

DEPARTMENT OF NEUROLOGY
PROPOSAL INTAKE FORM

PRINCIPAL INVESTIGATOR INFORMATION

NAME:

EMAIL:

PHONE #:

DO YOU HAVE A PROFILE IN UTSTART? YES NO

SPONSOR INFORMATION

SPONSOR NAME:

Are we a subaward? YES NO If yes, please list the Prime Sponsor:

RFA/PA/RFP/FOA #:

LINK TO OPPORTUNITY/GUIDELINES:

Is the sponsor a for-profit entity? YES NO

Is this a limited submission opportunity (is there a limit on the number of applicants from UTHealth)? YES NO

PROPOSAL INFORMATION

PROPOSAL TITLE:

PROJECT PERIOD (mm/dd/yy – mm/dd/yy):

DUE DATE AND TIME:

Is this COVID-19 subject matter? YES NO

[Award Type:](#)

[Proposal Type:](#)

If this is a Mod/Amendment, Current Award ID #:

Any Outgoing Subawards? YES NO

(If yes, please list institutions and contact info for all):

Any activities outside the U.S./partnership with International Collaborators? YES NO

Human subjects? YES NO

(If yes: any study-related patient care costs to be billed to the award/third party payor?) YES NO

Clinical Trial? YES NO

Animal subjects? YES NO

ADDITIONAL INFORMATION

1. List **ALL** Personnel, % effort and their role (PI, Multi-PI, Co-I, Collaborator, etc):

2. If you have a draft budget or any other documents, please attach.

FINAL PROPOSALS MUST BE SUBMITTED TO YOUR ASSIGNED PRE-AWARD TEAM MEMBER 3 BUSINESS DAYS BEFORE THE SPONSOR DEADLINE. THIS FORM, AND ANY ACCOMPANYING DOCUMENTS, SHOULD BE SUBMITTED TO

Neurology.pre-award@uth.tmc.edu AT LEAST 3 WEEKS (OR SOONER) OF THAT DEADLINE.

ALL FINAL BUDGETS, BUDGET JUSTIFICATIONS AND BIOSKETCH'S OF KEY PERSONNEL MUST BE SUBMITTED FOR ROUTING NO LATER THAN 10 BUSINESS DAYS PRIOR TO THE AGENCY DEADLINE.