**Catalyst Grant Proposal Approval Form**

**PRINCIPAL INVESTIGATOR:**

**ACADEMIC RANK:**

**DEPARTMENT/UNIT:**

**SCHOOL/COLLEGE:**

**CAMPUS ADDRESS:**

**CAMPUS PHONE:**        **E-MAIL:**

**COLLABORATORS:**

 Name Institution/Organization

(If more than two, list additional names within proposal narrative)

 Name Institution/Organization

**ADMINISTRATIVE CONTACT:**             /

(person who works with the Name Phone and Email

project director on grant

administration)

**INSTITUTIONAL CONTACT:**             /

(for receiving/negotiating any Name Phone and Email

subcontract agreements)

 Institution/Organization

**PROJECT TITLE:**

**AMOUNT REQUESTED**:  **TODAY’S DATE:**

**PROJECT PERIOD:**

 From To

**DOES THE PROPOSED ACTIVITY INVOLVE**:

Use of Human Subjects [ ]  Yes [ ]  No If yes, date of committee approval:

Use of Vertebrate Animals [ ]  Yes [ ]  No If yes, date of committee approval:

Recombinant DNA [ ]  Yes [ ]  No If yes, date of committee approval:

Proprietary or Classified Info. [ ]  Yes [ ]  No

Non-Clinical lab studies regulated by

the FDA (Quality Assurance Required) [ ]  Yes [ ]  No

Hazardous Chemicals or Biologicals [ ]  Yes [ ]  No

**SIGNATURES: (Required before application can be processed)**

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Project Director / Date Chair or Unit Head / Date Dean or Director / Date