INTERNAL PROCESSING FORM FOR SPONSORED FUNDING

## This form must be completed by the Principal Investigator/Program Director. Please complete all sections. After obtaining all necessary signatures, forward form along with a copy of the proposal to the Office of Research Services.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: GENERAL INFORMATION** | | | | | | | | | | | | | |
| *Principal Investigator/Program Director* | | | | | *Office Phone:* | | | *E-Mail:* | | | | | |
| *College/Area:* | | | | | | *Department/Center/Institute:* | | | | | | | |
| *Proposal Title:* | | | | | | | | | | | | | |
| *Sponsor:* | | | | | | | | | | | *Contact Person (if known):* | | |
| *Street Address:* | | | *City:* | | | | | | | | *State:* | | *Zip Code:* |
| *Telephone:* | | | *Fax:* | | | | | | | | *E-Mail:* | | |
| *Sponsor Type:*  Federal  State  Local Government  Private Foundation  Other | | | | | | | | | | | | | |
| *Proposal Type:*  Grant  Contract  Sub-Award  Other | | | | | | | | | | | | | |
| *Application Type:*  New Proposal  Continuation  Renewal  Revision  Supplement | | | | | | | | | | | | | |
| *Anticipated Start Date:* | *Number of Years:* | | | | *Total Budget Request:* | | | | | *Indirect Cost Requested:* | | | |
| *Request for partial or full waiver of Indirect Cost?*  Yes  No  ***If “yes”, please complete the Request for Indirect Cost Waiver form and attach to this form. Only the Provost has the authority to approve voluntary waiver of indirect cost.*** | | | | | | | | | | | | | |
| *Matching Funds Requested?*   Yes  No | | | | *If yes, source of match (dept. funds, university match request, private):* | | | | | | | | | |
| *Authorized Signature for Match Funds:*  *(Chair for Dept. Funds, Provost for University Match)* | | | | *Please sign:* | | | | | | | | | |
| *Have funds been requested for another organization or institution as a sub-award?*  *If yes, please complete the information below:* | | | | | | | | | Yes  No | | | | |
| *Name of Institution:* | | *Contact Person:* | | | | | *Telephone Number:* | | | | | *Email:* | |

|  |
| --- |
| **SECTION 2: ASSURANCES** |
| ***Does this project /research involve the use of human subjects?***  **Yes**  **No** If yes, IRB Protocol #:  Status:  Approved  Pending  Exempt |
| ***Does this project /research involve the use of vertebrate animals?***  **Yes**  **No** If yes, IACUC Protocol #:  Status:  Approved  Pending  Exempt |
| ***Does this project /research involve the use of chemical/physical/biological hazards?***  **Yes**  **No**  If yes, the proposed project/research involves:  toxic or hazardous chemicals;  radioactive materials;  biohazards |

|  |
| --- |
| **SECTION 3: SPECIAL CONSIDERATIONS** |
| ***Is release time requested as part of this application?***  **Yes**  **No**  If yes, number of course releases per semester:       Number of semesters: |
| ***Has summer salary been requested?***  **Yes**  **No**  If yes, number of months per year:       Number of years: |
| ***Does the proposal require additional personnel be hired by the University?***  **Yes**  **No**  If yes, has funding been requested in the proposal budget?  Full funding  Partial funding  University funding |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 4: SIGNATURES FOR DISCLOSURES, ASSURANCES, AND APPROVALS** | | | | | | | | |
| ***Conflict of Interest:*** *The proposed project or relationship with this sponsor* ***(check one)***  ***does***  ***does not*** *require the disclosure of significant financial interests that present an actual or potential conflict of interest for investigators involved in this project. If answered in the affirmative, then all investigators so involved have provided a complete disclosure in this matter as instructed by current institutional policy and/or Federal regulations.* | | | | | | | | |
|  |  |  |  | | |  |  |  |
|  | PI Signature Date |  | Co-PI Signature Date | | |  | Co-PI Signature Date |  |
| ***Principal Investigator/Project Director/Co-Investigator(s):*** *I certify that the information within the application is true, complete, and accurate to the best of my knowledge. I understand any false, fictitious, or fraudulent statements or claims may be subject to criminal, civil, or administrative penalties. I agree to accept responsibility for the research conducted by the project and provide the required reports if a grant is awarded as a result of this application.* | | | | | | | | |
|  |  |  |  | | |  |  |  |
|  | PI Signature Date |  | Co-PI Signature Date | | |  | Co-PI Signature Date |  |
| ***Department Chair(s):*** *The attached application is approved. It is within the program and academic objectives of the department. Professional time allocations are realistic as described.* | | | | | | | | |
|  |  |  |  | | |  |  |  |
|  | PI Department Chair Date |  | Co-PI Department Chair Date | | |  | Co-PI Department Chair Date |  |
| ***Dean of the School/Area Vice-President:*** *The proposed project is approved. It is consistent with the program objectives of this school/area and commitments to this project are acceptable.* | | | | | | | | |
|  |  |  |  | | |  |  |  |
|  | Dean/Vice-President Date |  |  | | |  |  |  |
| ***Office of the Provost:*** *The proposed project proposal is approved. It is consistent with the University mission. The budget and time commitments are acceptable and endorsed by the University.* | | | | | | | | |
|  |  | | |  |  |  |  |  |
|  | Provost Date | | |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **ORS USE ONLY** | | |
| ORS Approval by Director or Assistant Director |  | |
| Signed Date | |
| Sponsor Recommendation: ☐ Award ☐ Decline ☐ Revised ☐ Resubmit | | Date Notice Received: |
| Entered: ☐ FRAPROP ☐ Proposal List ☐ Data Form | | |