**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 APPROVAL  Type 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  NO  I 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 | | |