# Rita Allen Foundation Award in Pain: Signature Pages

## To Be Filled Out By Applicant/PI:

### Applicant Information

Application Title (Ex. John Doe – RAF 2027): _____

Name: _____

Title: _____

Institution & Department: _____

Address: _____

Phone: _____

Email: _____

### Research Project Information:

Use of Human Subjects? (Yes/No): _____

- If Yes - Is the Project Exempt from Federal regulations? (Yes/No): _____
  - If Yes – circle the appropriate exemption number: 1 2 3 4 5 6
  - If No – is the IRB review Pending? (Yes/No): _____
- IRB Approval Date: _____
- Human Subject Assurance Number: _____

Use of Animal Subjects? (Yes/No): _____

- If Yes - Is the IACUC review Pending? (Yes/No): _____
- IACUC Approval Date: _____
- Animal Welfare Assurance Number: _____

Is proprietary/privileged information included in the application? (Yes/No): _____

Are Biohazards Involved? (Yes/No): _____

Use of Embryonic Stem Cells (Yes/No): _____

Does this project have an actual or potential impact – positive/negative - on the environment? (Yes/No): _____

- If Yes - please explain:

- If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? (Yes/No): _____
    - If Yes - Please Explain:

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## To Be Filled Out By Institutional Official:

### Institutional Official Information

Institution:

_____

Name: _____

Title: _____

Department: _____

Address: _____

Phone: _____

Email: _____

I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the grantor's terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. By signing this document, I am representing the applicant's institution and understand that this award covers the direct costs of the research as outlined in the budget pages. No additional funds will be provided for indirect costs.

Institutional Official Signature: _____

Date: _____

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Applicant/PI Signature: _____

Date: _____