored by a federal, state, or local government agency, a U.S. Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education is excluded from the definition of Significant Financial Interest. Aggregated income in excess of \$5,000 from any other single entity (including non-profits that are not excluded above) is included in the definition of Significant Financial Interest and, accordingly, must be disclosed.

**During the prior 12 months, did you, your spouse/domestic partner and/or your dependent children have any Significant Financial Interest that involved monetary or equity interests?**

**NO**     **YES**    If yes, for each please state the following:

\_\_\_\_\_  
Name of entity

\_\_\_\_\_  
Nature of financial interest (e.g., equity, consulting fee, salary, honoraria, paid authorship)

\_\_\_\_\_  
Monetary value of the financial interest (estimate if the exact value is not readily available)

#### II. Travel Reimbursements

**During the past 12 months, did you receive a payment (either as an advance or a reimbursement) for travel (either transportation, lodging or meals) from an entity other than a federal, state, or local government agency, U.S. university/college, academic teaching hospital, medical center, or university/college research institute, or were the costs of travel (alone or together with lodging and/or meals) paid directly for you by any such organization? Reimbursement or sponsorship of travel of ANY amount must be reported.**

**NO**     **YES**    If yes, for each please state the following:

\_\_\_\_\_  
Name of sponsoring organization

\_\_\_\_\_  
Purpose of the trip

\_\_\_\_\_  
Destination \_\_\_\_\_ Dates \_\_\_\_\_

\_\_\_\_\_  
Monetary value of the travel expenses (estimate the approximate value if the travel is not reimbursed directly and the exact value is not readily available)

### III. Intellectual Property

During the past 12 months, did you, your spouse/domestic partner and/or your dependent children receive any patent or copyright income other than from intellectual property rights assigned to MMC in which you have an agreement to share in such royalties?

**NO**     **YES**    If yes, for each please state the following:

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Type of intellectual property

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Income derived



## PHS Disclosures of Financial Interests Instructions

### List of PHS agencies and other sponsors that have adopted the PHS regulations (this list may change):

- Administration on Aging (AoA)
- Administration for Children and Families (ACF)
- Agency for Healthcare Research & Quality (AHRQ)
- Agency for Toxic Substances & Disease Registry (ATSDR)
- Alliance for Lupus Research (ALR)
- American Cancer Society (ACS)
- American Heart Association (AHA)
- Arthritis Foundation (AF)
- California Breast Cancer Research Program (CBCRP)
- California HIV/AIDS Research Program (CHRP)
- Centers for Disease Control & Prevention (CDC)
- Food and Drug Administration (FDA)
- Health Resources & Services Administration (HRSA)
- Indian Health Service (IHS)
- Juvenile Diabetes Research Foundation (JDRF)
- Lupus Foundation of American (LFA)
- National Institutes of Health (NIH)
- Substance Abuse & Mental Health Services Administration (SAMHSA)
- Susan G. Komen for the Cure

### Disclosure Procedures

- 1) The Principal Investigator and each Investigator\* must complete the Summary Disclosure of Financial Interests (including the Investigator's Detailed Disclosure Form, if applicable):
  - a) at the point of each proposal submission,
  - b) during the period of award, at the time of the submission of each progress report/non-competing continuation application
  - c) at the time a no cost time extension is approved if no progress report was submitted to the agency and every 12 months thereafter during the period of award, and
  - d) within 30 days of discovering or acquiring a new Significant Financial Interest.
- 2) **Proposals cannot be processed by the MMC Grants Management Office until all the Investigators have completed their disclosure forms.**
- 3) Investigators having a Significant Financial Interest that is reasonably related to the Investigators' Institutional Responsibilities must complete the Investigator's Detailed Disclosure Form.
- 4) Any project that involves human subjects research may require additional reviews and oversight.

### Definitions

**\*Who Must Disclose?** All individuals responsible for the design, conduct, or reporting of the results of work performed or to be performed under the sponsored project, are referred to as "**Investigator**." "Investigator" means the Project Director or Principal Investigator and any other person, regardless of title or position, who could affect or influence project objectives and is responsible for the design, conduct, or reporting of the proposed research, which may include, for example, collaborators or consultants whether or not they are at Meharry Medical College. It can include students, graduate and undergraduate, and other personnel who may be listed as authors on project results, even if they are not paid from the project.

If an Investigator is not at Meharry Medical College, he/she can either complete the MMC financial disclosure form(s) or he/she can have his/her institution complete an MMC Certification of Compliance with the U.S. Public Health Service (PHS) Regulation on Financial Conflict of Interest When Consulting/Subcontracting on Research Grants and Contracts, available from the MMC GMO. If a certification is submitted, the collaborating institution will be responsible for disclosing all identified financial conflicts of interest to MMC GMO at least ten business days before the sponsor's reporting deadline, including information as to how the interest has been managed, reduced or eliminated in accordance with the regulation.

**What is a “Significant Financial Interest”?** Any of the following payments:

- 1) With regard to **Publicly Traded Entities**, payments or value exceeding \$5,000 when aggregated for an Investigator and the Investigator’s spouse/domestic partner and dependent children from a single entity, including salary, consultant payments, honoraria, paid authorship, equity interest (stock, stock option or other ownership interest) during the prior 12 months.
- 2) With regard to **Privately Held Entities**, payments or value exceeding \$5,000 when aggregated for an Investigator and the Investigator’s spouse/domestic partner and dependent children from a single entity during the prior 12 months or when the Investigator and the investigator’s spouse/domestic partner and dependent children hold **any** equity interest (stock, stock option, or other ownership interest).
- 3) With regard to **Intellectual Property**, intellectual property rights and interests (patents, copyrights) **upon receipt of income** related to such rights and interests.
- 4) With regard to **Travel Reimbursements**, any reimbursed or sponsored travel related to the Investigator’s Institutional Responsibilities during the prior 12 months (with the exception of travel that is reimbursed or sponsored by a Federal, state, or local government agency, a U.S. institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education).

The term “Significant Financial Interest” **does not include**:

- 1) salary, royalties, or other remuneration paid by the Institution to the Investigator if the Investigator is currently employed or otherwise appointed, including intellectual property rights assigned to the Institution and agreements to share royalties related to such rights;
- 2) income from investment vehicles, such as mutual funds and retirement accounts, as long as the Investigator does not directly control the investment decisions made in these vehicles;
- 3) income from seminars, lectures, or teaching engagements sponsored by a federal, state, or local government agency, a U.S. institution of higher education, an academic teaching hospital, a medical center, or a research institute affiliated with an institution of higher education; or
- 4) income from service on advisory committees or review panels for a federal, state, or local government agency, a U.S. institution of higher education, an academic teaching hospital, a medical center, or a research institute affiliated with an institution of higher education.

**What are “Institutional Responsibilities”?** An Investigator’s Institutional Responsibilities means the Investigator’s professional responsibilities on behalf of the Institution, including activities such as research, teaching, clinical or other professional practice, academic activities, scholarly events, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.

### Summary of Disclosure Requirements

**For all PHS funding, each Investigator must submit to the MMC Grants Management Office:**

- **A Meharry Medical College Disclosure of Financial Interests form:**
  - **At the time of every proposal submission;**
  - **During the period of an award, at the time of the submission of each progress report/non-competing continuation application;**
  - **At the time a no cost time extension is approved if no progress report was submitted to the agency and every 12 months thereafter during the period of award, and**
  - **Within 30 days of discovering or acquiring a new Significant Financial Interest**
- **A Certificate of Completion of Conflict of Interest (COI) training**
  - **If you completed the full or refresher CITI Human Subjects Training Program, submit a copy of that completion certificate which documents completion of the COI module.**
  - **If you have not completed the full or refresher CITI Human Subjects Training Program with a COI module, you must complete the NIH COI online training program and submit a copy of your completion certificate (link: <http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm>).**
  - **Evidence of COI training must be submitted every four years or immediately when any of the following circumstances apply:**
    - **MMC revises its COI policies and procedures in any manner that affects the requirements of Investigators;**
    - **an Investigator is new to MMC; or**
    - **MMC finds that an Investigator is not in compliance with MMC's COI policy or management plan**



### **Review Process and Guidelines**

Investigator's Detailed Disclosure Form disclosing Significant Financial Interests that reasonably appear to be related to the Investigator's Institutional Responsibilities and any supporting documentation shall be forwarded to the College Conflicts Committee to consider whether any of the disclosed Significant Financial Interests of the Investigator is related to the project and whether the financial interest could directly and significantly affect the design, conduct, or reporting of the project.

If a COI is determined to exist, a management plan will be implemented and each Investigator will be required to comply with the management plan. The COI and management plan will be reported per regulation to the funding sponsor.

### **For Further Information Regarding the PHS Policy**

[http://grants.nih.gov/grants/policy/coi/coi\\_faqs.htm](http://grants.nih.gov/grants/policy/coi/coi_faqs.htm)