

PAT CAPPS COVEY COLLEGE OF ALLIED HEALTH PROFESSIONS GRANT/CONTRACT SUBMISSION APPROVAL PROCESS

The following are required approval processes for submission of all grants or contracts by faculty in the Pat Capps Covey College of Allied Health Professions. Approval signoff by the College and University is contingent upon timely adherence to the following procedures.

- 1. Be sure to discuss the grant with your department chair to request their support and approval. This is required of faculty serving as PI, Co-Investigator, mentor, and any other role.**

- 2. Submit “Intent to Submit Grant/Contract Form” to Dean’s Office. (See attached)** *To be completed by PI (or in case where PI is not a faculty member in the College, by any CAHP faculty serving as Co-PIs, consultants, or otherwise committing time to the proposed project) as soon as investigator decides to respond to any RFP/RFC or to initiate an unsolicited grant or contract request but no later than one month before final submission deadline (exceptions to this may be granted in extraordinary circumstances by the Dean or Associate Dean of the College).*

- 3. Please send this form and the funding opportunity announcement web link and estimated budget as soon as possible to Joanna Bowen and Tonya Read for initial review.** *Once your request is received by the CAHP Office, we will connect you with the pre-award staff in the College of Medicine Research Administration and Development Office to assist you throughout the process.*

- 4. Please acquire access and seek Cayuse training early on to be able to Submit Grant RFP/Abstract, budget page, and budget justification, agreement checklist and any other pertinent documents in Cayuse Research Suite for approval no later than 10 days before final submission deadline. Sponsored Programs requires 3 days in advance of deadline and it also has to submit through Chairpersons and Dean before that.**
<https://southalabama.cayuse424.com/>

**PAT CAPPS COVEY COLLEGE OF ALLIED HEALTH PROFESSIONS
30-DAY NOTICE OF INTENT TO SUBMIT GRANT/CONTRACT FORM**

Current Date: _____

Name of Person Submitting Request: _____

Department: _____

Granting Agency: _____

Link to funding opportunity: _____

Grant Number/Category: _____

Grant Submission Deadline: _____

Working Title: _____

Anticipated FTE Commitment: _____

Anticipated Total/Yearly Funding
To Be Requested: _____

Please list any Co-PI's/Mentors/anyone from other Depts in AHP or other Colleges that might be asked to participate: _____

Faculty Signature

Department Chair Signature

*Dean,
College of Allied Health Professions*

*Submitted to COM, Grant Administration Office on: _____
(Internal for Dean's Office)*