Proposal Information Worksheet	Administrative Use:

Proposal Information Worksheet

This worksheet is a standardized form used to obtain and communicate essential information pertaining to the initiation of a proposal submission between the PI and Department Administration. Please complete as much information as known at this time and forward to the appropriate administrative contact in your department who is responsible for coordinating the application process.

General Information

Principal Investigator (PD/PI) Name: **Multi PD/PI:**   Yes   No   **Are you the Contact PI:**   Yes   No

Other PD/PI Name(s):   **Outside Contact(s):**

Sponsor: NIH   CDC   HRSA   DOD   NSF   State   Non-Profit   Hughes   Industry   Subcontract (Other Institution is Prime)

Other/Specify:

Application in Response to a Specific Opportunity: Yes   No   PA/RFP/RFA#   Agency Due:

Date   Time

Award Type/Code: R01   R21   R37   K-Award   P01   U19   SBIR/STTR   Contract   Fellowship   Other/Specify:

Application Type: New   Resubmission (Include ID#   )   Renewal   Revision   Continuation   Supplement   Transfer In

Other:

Type of Submission: Cayuse   Sponsor Website   Paper   Email/Electronic   Other/Specify:

Provide a Quick/Nickname to refer to:

Title if Known:

Budget/Personnel Information

Budget Type: Modular   Detailed   No Budget Required   Other: **Project Start Date:**   **Number of Years:**

Cost Sharing Requirements (Personnel or Other):   Yes   No

If Yes, Provide Specifics:

Target Amount: Direct $ Total $ **Equipment:**   Yes   No $

Item(s):

Other Budgetary Restrictions:

List Personnel/Effort and who's Key:

		Role	Effort	Key		Incl on SDFI	
1.		Role: PD/PI	Effort: %	Key: Yes	No	Incl on SDFI: Yes	No
2.		Role:	Effort: %	Key: Yes	No	Incl on SDFI: Yes	No
3.		Role:	Effort: %	Key: Yes	No	Incl on SDFI: Yes	No
4.		Role:	Effort: %	Key: Yes	No	Incl on SDFI: Yes	No
5.		Role:	Effort: %	Key: Yes	No	Incl on SDFI: Yes	No
6.		Role:	Effort: %	Key: Yes	No	Incl on SDFI: Yes	No
7.		Role:	Effort: %	Key: Yes	No	Incl on SDFI: Yes	No

Are there any Other Significant Contributors: Yes   No

If yes, list Name/Institution/Department:

Are there Outgoing Sub-Recipients: Yes   No

If yes, List Who and Projected Amounts:

Will project involve foreign travel and activities outside the US or partnerships with international collaborators: Yes   No
(if Yes, Contact Travel Office for approval)

Certifications/Other Information

Human Subjects: Yes   No   Pending   **Protocol/Docket#:**   **Approval Date:**   **Expiration Date:**

Code/Description:

Clinical Trial: Yes   No   **Phase III:**   Yes   No

Animal Subjects: Yes   No   Pending   **Protocol/Docket#:**   **Approval Date:**   **Expiration Date:**

Code/Description:

Other Requirements/Certificates:

Provide Key Words (up to 3):