

UH College of Liberal Arts and Social Sciences - Transmittal Request Form

Please complete form and return to Denise McGuire, CLASS Research Liaison Officer at dmcguire@uh.edu

Sponsor Name & Solicitation Number (or link)																
PROPOSAL DUE DATE:																
Proposal Title:																
Project beginning and end dates:																
Sponsor Contact Information (name, email, phone no.):																
Principal Investigators (PI) (include Dept. credit and Intellectual Property credit split %)																
Co - PI's / Credit Dept. Split % / Intellectual Property Split %:																
Subawards (if applicable) and administrative contact:																
Indirect cost rate / overhead rate	_____ %															
Cost share required? (Approval received?)	NO _____ YES _____															
Does Export Controls apply to grant / contract:	NO _____ YES _____															
Does the proposal include sustainability research?	NO _____ YES _____															
Is the proposal related to cancer?	NO _____ YES _____															
Is the proposal related to energy?	NO _____ YES _____															
Does the proposal have a Community Advancement component?	NO _____ YES _____															
What UH building(s) will the project be performed in? (if more than one - <i>which</i> is the primary)																
COMPLIANCE: Are the following involved and if so, please provide the application status and approval / submission date Notes:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Biohazards</td> <td style="width: 10%;">NO _____</td> <td style="width: 10%;">YES _____</td> </tr> <tr> <td>Radiation Safety</td> <td>NO _____</td> <td>YES _____</td> </tr> <tr> <td>Select Agents</td> <td>NO _____</td> <td>YES _____</td> </tr> <tr> <td>Animals</td> <td>NO _____</td> <td>YES _____</td> </tr> <tr> <td>Human Subjects</td> <td>NO _____</td> <td>YES _____</td> </tr> </table>	Biohazards	NO _____	YES _____	Radiation Safety	NO _____	YES _____	Select Agents	NO _____	YES _____	Animals	NO _____	YES _____	Human Subjects	NO _____	YES _____
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Radiation Safety	NO _____	YES _____														
Select Agents	NO _____	YES _____														
Animals	NO _____	YES _____														
Human Subjects	NO _____	YES _____														
Is there any financial conflict of interest that exists for you or any key personal?	NO _____ YES _____															
Is there any proprietary information included in this proposal?	NO _____ YES _____															
Is there any background technology being used?	NO _____ YES _____															
Select Research Classification (Basic, Applied or Development): <i>Basic research</i> – Research undertaken primarily to acquire new knowledge without any particular application or use in mind. <i>Applied research</i> – Research conducted to gain the knowledge or understanding to meet a specific, recognized need. <i>Development</i> – The systematic use of the knowledge or understanding gained from research directed toward the production of useful materials, devices, systems, or methods, including the design and development of prototypes and processes.	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Basic _____</td> </tr> <tr> <td>Applied _____</td> </tr> <tr> <td>Development _____</td> </tr> </table>	Basic _____	Applied _____	Development _____												
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Development _____																
BUDGET: (DOR fringe benefit budget template XLS)	Provide budget requirements here:															