

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: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Government <input type="checkbox"/> Private Foundation <input type="checkbox"/> Other				
Proposal Type: <input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Sub-Award <input type="checkbox"/> Other				
Application Type: <input type="checkbox"/> New Proposal <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision <input type="checkbox"/> Supplement				
Anticipated Start Date:	Number of Years:	Total Budget Request:		Indirect Cost Requested:
Request for partial or full waiver of Indirect Cost? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Institution:	Contact Person:	Telephone Number:		Email:

SECTION 2: ASSURANCES	
Does this project /research involve the use of human subjects? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, IRB Protocol #:	
Status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Exempt	
Does this project /research involve the use of vertebrate animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, IACUC Protocol #:	
Status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> 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

