|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project title:  Application Information | | | | | | | | | | | Multiple PIs Yes  No |
| Lead PI/PD: | | | | | % effort | | | DIV/DPT: | | | |
| PI/PD: | | | | | % effort | | | DIV/DPT: | | | |
| PI/PD: | | | | | % effort | | | DIV/DPT: | | | |
| \*PI/PD: | | | | | % effort | | | DIV/DPT: | | | |
| Sponsor: Choose an item. | | | | | | | | | | | |
| Announcement #: | | | | | | | | Contact: | | | |
| URL: | | | | | | | | Phone: | | Email: | |
| Application Due Date: | | | | Purpose: Research   Career Development   Training   Service | | | | | | | |
| Status: New  Resubmission | | | | | | | | | | | |
| Budget Period  Funding Information |  | | | | | | | | | | |
| Estimated Direct Costs | $ |  | | | | | | | | | |
| **Estimated Total Costs** | **$** |  | | | | | | | | | |
| \*Stem Cells Y  N | | | \*Biohazards Y  N  *if Yes, attach IBC Form* | | | | \*Cost Sharing Y  N | | \*Additional Space \*Custom Antibodies  Y  N  Y  N | | |
| Human Subject Research: No  Yes  Approval #       Date       Pending | | | | | | | | | | | |
| Animal Subject Research: No  Yes  Approval #       Date       Pending | | | | | | | | | | | |
| Are staff requirements met? Y  N  If no, explain | | | | | | | | | | | |
| \*Notes: | | | | | | | | | | | |
| Div/Dpt Head Name: | | | | | | Div/Dpt Head Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| Div/Dpt Admin Name: | | | | | | Div/Dpt Admin Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: **\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Principal Investigator/Program Director**  I certify that the statements made in the above referenced proposal are true, complete and accurate to the best of my knowledge. If an award is made as a result of this application, I agree to accept the obligation to comply with all sponsor terms and conditions, to accept responsibility for the scientific and technical conduct of this project, and for the timely provision of all required reports. I also agree to administer the award in accordance with the policies and procedures of the sponsor and CHLA. I will ensure that all project personnel complete the required training programs, which are mandated by the sponsor and/or CHLA. Until new project staff members have been trained, I will ensure that their work is closely supervised for compliance with regulations and policies of the sponsor and CHLA. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature Date** | | | | | | | | | | | | |

*\*Please attach approval documentation.*