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| **This form is required for All VCOM proposals submitted through VT OSP.** | | | | | | | |
| **Project Information** | | | | | | | |
|  |  |  |  |  |  |  |
| Principal Investigator / Program Director | | Phone |  | Fax |  | E-mail Address |
|  | | | | | | |
| Department & Campus | | | | | | |
|  | | | | | | |
| Project Title | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Personnel and Departmental Information** | | | | | | |
| Name |  | Project Role |  | Department & Campus |  | Proposed Effort |
|  |  |  |  |  |  | % |
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| **Additional Information** | | |
| Yes | No |  |
|  |  | A **Research Financial Conflict of Interest Disclosure Form** (and Supplement Form if appropriate) has been completed by all members of the project team. |
|  |  | **Intellectual Property** such as ideas, proprietary data, computer software, inventions or patents is involved, or could potentially be developed from this project. |
|  |  | Commitment to **cost sharing or matching**? If yes, complete and attach Cost Share Approval Form. |

|  |
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| **Required Signatures** |
| As Principal Investigator, your signature below certifies the following: (1) The information submitted within the application is true, complete and accurate to the best of my knowledge; (2) any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties; and (3) 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. |

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|  | | | |  |  | | | |
| Principal Investigator Signature | | | |  | Date | | | |
|  | |  |  | | | |  |  |
| Associate Dean Signature | Printed Name | | |  | | Date | | |

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| **Research Administration Review** | | | | |
| Name and Title | Greg S. Reaves, Director, Research Administration |  | | |
| Signature: |  | Date: | |  |
| **Please send a copy of proposal and correspondences to:**  Greg Reaves, Office of Research Administration  Virginia College of Osteopathic Medicine, 2265 Kraft Drive, Blacksburg, VA 24060 | | | E-mail: greaves@vcom.vt.edu  Tel: 540.231.8239  Fax: 540.231.5338 | |