

## 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# for Contracts: \_\_\_\_\_

**Agency Due Date:** \_\_\_\_\_

**Deadline Type:**

Postmark

Receipt

Electronic

Activity Type:  Research  Clinical Drug Study  Training  Services  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 HSC Office of Technology Ventures, and adhering to all federal compliance requirements.*

<b>Principal Investigator/Project Director</b> Name _____ Phone Number _____ Employee Badge ID# _____ School _____ Department _____ Division (if applicable) _____ Center/Institute Affiliation(s) <input type="checkbox"/> Barshop <input type="checkbox"/> GCCRI <input type="checkbox"/> RIC <input type="checkbox"/> CTCR <input type="checkbox"/> IIMS	<b>Annual Committed Effort on Project</b> _____ %  <b>Project Intellectual Contribution</b> _____ % (Intellectual Contribution must total 100% for all listed investigators)  _____ (signature)
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<b>Participating Investigator:</b> Name _____ Phone Number _____ Employee Badge ID# _____ School _____ Department _____ Division (if applicable) _____ Center/Institute Affiliation(s) <input type="checkbox"/> Barshop <input type="checkbox"/> GCCRI <input type="checkbox"/> RIC <input type="checkbox"/> CTCR <input type="checkbox"/> IIMS	<b>Annual Committed Effort on Project</b> _____ %  <b>Project Intellectual Contribution</b> _____ % (Intellectual Contribution must total 100% for all listed investigators)  _____ (signature)
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<b>Participating Investigator:</b> Name _____ Phone Number _____ Employee Badge ID# _____ School _____ Department _____ Division (if applicable) _____ Center/Institute Affiliation(s) <input type="checkbox"/> Barshop <input type="checkbox"/> GCCRI <input type="checkbox"/> RIC <input type="checkbox"/> CTCR <input type="checkbox"/> IIMS	<b>Annual Committed Effort on Project</b> _____ %  <b>Project Intellectual Contribution</b> _____ % (Intellectual Contribution must total 100% for all listed investigators)  _____ (signature)
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(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 \_\_\_\_\_

\* (not required for noncompeting applications)

Location of Project:  on-campus  off-campus Identify \_\_\_\_\_

F&A (Indirect Cost) Rate Applied \_\_\_\_\_ %

Does the project have a direct impact on people in South Texas outside Bexar County?  yes  no

Does this project involve:  women's health issues  minority health issues

### Key Words (Primary Required)

<b>Primary</b>		
<b>Secondary</b>		

### Certifications

Certification Category (if applicable)	Yes	No	Pending	Approval Date	Protocol # (if available)
<b>Animals or Animal Tissues/Fluids</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IACUC#: _____
<b>Human Subjects</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IRB#: _____

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 Disclosure Statement of Conflicts of Interest and Commitment as required by Health Science Center policy?
  - If no, complete and attach annual Disclosure Statement
  - If yes, have there been any changes of circumstances related to the disclosure? (If yes, attach revised disclosure statement)
- 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?	<input type="checkbox"/> yes <input type="checkbox"/> no
Will project require renovations to existing space?	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>If awarded, in what department/center/institute/other unit should the primary project id be established?</b>	
(name) _____	(dept id) _____
<b>If awarded, who will be authorized signatories on the primary project id?</b>	
Name: _____	Employee ID# _____

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

## Department Organized Research Unit (Center/Institute) Credit

Complete this section only when the proposal involves faculty who are members of Barshop, GCCRI, IIMS, RIC, or CTRC and who are utilizing resources (e.g., space) of the Centers/Institutes and/or when their salaries are paid in whole or in part by the Centers/Institutes participating in the project; use also for those faculty with joint department appointments whose salaries are split among the appointing departments.

(Credit allocation for each investigator must equal 100%)

### Credit Allocation

Name _____	Name _____
Dept. _____ % credit	Dept. _____ % credit
Center _____ % credit	Center _____ % credit
Name _____	Name _____
Dept. _____ % credit	Dept. _____ % credit
Center _____ % credit	Center _____ % credit

## Health Science Center Endorsements

**DEPARTMENT CHAIR SIGNATURE** By signing below, the Department Chair(s) certify that this project corresponds with the goals and objectives of the department; 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; and, where applicable, *that the amounts shown in the Department/Center Credit allocation portion of this form are correct.*

Department Chair \_\_\_\_\_ (date) \_\_\_\_\_  
(If more than one signature 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; 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; and that the amounts shown in the Department/Center Credit allocation section of this form are correct.)

Center/Institute Director \_\_\_\_\_ (date) \_\_\_\_\_  
(If more than one signature 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