

KEY PERSONNEL

Release time necessary: Project Director Principal Investigator Co-Investigators

PI & Co-PIs	Project Role	Email	Affiliation/Department
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

** attach additional sheets as necessary

COST SHARING/MATCHING FUNDS

Yes No If yes: Amount: \$ _____
Sources: _____

SPONSOR OR SUBCONTRACT INFORMATION

If a subcontract to another institution is included in this proposal, provide information for each subcontractor (attach additional sheet as necessary).

Sponsor or Subcontractor: _____

Contact Name: _____ Phone: _____

Address: _____

Budget: First Period \$ _____ Total Project Period \$ _____

Compliance & Ethics [Section 4]

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| Yes | No | Pending | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are human subjects to be used in any capacity (including surveys or interviews)?
<i>If YES, attach a copy of the Institutional Review Board approval.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are animals to be used in any capacity?
<i>If YES, attach a copy of the Institutional Animal Care and Use Committee approval.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are radioactive materials to be used in any capacity?
<i>If YES, attach a copy of the Radiation Safety approval.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are hazardous or toxic materials to be used or generated by this project?
<i>If YES, attach a copy of the Occupational and Environmental Safety Officer approval.
If YES, attach all appropriate Material Safety Data Sheets.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does this project involve the use of recombinant DNA?
<i>If YES, attach a copy of the Institutional Hazardous Waste Director approval.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are there any existing Conflicts of Interest (financial, commitment) in this project?
<i>If yes, please contact the Office of Business Services.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does this project result in intellectual property?
<i>If YES, contact the Office of the Provost.</i> |

Assurances and Approval Signatures [Section 5]

Principal Investigator _____ **Date:** _____

Agrees to accept responsibility for the scientific conduct of the project and all related expenditures. Assures observance of all sponsor policies, and inform compliance committees (IRB, IACUC, etc.) of changes in the project that require approval.

Chair of Department _____ **Date:** _____

Approves proposal in regard to commitments of time and effort and requests for equipment.

Dean of College _____ **Date:** _____

Approves proposal in regard to budget request, compensation rates and/or stipend levels, direct costs, matching fund availability, and adequate space and facilities.

Provost _____ **Date:** _____

Assumes responsibility for the project on behalf of the institution.

(Attach additional sheet if necessary for multiple chair/dean signatures)