

OUHSC ROUTING FORM HAROLD HAMM DIABETES CENTER MEMBER AWARD APPLICATIONS

This form to be completed by OUHSC applicants only. All others please use "General Routing Form"

Instructions for Submission: This routing form must be included as the cover page to your award application and all applications materials. Combine 1) this routing form, 2) your award application, and 3) all application materials listed in the guidelines for the award into a single PDF file and e-mail to hhdcmembership@ouhsc.edu by the specified deadline.

Applicant's Name: _____

Award: *(check one - if applying for multiple awards, complete separate routing form for each application)*
Training Grant Travel Stipend

Membership Level: *(check one)*
Member Associate Member Trainee

If Trainee member, please check one:
Undergrad Student Grad Student Post-Doc Resident Fellow

Other: _____

Research Compliance: *(Check all that will be required if your proposal is funded. Applicant need not seek approval at time of application.)*
IRB IACUC IBC Radioactive Materials Narcotics/Controlled Substances Licenses

Other: _____

Certifications and Assurances

Yes No

Do you understand and agree that all individuals responsible for the design and conduct of proposed research involving human research participants have completed (or shall have completed prior to the start of the proposed research) the OUHSC Institutional Review Board's (IRB) required educational program on the protection of human research participants?

Do you agree to properly disclose all inventions to the OUHSC Office of Technology Development in accordance with OUHSC policy?

Have you read and understood the [OU Board of Regents Conflict of Interest \(COI\) Policy](#)?

Do you agree that the proposal submitted herewith (i) is complete in its technical content, (ii) adheres to the rules of proper scholarship, including specifically the proper attribution and citation for all text and graphics, and (iii) fully complies with federal standards for the integrity and objectivity of research?

Do you agree that if the proposal/ project is funded you will conduct the project in accordance with the terms and conditions of the award and the policies of OUHSC, and that you will be responsible for meeting the requirements of the award, including submitting all required technical reports and deliverables on a timely basis?

Do you agree to comply with the [Office of Export Controls](#) as is detailed on their webpage?

Certifications

Department Chair (or relevant supervisor) Signature: _____ **Date:** _____

By signing below, if applicable, you certify (1) that the information submitted within the application is true, complete and accurate to the best of your knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject you to criminal, civil, or administrative penalties; and (3) that you agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant/project is awarded as a result of the application. Further, if applicable, you certify that you will maintain the confidence of any information received from another party for the length of time specified within an agreement and that you shall limit disclosure of that confidential information to only those OUHSC employees who have a need to receive the information to further the purposes of the Agreement and in accordance with the terms of any related agreement. You will advise those working under the agreement that they must abide by the terms of confidentiality and you shall obtain their written agreements to the terms/conditions if required by an agreement to do so.

Applicant Signature: _____ **Date:** _____

TRAINING AWARD Application Form



Date of Application: _____

SECTION 1: MEMBER INFORMATION

_____	_____	_____
First Name	Last Name	Credentials
Institution:		
OUHSC	OU-Norman	OU-Tulsa
OMRF	OSU	Other: _____

Classification (<i>i.e. Grad Student, Undergrad Student, Fellow, Resident, Post-Doctoral Intern, etc.</i>)		

Confirmed Program End Date		

_____	_____	_____
College	Department	Section (if applicable)

Campus Mail or Postal Mailing Address		

_____	_____	
Email Address	Office Telephone Number	

SECTION 2: DEPARTMENTAL CONTACT

Please provide the name of the departmental budget or financial contact who will coordinate your funding, if received.

Name	

_____	_____
Department	Campus Mail or Postal Mail Address

_____	_____
Email Address	Office Telephone Number

SECTION 3: PROJECT INFORMATION

Project Title:

Requested Budget Amount: \$ _____

In 250 words or less, please provide a brief project summary in the space below. Please utilize the application attachments to provide more detailed information.

SECTION 4: PREVIOUS AWARDS

Please list the date, type, and amount of any previous awards of any kind received from HHDC. If additional pages are necessary, please include them as an appendix.

SECTION 5: CERTIFICATION

By signing below, if applicable, you certify (1) that the information submitted within the application is true, complete and accurate to the best of your knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject you to criminal, civil, or administrative penalties; and (3) that you agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant/project is awarded as a result of the application. Further, if applicable, you certify that you will maintain the confidence of any information received from another party for the length of time specified within an agreement and that you shall limit disclosure of that confidential information to only those who have a need to receive the information to further the purposes of the Agreement and in accordance with the terms of any related agreement. You will advise those working under the agreement that they must abide by the terms of confidentiality and you shall obtain their written agreements to the terms/conditions if required by an agreement to do so.

Signature

Date