



INTERNAL PROPOSAL REVIEW FORM (IPR)

| I. PRINCIPAL INVESTIGATOR INFORMATION | | | | | |
|--|-----------|-------------------|--|--|--|
| PI: | | EMP ID: | Academic Dept.: | | |
| PI Title: | | Dept. Contact: | | Phone: | |
| Phone: | Fax: | Unit: | Email: | | |
| Co-I #1: | | EMP ID: | Academic Dept.: | | |
| Co-I #2: | | EMP ID: | Academic Dept.: | | |
| Co-I #3: | | EMP ID: | Academic Dept.: | | |
| Co-I #4: | | EMP ID: | Academic Dept.: | | |
| II. SPONSOR INFORMATION | | | | | |
| Sponsor Agency: | | | | | |
| If this is an NIH application, does it involve Multiple PIs? Yes No | | | | If yes, contact PI name: | |
| Notice of Opportunity (<i>Identify Program # or provide URL</i>): | | | | | |
| If pass-through funding, list originating sponsor: | | | | | |
| Sponsor Deadline: Electronic: _____ Paper: _____ | | | <i>PIs are responsible for submitting all applications to the sponsor, except when OSP submission is required.</i> | | |
| III. PROJECT INFORMATION | | | | | |
| Project Title: | | | | | |
| Project Start Date: | | Project End Date: | | Total Request: \$ | |
| Department/Center that will manage account if NOT the Academic Dept.: | | | | <i>(Dept. Head AND Center Director signatures required)</i> | |
| Other Affiliated Center(s): | | | | | |
| Proposal Type: | | Program Type: | | Program Income Yes No | |
| <i>* For a Continuation, Renewal or Supplement, please provide current FRS account #</i> | | | | | |
| For this project, the PI or key personnel have significant financial interests | | | Yes | No | Cost Sharing Yes No <i>(If yes, complete cost share form and secure appropriate signatures)</i> |
| This project includes subcontractor(s) | | | Yes | No | |
| This project has an international component | | | Yes | No | Sponsor Limited F&A Rate <i>(attach sponsor documentation)</i> |
| This project may be subject to Export Control Laws | | | Yes | No | |
| IV. SPECIAL REVIEWS/APPROVALS NEEDED | | | | | |
| | | Approval # | | | Approval # |
| Human Subjects | Yes No | | Recombinant DNA | Yes No | |
| Animal Subjects | Yes No | | Chemical Hazards | Yes No | |
| Human Embryonic Stem Cells | Yes No | | Laser (Class 3b or 4) | Yes No | |
| Biohazardous Materials | Yes No | | Controlled Substances | Yes No | |
| Select Agents | Yes No | | Radioactive Materials and/or Radiation Devices | Yes No | |

OSP INFORMATION

| | | | |
|-----------------|------------------------------|----------------|--------------------|
| OSP Proposal #: | Reviewer Initials: | Approval Date: | Full Copy Received |
| Rev: 12/10/08 | Institutional Authorization: | Date: | |



INTERNAL PROPOSAL REVIEW FORM CERTIFICATIONS

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|----------------|
| PI: |
| Project Title: |
| Sponsor: |

The Principal Investigator (PI) hereby certifies:

- (1) The information submitted within this application is true, accurate, and complete to the best of my knowledge.
- (2) I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
- (3) I agree to accept responsibility for the scientific conduct of the project and to provide the required reports if a grant is awarded as a result of the application.
- (4) If an award is made, I am responsible for compliance with award terms and conditions and university policies and procedures; particularly for the technical conduct of the work, submission of technical reports, regulatory compliance, and financial management.
- (5) I am aware of federal requirements on lobbying. I am in compliance and have disclosed any lobbying activity.
- (6) I am aware of the requirement of the NIH Access Policy to submit journal articles that arise from NIH funds to the digital archive PubMed Central.
- (7) I am NOT debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by a federal department or agency.
- (8) I have read and understand the University's Conflict of Interest Policy.
- (9) If this is an NIH application and involves multiple PIs, I agree to the leadership plan as described in the application.

| Distribution of credit provides recognition to the participating investigators and their home units for the efforts in securing new grants and contracts | | | | | | |
|---|-----------------------------|---------------------------|-----------------------------|------------------------------|-----------------------------|------|
| PI/ Co-I | Name | Distribution of Credit | Dept Head Signature | Center Director Signature | Dean Signature | Date |
| PI | Name: _____ Signature | | Name: _____ Signature | Name: _____ Signature | Name: _____ Signature | |
| Co-I #1 | Name: _____ Signature | | Name: _____ Signature | Name: _____ Signature | Name: _____ Signature | |
| Co-I #2 | Name: _____ Signature | | Name: _____ Signature | Name: _____ Signature | Name: _____ Signature | |
| Co-I #3 | Name: _____ Signature | | Name: _____ Signature | Name: _____ Signature | Name: _____ Signature | |
| Co-I #4 | Name: _____ Signature | | Name: _____ Signature | Name: _____ Signature | Name: _____ Signature | |

OSP Proposal #: _____



Cost Share Approval Form

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|----------------|
| PI: |
| Project Title: |
| Sponsor: |

Does the sponsor require cost sharing: Yes No

List all project costs not funded by the sponsor but described in the budget, budget justification and/or project narrative. Secure the necessary approval signatures and include a copy of this form in the proposal.

| | <i>Name (print/type)</i> | <i>% AY effort</i> | <i>Salary</i> | <i>Fringe</i> | <i>Total</i> |
|------------------------|--------------------------|--------------------|---------------|---------------|--------------|
| Principal Investigator | | | | | |
| Co-Investigator #1 | | | | | |
| Co-Investigator #2 | | | | | |
| Co-Investigator #3 | | | | | |
| Co-Investigator #4 | | | | | |

| | <i>Personnel</i> | <i>Equipment</i> | <i>Other</i> | <i>Total</i> | <i>Approval Signature (or attach commitment letter)</i> |
|---|------------------|------------------|--------------|--------------|---|
| Department Head/Center Director for PI | | | | | |
| Department Head/Center Director for Co-I #1 | | | | | |
| Department Head/Center Director for Co-I #2 | | | | | |
| Department Head/Center Director for Co-I #3 | | | | | |
| Department Head/Center Director for Co-I #4 | | | | | |
| Dean for PI | | | | | |
| Dean for Co-I #1 | | | | | |
| Dean for Co-I #2 | | | | | |
| Dean for Co-I #3 | | | | | |
| Dean for Co-I #4 | | | | | |
| VPRGE | | | | | |
| Other | | | | | |
| Other | | | | | |