

FACE PAGE

Hollings Cancer Center / Clemson University

PRE-CLINICAL AND CLINICAL CONCEPT AWARD

TITLE OF PROJECT		
PI NAME (<i>Last, First, Middle</i>)	DEGREE(S)	
ACADEMIC TITLE	DEPARTMENT & INSTITUTION	
IRB/IBC/IACUC APPROVAL Type of APPROVAL _____ APPROVAL # _____ <input type="checkbox"/> PENDING <input type="checkbox"/> TO BE SUBMITTED <input type="checkbox"/> Not applicable	CO-INVESTIGATORS (Name, Department, and Institution) Include a separate page if necessary.	
Is this project part of a current pending submission for a federally funded grant? <input type="checkbox"/> YES <input type="checkbox"/> NO		
I certify that the proposal is complete and the above list includes all contributors to the proposed project. <input type="checkbox"/> YES <input type="checkbox"/> NO I understand that all non-MUSC contributors (consultants, contributors, <i>etc.</i>) to this proposed project must complete and submit, prior to award of funds, the attached required External Contributor Financial Conflict of Interest (FCOI) Certification Form. <input type="checkbox"/> YES <input type="checkbox"/> NO		
VERIFICATION OF BUDGET APPROVAL IMPLIED WITHIN THE BUDGET BY ALL APPLICABLE DEPARTMENTAL BUSINESS MANAGERS		
1. SIGNATURE OF BUSINESS MANAGER	DEPARTMENT	DATE
2. SIGNATURE OF BUSINESS MANAGER	DEPARTMENT	DATE
3. SIGNATURE OF BUSINESS MANAGER	DEPARTMENT	DATE
SIGNATURE OF PRINCIPAL INVESTIGATOR	DATE	