

Type of Agreement									
<input type="checkbox"/> New		<input type="checkbox"/> Follow on Submission (Choose one of the following):							
<input type="checkbox"/> Competitive Renewal		<input type="checkbox"/> Supplement			<input type="checkbox"/> Non-Compete Continuation				
Project Information									
Department		Org Code		PI					
Project Title									
RFA #				CFDA #					
Direct Sponsor				Originating Sponsor					
Program Type		Instrument Type			Submission Info				
<input type="checkbox"/> Research	<input type="checkbox"/> Grant	Date Due		To SPO		To Sponsor			
<input type="checkbox"/> Fellowship	<input type="checkbox"/> Contract	Budget Period Dates - Start:			End				
<input type="checkbox"/> Public Service	<input type="checkbox"/> Cooperative Agreement	Direct Costs			F&A Rate				
<input type="checkbox"/> Training	<input type="checkbox"/> Subaward	Indirect Costs			Federally Negotiated:				
<input type="checkbox"/> Instruction	<input type="checkbox"/> Clinical Trial	Total Costs			Other: <span style="color: red;">F&amp;A Waiver needed</span> <span style="color: blue;">F&amp;A Waiver</span>				
<input type="checkbox"/> Other	<input type="checkbox"/> Clinical Trial Subaward	Subawardees			Yes		No		
<b>FAD</b>		<input type="checkbox"/> CAP. Project			Name		Dollar Amount		
Research		<input type="checkbox"/> Other			Name		Dollar Amount		
Does this project have research/service around...				For Clinical Trials Only					
<input type="checkbox"/> Native Americans?		FDA Phase:					Enrollment Start		
<input type="checkbox"/> Hispanics?		Multi-Center Study?					Date:		
<input type="checkbox"/> Other Underserved Populations?		Inventions Expected?					PI Waive IP?		
Does this project include:		Yes	No	If Yes...					
Consultants?									
Clinical Contracting?									
ACA?				Include "ACA" in the title of the Click record					
Human Subjects?				Work with the IRB to obtain all necessary approvals					
Animal Subjects?				Work with the IACUC to obtain all necessary approvals					
Recombinant DNA?				Contact the UNMHSC Safety Officer					
Hazardous Radioisotopes?				Contact the UNMHSC Safety Officer					
Export Control? <a href="#">ECES form</a>				If yes for 1-10, Have Export Control form signed and upload					
1. Select Agents or Toxins?				<b>Upload Export Control Form</b>					
2. Foreign National?									
3. Dual Citizenship?									
4. Foreign Collaborators?									
5. Publication Restrictions?									
6. Foreign Owned Funding?									
7. Foreign Travel?									
8. Proprietary Information?									
9. Drug Free Workforce?									
10. Security File (TCP)?									
Cost Share? <a href="#">Cost Share Form</a>				Have Cost Share form signed and upload					
Additional Resources?				Prepare a single document that explains ALL institutional approval requirements or commitments					
Program Income?									
PI Dual VA Appointment? <a href="#">VA MOU Form</a>				Is this NIH funding? If yes, obtain UNMHSC/VA MOU					
HSC F&A Split? <a href="#">HSC Split Form</a>				Have HSC F&A Split form signed by all HSC Deans before submitting to SPO					
Main Campus F&A Split? <a href="#">MC Split Form</a>				Submit F&A Split form with budget to SPO. SPO will obtain signatures					
Building Modifications?				Building Modification Request Letter					
Will there be Protected Health Information (PHI) ?				All PHI is de-identified UNM will give to sponsor UNM will receive from sponsor		Exchange will be mutual PHI on informed consent			

