Grant Submission Information
Please complete this form and send to Carol Achziger with your routing documents.

1. Title of Proposed Project: _____

2. Proposed start and end dates: _____

3. Agency you are applying to: _____

4. RFP Number: _____

5. Due date and time: _____

6. Do you need any special approvals to conduct the proposed project:

    a. Human Subjects: (leave blank if this doesn't apply to your project)

        i. List Protocol Number, (if none yet, state pending) _____

        ii. Most recent approval date (if not approved, state pending) _____

        iii. Will work with human subjects be done at University of Colorado Hospital, Children's Hospital, or any other non-UCD facilities? Yes _____ No _____

            1. If yes, name of location: _____

        iv. Are all research-related patient care costs included in the budget, including any applicable non-UCD facility charges? Yes _____ No _____

    b. Animal Subjects: (leave blank if this doesn't apply to your project)

        i. List protocol number(s) (if none yet, state pending) _____

        ii. Most recent approval date(s) (if not approved, state pending) _____

        iii. Animal type(s) _____

    c. BioSafety: (leave blank if this doesn't apply to your project)

        i. List authorization numbers (if none yet, state pending) _____

        ii. Most recent approval date(s): (if none, state pending) _____

        iii. Which agent(s) will you be working with:

            1. Recombinant DNA

            2. Infectious Agents

            3. Select Agents

            4. Other:

    d. Chemical Safety: (leave blank if this doesn't apply to your project)

        i. DHS Chemicals of Interest (Appendix A)

        ii. Toxic Gases/vapors

      iii. Explosives

      iv. Peroxide Formers

      v. DEA Controlled Substances

      vi. Carcinogenic Respirable Particulates (e.g., asbestos, beryllium, etc.)

      vii. Perchloric Acid

      viii. Other:

e. Radiation Safety: (leave blank if this doesn't apply to your project)

    i. List authorization numbers (if none yet, state pending) _____

    ii. Most recent approval date(s): (if none, state pending) _____

    iii. Which material(s) will you be working with on this project:

        1. S35

        2. P32

        3. H3

        4. C14

        5. I125

        6. Ionizing Radiation Generating Equipment

        7. Other:

f. Export Control:

    i. Will the project require any export controlled information to be received by CU Denver, or is the Program Announcement or Request for Proposals designated as "Export Controlled"?   Yes   No

    ii. Is project participation (faculty, staff other) restricted based on country of origin or citizenship?   Yes   No

    iii. Will the sponsor have the right to approve or restrict the publications or other disclosure of the research results?   Yes   No

    iv. Will the project include collaboration with a foreign organization or be conducted outside of the United States?   Yes   No

    v. Will the project involve the shipment of equipment, software, data or biological materials to a foreign country?   Yes   No

    vi. Will the project require the use of another party's proprietary information or materials?   Yes   No

g. Dual Use of Research Concern:

    i. Does the research project use any agent or toxin that is considered Dual Use Research of Concern? For more information please refer to: https://www.phe.gov/s3/dualuse/Pages/default.aspx   Yes   No

7. Where will the work on this project be performed? If off the CU Campus, please provide the following information (on campus is assumed to be within your department's space):

a. If a site within the US provide the following:

    i. Name of Location _____

    ii. Address – including 9-digit zip code _____

     iii. State and Congressional District for the site _____

  b. If an international site, please provide the following:

     i. Name of Location _____

     ii. Full physical address – please do not provide a mail only address _____

        _____

8. Financial Conflict of Interest – As the PI, have you made sure all individuals performing work that directly impacts the proposed scope of work have a current Conflict of Interest Disclosure on file with the CU Denver Conflict of Interest Office?

  a. Yes

  b. No

      Please go to http://www.ucdenver.edu/academics/research/AboutUs/regcomp/conflictofinterest/Pages/default.aspx and make sure that you and your personnel are compliant prior to routing.

9. Will your project involve the creation of new courses?   Yes   No
  a. If yes, have you started the process for the approval of a new course? Yes   No
  b. If no to question a; what are your plans to obtain the necessary approvals? _____

    _____

    _____

10. Is there anything else we should know about your project not covered here (i.e., space requirements, time commitments, additional resources you will need the University to provide in order to accomplish the goals of the proposed project, etc.)? _____

    _____

    _____

    _____