



PreAWARD FORM

PROJECT INFORMATION:

PROJECT TYPE

- Instruction
- Research
- Scholarship/Fellowship
- Service
- Construction/Equipment
- Other

PROPOSAL TYPE

- New
- Continuation
- Renewal
- Resubmission
- Supplement
- Transfer

AWARD TYPE

- Contract/CTA
- Coop Agreement
- Grant
- Subcontract

RESEARCH

- Basic
- Clinical Research
- Clinical Trial
- N/A

FUNDING SOURCE

- Federal
- State
- Local
- Industry/For Profit
- Foundation/Not For Profit
- Other

Project Title: _____ Maestro #: _____

Existing Grant/Award # _____ Existing TAMU Acct # _____

TAMHSC INFORMATION:

PI Name _____ % Effort on this Project _____

If PI is a new faculty member then provide a copy of offer letter.

Other Paid Personnel (*faculty, PostDoc, grad student, etc.*)

Name	Role	% Effort	Department/Center	Faculty
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your Center Director been advised of this submission? Yes No

Do you have personnel from other TAMU schools or departments? (If yes, identify the other SRS representative.) Yes No Is this a [Multiple PD/PI application](#)? Yes No

Department/Center Contact:

Contact Person: _____ Phone: _____

SPONSOR INFORMATION:

Prime Sponsor _____ Date Due to Prime Sponsor _____

Direct Sponsor/PTE _____ Date Due to PTE _____

Funding Opportunity Number (FOA)/Announcement _____ After the fact proposal? (Has this proposal already been submitted to the agency?) Yes No

FOA Limited Submission? (If yes, then include [permission letter/email](#)) Yes No

Link to Guidelines _____ [Continuous Submission](#)? Yes No

SUBCONTRACTOR INFORMATION

Submit the following items for each subcontractor: Scope of work, Signed Letter of Intent, Detailed Budget, and Budget Justification

Subcontractor Institution/Sub PI Name/Contact email _____ Est. Project Amount (All Years) _____

_____	_____
_____	_____
_____	_____

INSTITUTIONAL COMPLIANCE

-When marking "Approved" for questions 1-4, provide approval documentation with this proposal packet. If an item is marked "Pending" provide the approval documentation when it becomes available.

1) Are [Human Subjects](#) (material or data from human subjects) involved?

Approved Pending N/A IRB Number _____

2) Use of Vertebrate Animals? ([AWC](#))

Approved Pending N/A Species: _____ IACUC Number _____

3) Use of Biological Agents, Infectious Agents, Recombinant or Synthetic Nucleic Acid Molecules? ([IBC](#))

Approved Pending N/A

4) Use of Radioactive Materials or Radiation Producing Devices? ([RSC](#))

Approved Pending N/A

INTELLECTUAL PROPERTY:

Is Intellectual Property (discoveries with commercial potential) reasonably expected to result from this project? Yes No

Is there existing Intellectual Property, developed at or held by TAMU that is being used in this project? Yes No

Are any materials/data being transferred under this project? From TAMU To TAMU No Both

FINANCIAL INFORMATION:

Non Monetary

Is there [cost sharing](#) included? (This includes PI/Co-PI and Collaborator Salaries) **If yes, attach [Cost Sharing Request](#) memo.** Yes No

Mandatory Voluntary Committed Voluntary Non-committed

Does this research involve clinical services, procedures, or visits? Yes No

Does this research include enrollment of patients to a study? Yes No

Target Enrollment: Estimated Clinical Research/Trial End Date:

BUDGET INFORMATION (For clinical trials, only complete "Project Period" information).

YEAR	START DATE	END DATE	DIRECT COST	INDIRECT COST	TOTAL
FIRST YEAR					
PROJECT PERIOD					

IDC Rate 50% (9/1/19-8/31/20) 30% 26% **(MTDC) Modified Total Direct Cost**
Used: 51.5% (9/1/20-8/31/22) **(TDC) Total Direct Cost**
 Federal or CTA - Industry Off Campus Sponsor Stated Rate
 Non Clinical/Lab Sponsored

If none of the above, explain: _____
If IDC is not being recovered in accordance with [TAMU policy](#), an approved [IDC waiver](#) is required.

Additional Notes:
