

# Proposal Processing Fact Sheet

Proposal # \_\_\_\_\_ Project # \_\_\_\_\_ Project # \_\_\_\_\_ Project # \_\_\_\_\_

PI Name \_\_\_\_\_ PI College & Dept \_\_\_\_\_

PI UFID# \_\_\_\_\_ PI Dept ID# \_\_\_\_\_

Only if PI is outside of the COP

% Effort \_\_\_\_\_ % 1<sup>st</sup> yr sal/fringe \$ \_\_\_\_\_  
 If no salary is listed you MUST provide documentation why

CO-PI Name \_\_\_\_\_ CO-PI College & Dept \_\_\_\_\_

CO-PI UFID# \_\_\_\_\_ CO-PI Dept ID# \_\_\_\_\_

Only if CO-PI is outside of the COP

% Effort \_\_\_\_\_ % 1<sup>st</sup> yr sal/fringe \$ \_\_\_\_\_  
 If no salary is listed you MUST provide documentation why

CO-PI Name \_\_\_\_\_ CO-PI College & Dept \_\_\_\_\_

CO-PI UFID# \_\_\_\_\_ CO-PI Dept ID# \_\_\_\_\_

Only if CO-PI is outside of the COP

% Effort \_\_\_\_\_ % 1<sup>st</sup> yr sal/fringe \$ \_\_\_\_\_  
 If no salary is listed you MUST provide documentation why

If COP Grad Student: Name \_\_\_\_\_ American: FL Res Non-FL Res Foreign

Stipend Included? Yes No Tuition Included? Yes No

Proposal Type: New Revised Continuation: Competitive Noncompetitive

Grant: Basic Clinical Contract: Basic Clinical Fellowship Other: \_\_\_\_\_

Category: Federal State Private DSR Other

Agency Name \_\_\_\_\_

Grant Title \_\_\_\_\_

Funding Period \_\_\_\_\_ to \_\_\_\_\_

Conflict of Interest? Yes No

Budget Information Total Direct Cost \$ \_\_\_\_\_

Human Subjects? Yes No

at \_\_\_\_\_ % Indirect Cost \$ \_\_\_\_\_

Animal Subjects? Yes No

Total Cost \$ \_\_\_\_\_

Biohazards? Yes No

If no IDC's are listed you MUST provide documentation why

Recombinant DNA/RNA? Yes No

Equipment? Yes No

Subcontract? Yes No