

The University of Texas Health Science Center at San Antonio

Certificate of Proposal

This Certificate of Proposal (COP) must be completed and submitted with all externally sponsored proposals and agreements. Instructions and definitions of terms can be found on the OSP web page at http://research.uthscsa.edu/osp/forms/copinstructions.doc. For information or assistance, contact the Office of Sponsored Programs (OSP) at 567-2340.

Proposal Title:

Sponsor: FOA# or RFP#
Agency Due Date: Deadline Type: Postmark Receipt Electronic
Activity Type: Research Clinical Study Training Services Testing Other:
Project Status: New Resubmission Competitive Renewal Non-Competing Grant Progress Report Supplement
If renewal or continuation: Grant#: Current HSC PGid #:

Investigator(s) Information

INVESTIGATOR(S) CERTIFICATION: My signature below certifies that (1) I am not delinquent on any federal debt; (2) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; (3) I have not and will not lobby any federal agency on behalf of this award; (4) The information submitted within the application is true, complete, and accurate to the best of my knowledge; (5) I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; (6) I agree to accept responsibility for the scientific conduct of the project; and (7) I will be responsible for meeting the requirements of the award, including, but not limited to providing the proper stewardship of sponsored funds, submitting all required technical progress reports on a timely basis, properly disclosing all inventions to the South Texas Technology Management, and adhering to all federal compliance requirements.

Principal Investigator/Project Director:
Name Annual Committed Effort on Project %
Phone Number Employee Badge ID #
School VA Appointment
Department
Division (if applicable)
Center/Institute Affiliation(s)
Barshop GCCRI RII CTRC IIMS (signature)

Participating Investigator:
Name Annual Committed Effort on Project %
Phone Number Employee Badge ID #
School VA Appointment
Department
Division (if applicable)
Center/Institute Affiliation(s)
Barshop GCCRI RII CTRC IIMS (signature)

Participating Investigator:
Name Annual Committed Effort on Project %
Phone Number Employee Badge ID #
School VA Appointment
Department
Division (if applicable)
Center/Institute Affiliation(s)
Barshop GCCRI RII CTRC IIMS (signature)

(If additional participating investigators are involved, attach additional sheets as necessary)

Contact for proposal questions/pickup: name phone number

Proposal Information

Initial Budget Period: Direct \$ _____ F&A \$ _____ Total \$ _____ Dates _____ to _____
 Entire Budget Period: Direct \$ _____ F&A \$ _____ Total \$ _____ Dates _____ to _____
 Location of Project: on campus off campus Identify _____
 F&A (Indirect Cost) Rate Applied _____ %

Key Words (Primary Required)

Primary		
Secondary		

Certifications

Will project involve the use of:					
Vertebrate animals or animal tissues/fluids?	Yes	No	If yes, IACUC is:	Pending	Approved
IACUC Approval Date: _____		Protocol # _____			
Human subjects?	Yes	No	If yes, IRB is:	Pending	Approved
IRB Approval Date: _____		Protocol # _____			

Involves the use of

- recombinant DNA
 infectious agents
 chemical carcinogens
 radioisotopes
 select agents or toxins

List: _____

Yes No

Have you and all of the key project personnel completed the annual Report of Financial Interests (COI) as required by Health Science Center policy?

- If no, complete online at <https://uthscsa.keyusa.net/>
- If yes, have there been any changes of circumstances related to the disclosure?
 (If yes, modify online at <https://uthscsa.keyusa.net/>)

Do you or any of the key project personnel have consulting arrangements, hold board membership, serve as an officer or key employee, have line management responsibilities, or own substantial equity holdings with the sponsor, subcontractor or potential vendor?

Do you believe that the proposal contains ideas, processes, or principles that could be commercialized or that may be of interest to industry?

Is this a Flow-through application? (Funds granted by another entity to this Sponsor)

If yes, provide Primary Sponsor/Funding Source (eg. NIH, DOD, etc.): _____

Will a portion of this work be performed by an outside third party (i.e. Subcontractor/Collaborator)?

If yes, list organizations below:

Administrative Information

Will project require new space?	yes	no
Will project require renovations to existing space?	yes	no
If awarded, in what department/center/institute/other unit should the primary project id be established?		
(dept name)	(dept id)	
If awarded, who will be authorized signatories on the primary project id?		
Name: _____	Employee ID# _____	
_____	_____	
_____	_____	
_____	_____	

NOTES: Please use this space to provide any additional information that may be helpful in reviewing this proposal.

Health Science Center Endorsements

DEPARTMENT CHAIR SIGNATURE(S): By signing below, the Department Chair(s) certify that this project corresponds with the goals and objectives of the department, and that agreement has been reached regarding the type and amount of departmental resources that will be required to assist the PI(s) in completing the project.

Primary PI's Department Chair _____ (date) _____

Department Chair Signatures for Participating Investigators (as necessary):

Dept _____ Chair _____ (date) _____

Dept _____ Chair _____ (date) _____

Dept _____ Chair _____ (date) _____

(If more signatures required, attach additional signature sheets as necessary)

CENTER/INSTITUTE DIRECTOR SIGNATURE: *required when resources or space of a Center or Institute will be utilized in the conduct of the project.* By signing below, the Director(s) certify that this project is consistent with the goals and objectives of the Center/Institute, and that agreement has been reached regarding the type and amount of Center/Institute resources that will be required to assist the PI(s) in completing the project.

Center/Institute _____ Director _____ (date) _____

Center/Institute _____ Director _____ (date) _____

(If more signatures are required, attach additional signature sheets as necessary)

DEAN'S SIGNATURE: By signing below, the Dean certifies that this project conforms to the Rules and Regulations of the Board of Regents, supports the teaching and research objectives of the school, that resources necessary to conduct the project are available or have been approved, and that all exceptions noted are satisfactory.

Dean _____ (date) _____

OSP Reviewer/Date