

Internal Grant Application Cover Sheet

Department of Health

Adult Developmental Grant Student Assistant Grant

Financial Aid Research Services Health Disparities

Improvement of Health Grant Services Health Disparities Research Center

Applicant Name

Title Department

Project Title

Amount of Grant Application Only

Special fee for this project involve

Annual Salary of Applicant

I hereby provide my application number and the most recent approval date for the appropriate committee IACUC

Other Conditions

Substantial deviation from grant budget are not to be allowed without prior authorization and notification of the project director

A progress report will be submitted to the sponsor of each year until the completion of the project

Each employee project supported through grant research or teaching activities shall receive or other income to the grantee each applicant agrees as a condition of the award to repay the university for each year that the income exceeds the recipient's liability to repay to the university for each year until the grant is repaid

It is understood that letters of reference solicited in connection with this application are confidential and the applicant agrees in writing to release to each letter

The contract project and maintenance are required to adhere to the policies and procedures in the Sothea teaching solicitation and all activities are subject to the policies and procedures with regard to research involving live human or animal subjects

I Sothea support will be appropriate and no level of presentation and publication requirements for this award

In addition to this application the applicant indicates having read and agreed to the conditions

Signature

Date