

COVER SHEET FOR PROPOSAL

SOUTH CAROLINA RESEARCH AUTHORITY (SCRA) SOLICITATION NAME AND NUMBER SACT Technology-enabled Population Health Grants			DATE SUBMITTED		
NAME OF INSTITUTION/ORGANIZATION OF PI		ADDRESS OF INSTITUTION/ORGANIZATION, INCLUDING ZIP CODE			
INSTITUTION/ORGANIZATION EMPLOYER IDENTIFICATION NUMBER (EIN)					
TITLE OF PROPOSED PROJECT					
REQUESTED AMOUNT \$	PROPOSED DURATION (1-12 MONTHS) Months	REQUESTED STARTING DATE			
CHECK APPROPRIATE BOX(ES) IF ANY OF THE ITEMS LISTED BELOW WILL BE INCLUDED IN SCRA FUNDING <input type="checkbox"/> VERTEBRATE ANIMALS <input type="checkbox"/> HUMAN SUBJECTS <input type="checkbox"/> HAZARDOUS MATERIALS INCLUDING REGULATED BIOLOGICAL MATERIALS AND/ OR RADIOACTIVE AND/OR OTHER REGULATED CHEMICALS/MATERIALS <input type="checkbox"/> INTERNATIONAL COOPERATIVE ACTIVITIES: COUNTRY/COUNTRIES INVOLVED _____					
NAME	HIGHEST DEGREE	DEGREE YEAR	TELEPHONE NUMBER	EMAIL ADDRESS	
PI					
Co-PI					
Co-PI					
Co-PI					
Co-PI					
Co-PI					
PI DEPARTMENT			PI MAILING ADDRESS		

CERTIFICATION PAGE

Certification for Principal Investigators and Co-Principal Investigators

I certify to the best of my knowledge that:

1. The statements herein (excluding scientific hypotheses and scientific opinions) are true and complete; and
2. The text and graphics herein as well as any accompanying publications or other documents, unless otherwise indicated, are the original work of the signatories or individuals working under their supervision. I agree to accept responsibility for the scientific conduct of the project and to provide the required project reports if an award is made as a result of this proposal. I understand that the willful provision of false information or concealing a material fact in this proposal or any other communication submitted is a criminal offense (U.S.Code, Title 18, Section 1001). **I also understand that typing my name in the Signature space constitutes a legal signature.**

Name (Typed)	Signature	Date
PI		
Co-PI		
Co-PI		
Co-PI		
Co-PI		
Co-PI		

Certification for Authorized Organizational/Institutional Representative

It is understood that typing your name in the Signature space constitutes a legal signature and that by signing and submitting this proposal, the individual applicant or the authorized official of the applicant institution/organization certifies that:

1. The statements made herein are true and complete to the best of their knowledge;
2. It agrees to accept the award terms and conditions and should these terms not be met, to negotiate a fair and reasonable plan to reimburse the South Carolina Research Authority for expenditures incurred under the award;
3. The institution/organization or its principals are not presently disbarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal or State department or agency;
4. The institution/organization is not delinquent on any Federal or State debt;
5. The institution/organization operates as a drug-free workplace;
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (P.L. 88-352, Title IX of the Education Amendments of 1972, as amended (20 U.S.C. § 1681-1683, and 1685-1686), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), the Age Discrimination Act of 1975, as amended (42 U.S.C. § 6101-6107);
7. Submission of a complete proposal, including a signed Cover Sheet and Budget Page, signifies the applicant's agreement to release the proposal for external review.

Name of Organization Representative (Typed)	Signature	Date
Telephone Number	Email Address	FAX NUMBER