

Siteman Investment Program Research Development Awards Cover Sheet Form

Project Title:					
Clinical Trial		Pre-R01			Team Science
<input type="checkbox"/> New CT	<input type="checkbox"/> Established CT	<input type="checkbox"/> PTC Pre-R01	<input type="checkbox"/> Prev & Control	<input type="checkbox"/> WU/MU Collab	<input type="checkbox"/> Team Science
Contact Principal Investigator (PI)					
Name (Last, First):			Degree(s):		
Title:			Organization:		
Department/Division:			E-mail:		
<i>For collaborative proposals (SLU/WU or MU/WU):</i>					
Co-PI Name (Last, First):			Degree(s):		Organization:
Title:			Department/Division:		
Grant Administrator					
Name:		Phone:		E-mail:	
Dates of Proposed Period of Support		Direct Costs Requested for Initial Budget Period (Year 1)		Direct Costs Requested for Entire Proposed Period of Support	
		\$ direct costs		\$ direct costs	
Please check if either are applicable:					
<input type="checkbox"/> SIP Application Re-submission		<input type="checkbox"/> Previously submitted to the NCI/NIH (Summary Statement included)			
Please check each Siteman Shared Resource being utilized for this project (Letter of Support required for each)					
<input type="checkbox"/> Biologic Therapy Core Facility	<input type="checkbox"/> Biostatistics Shared Resource	<input type="checkbox"/> Genome Engineering & iPSC Center			
<input type="checkbox"/> Genome Technology Access Center	<input type="checkbox"/> Imaging & Response Assessment Core	<input type="checkbox"/> Immunomonitoring Laboratory			
<input type="checkbox"/> Informatics Core Services	<input type="checkbox"/> Proteomics Shared Resource	<input type="checkbox"/> Siteman Flow Cytometry			
<input type="checkbox"/> Small Animal Cancer Imaging	<input type="checkbox"/> Tissue Procurement Core	<input type="checkbox"/> WU Center for Cellular Imaging			
Research keywords and major techniques or methods for purpose of assigning reviewers					
Provide three institutional (WU, SLU, and/or MU) non-conflicted faculty reviewer suggestions					
1.	2.			3.	
Lay Language Summary (This summary is provided to the public if awarded and should be written in non-scientific terminology. Failure to provide an adequate lay summary may result in delayed funding. Up to 250 words.)					

Institutional Approvals & Related Questions		
<p>Indicate percentage between “lab/bench” and “clinical/other” for this project. This should directly reflect budgeted expenses, as administration will use it to calculate indirect costs post-award.</p> <p>Lab/Bench: % Clinical/Other: %</p>		
<p>Indicate compliance approvals that are required for this project:</p> <p><input type="checkbox"/> Live Animals <input type="checkbox"/> Human Subjects <input type="checkbox"/> Human Embryonic Stem Cells <input type="checkbox"/> Radioactive Materials <input type="checkbox"/> Recombinant DNA</p>		
Human Subjects	YES	NO
Is this proposal funding clinical research?	<input type="checkbox"/>	<input type="checkbox"/>
Is this proposal funding an interventional clinical trial (as defined by the NIH, see RFA)?	<input type="checkbox"/>	<input type="checkbox"/>
Is this proposal funding a correlative study on a clinical trial?	<input type="checkbox"/>	<input type="checkbox"/>
Inventions	YES	NO
Do you anticipate any inventions, patents, and/or licenses resulting from this proposal?	<input type="checkbox"/>	<input type="checkbox"/>
International & Export Controls	YES	NO
Does this project have an international component?	<input type="checkbox"/>	<input type="checkbox"/>
Will any technology or technical information used or developed in connection with this research have an identified military application?	<input type="checkbox"/>	<input type="checkbox"/>
To your knowledge has any aspect of this project been designated by the NIH as export-controlled under the federal Export Control Laws?	<input type="checkbox"/>	<input type="checkbox"/>
PI Certification and Acceptance		
I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to administrative penalties.	SIGNATURE OF PRINCIPAL INVESTIGATOR <i>Electronic signature accepted</i>	DATE
Official Signing for Applicant Organization (Not Required for WU or MU Applicants; For SLU Use Only)		
Name:	SIGNATURE OF OFFICIAL NAMED <i>Electronic signature accepted</i>	
Title:		
Organization:		
Phone:	DATE	
E-mail:		