

## Grant Application Pre-Submission Form

The goal of this Grant Application Pre-Submission Form is to inform appropriate individuals of your plans to submit a grant to an external agency. The form will also allow the Research Administration Office to provide you with grant and budget development assistance. We recommend submission of this form a minimum of 6-8 weeks prior to submission. If you have any questions regarding content of this form, please call us at 972-4592 or email us at [gcresearch@hhchealth.org](mailto:gcresearch@hhchealth.org).

*Note: If interested in grant writing support please contact Anne Williamson at [Anne.Williamson@hhchealth.org](mailto:Anne.Williamson@hhchealth.org).*

Type of Proposal:                      NEW - HH is Primary                      NEW - HH is Sub                      REVISION / RESUBMISSION

Submission Due Date of Grant: .....

Principal Investigator/Project Director (PI/PD): ..... Department: .....

Email: ..... Phone: .....

Co-PI/PD: ..... Department: .....

Email: ..... Phone: .....

Title of Proposal (*Tentative*): .....

Funding Agency: ..... Funding PA/RFA#: .....

Project Begin Date: ..... Project End Date: ..... Abstract Attached: **YES**                      **NO**

Max Amount Agency will fund, Per Year: ..... Total: .....

**BUDGET SPECIFICS:**

**YES                      NO**

Does this proposal involve cost sharing?

If YES, what is the source of the funds: .....

Does this proposal involve subcontracts?

If YES, with whom: .....

**PROJECT SPECIFICS:**

**YES      NO**

Will human beings be used as subjects in this research?

Will animals be used as subjects in this research?

If YES to either of the previous two questions, please consult with the Office of Research Compliance. If awarded a grant, your funds will not be released until you have received approval from the Institutional Research Board (IRB) or the Institutional Animal Care and Use Committee (IACUC), respectively.

I have read the policy and procedure for Grant Submissions referenced by the following hyperlink [Grant Submission Policy](#). I agree to comply with these policies and procedures. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

.....  
Signature of Principal Investigator / Project Director

.....  
Date

.....  
Signature of Department Chair / Supervisor

.....  
Date

***Return completed and signed form to: Grants and Contracts Office at [Gcresearch@hhchealth.org](mailto:Gcresearch@hhchealth.org)***