

**GENERAL ROUTING FORM
HAROLD HAMM DIABETES CENTER APPLICATIONS**

This form to be completed by all applicants except OUHSC (OUHSC please use OUHSC Routing Form)

Applicant's Name: _____			
Institution: <i>(check one)</i>			
OUHSC	OU-Norman	OU-Tulsa	
OMRF	OSU	Other: _____	
Grant Program: <i>(check one - if applying for multiple awards, complete separate routing form for each application)</i>			
Exploratory Grant	Pathway to the Pay line Grant	Team Science Grant	
Training Grant	Travel Stipend		
Other: _____			
Membership Level: <i>(check one)</i>			
Member	Associate Member	Trainee	
<i>If Trainee member, please check one:</i>			
Undergrad Student	Grad Student	Post-Doc	Resident Fellow
Other: _____			

Research Compliance: <i>(Check all that will be required if your proposal is funded. Applicant is responsible for obtaining proper approvals from their institution if funded)</i>		
IRB	IACUC	Radioactive Materials
IBC		Narcotics/Controlled Substances Licenses
Other: _____		

Institutional Certification <i>(to be completed by research administration official at applicant's institution)</i>	
<i>The applicant has complied with our institution's research administration procedures for review, approval, and submission of externally funded awards, including completion of necessary forms and protocols specific to our institution. If funded, the institution will provide appropriate oversight for external awards to ensure that the project(s) funded by this award fully complies with federal, institutional, and all other applicable standards.</i>	
_____ Signature of institution's research administration official	_____ Date
_____ Name (printed)	_____ E-mail
_____ Title	(_____) _____ Phone

Applicant Certification	
<i>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 personnel 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.</i>	
Applicant Signature: _____	Date: _____

Once this form is signed and completed, please include it as a cover sheet to your application materials.

Applications should be submitted by either (a) the research administration official, or (b) the applicant as a single Adobe PDF file via e-mail to hhdcmembership@ouhsc.edu by the specified deadline. The applicant will be notified when their submission has been accepted.

For questions regarding this routing form, awards, application guidelines, and submission procedures, e-mail hhdcmembership@ouhsc.edu, or contact Katie Hoefling in HHDC Administration at (405) 271-2824.