**Face Page**

Hollings Cancer Center / Clemson University

**Pre-Clinical and Clinical Concept Award**

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| TITLE OF PROJECT  |
| PI NAME *(Last, First, Middle)* | DEGREE(S) |
| ACADEMIC TITLE | DEPARTMENT & INSTITUTION |
| IRB/IBC/IACUC APPROVALType of APPROVAL \_\_\_\_\_\_\_\_\_\_\_\_ APPROVAL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  PENDING[ ]  TO BE SUBMITTED[ ]  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? [ ]  YES [ ]  NO |
| I certify that the proposal is complete and the above list includes all contributors to the proposed project. [ ]  YES [ ]  NOI understand that all non-MUSC contributors (consultants, contributors, *etc.*) 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. [ ]  YES [ ]  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 |