

PROPOSAL NUMBER \_\_\_\_\_

**Dept. Tracking No.**

**Banner Proposal No. S**

**Please complete, sign, and return this form to the Office of Research & Sponsored Programs prior to submission of final proposal.**

**A. PROPOSAL**

Due Date: \_\_\_\_\_  
 Receipt OR  Postmark

Original Date to ORSP: \_\_\_\_\_

PA / BAA / RFP No. \_\_\_\_\_

CFDA No. \_\_\_\_\_

Website for guidelines: <http://www.> \_\_\_\_\_

**SUBCATEGORY**

(N) New       (P) Pre-proposal       (T) Transfer

(B) Resubmission. Prior DU proposal nos.: \_\_\_\_\_

(S) Supplement. Existing DU fund no.: \_\_\_\_\_

(C) Noncompeting continuation. Existing DU Grant No.: \_\_\_\_\_  
 Year \_\_\_\_\_ of \_\_\_\_\_

(R) Competing renewal. Prior DU Grant No.: \_\_\_\_\_

(M) Modification/Amendment. DU Grant No.: \_\_\_\_\_

**B. PROGRAM / PROJECT INFORMATION**

PI: \_\_\_\_\_ Dept: \_\_\_\_\_  COI  PA  D/S

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-PI: \_\_\_\_\_ Dept: \_\_\_\_\_

Co-PI: \_\_\_\_\_ Dept: \_\_\_\_\_

Co-PI: \_\_\_\_\_ Dept: \_\_\_\_\_

Co-PI: \_\_\_\_\_ Dept: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Prime Sponsor: \_\_\_\_\_

Project Title: \_\_\_\_\_

Proposed Project Start Date: \_\_\_\_\_ Proposed Project End Date: \_\_\_\_\_

Current Budget Period Start: \_\_\_\_\_ Current Budget Period End: \_\_\_\_\_

Project Performance Site(s): \_\_\_\_\_

Project Type:  Research     Instruction     Service/Outreach     Other Activities     Clinical Trial

Restrictions:  Classified     Proprietary     No restrictions

Clinical Trial Phase:  I     II     III

**C. FINANCIAL CONSIDERATIONS**

	Sponsor Support			DU Costshare		
	Direct	Indirect	Total	Dept.	Dean	VPGSR
Year 1			0			
Year 2			0			
Year 3			0			
Year 4			0			
Year 5			0			
<b>Total</b>	0	0	0	0	0	0

IDC Rate allowed by Sponsor: \_\_\_\_\_ Proposed IDC Rate: \_\_\_\_\_ "Full" DU IDC Rate: \_\_\_\_\_ MTDC

Base:  MTDC     TDC     Sal & Fr only     Stipends Only

Other [Specify] \_\_\_\_\_

The proposed IDC rate is lower than the rate allowed by Sponsor. An IDC Waiver must be authorized by the VGSPR.

CHECK ALL THAT APPLY:

- Change in academic program direction/scope proposed. [Requires Dean and Provost approval.]
- Overload payments requested. Attach list of individuals, their dept, and \$ amount. [Requires Dean approval.]
- Release Time / Course buy-out. Attach list of individuals and percent effort. [Requires Chair/Dean approval.]
- Subcontracts included. Attach list of Subcontractor(s) and estimated funding.
- Consultants included. Attach list of consultants.

Are any consultants DU employees?  Yes  No

Are all consultants U.S. citizens?  Yes  No

- GRAs requested. Number: \_\_\_\_\_
- DU tuition waiver requested. [Requires Dean approval.] If no tuition requested, attach explanation.
- This project will generate program income.
- Additional space and/or Remodeling required. Attach details. [Requires Chair/Dean approval.]
- This project includes additional software or data security measures. [Requires UTS review.]
- This project involves the development and/or commercialization of technology or other intellectual property. [Requires approval of the Office of Intellectual Property and Technology Transfer.]

Costshare / Match. Indicate Fund/Org and \$ to be provided below. Sponsor requirement: \_\_\_\_\_ % OR \$ \_\_\_\_\_

	Fund	Org	Amount by FY	FY(s)	Initials
PI					
Dept					
Dean					
VPR					

Additional Costshare Info:

D. REGULATORY CONSIDERATIONS

1. Human Subjects

Does this project involve a survey, questionnaire, focus group, interview or any other form of human subject participation? (Human subject participation includes the gathering of data or private information from an individual).  Yes  No

If yes, IRB application must be submitted to ORSP Research Compliance and approval received from the IRB PRIOR to start of project.

Does this project involve the use of personal or health data from human subjects?  Yes  No

IRB Protocol Number: \_\_\_\_\_ Approval Date: \_\_\_\_\_

2. Animals

Does this project require the use and/or care of animals?  Yes  No

If yes, IACUC application must be submitted to ORSP Research Compliance and IACUC approval received PRIOR to project start.

IACUC Protocol Number: \_\_\_\_\_ Approval Date: \_\_\_\_\_

3. PERSONAL INTEREST, COMMITMENTS AND LOBBYING ACTIVITIES

Do you, as PI, or any other key personnel on this project have a relationship with and/or a financial interest in the sponsor?  Yes  No

If yes, submit a Conflict of Interest disclosure to ORSP Research Compliance PRIOR to start of project.

Do you, as PI, or any other key personnel on this project have a relationship with or financial interest in the subcontractor(s) or consultant(s) (if any)?  Yes  No

Have you, as PI, or any other key personnel engaged in activities to influence any federal official or congressional member to support the proposed program?  Yes  No

If yes, federal form LLL may be required. Your ORSP Project Administrator will assist you.

During the period of these lobbying activities have you or any other key personnel been paid from federal funding sources (either directly or indirectly)?  Yes  No

Is a DU Employee Patent Agreement on file for all DU personnel?  Yes  No  Unknown

4. Hazardous / Controlled Materials		
Does this project include the use of hazardous chemical materials?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please refer to the DU Chemical Hygiene Plan (CHP).  If yes, submit IBC application to ORSP Research Compliance PRIOR to start of project.
Does this project include the use of recombinant DNA, tissue, bodily fluids, or human infectious diseases? IBC Protocol No. [redacted] Approval Date: [redacted]	<input type="radio"/> Yes <input type="radio"/> No	
Does this project include the use of controlled substances? IBC Protocol No. [redacted] Approval Date: [redacted]	<input type="radio"/> Yes <input type="radio"/> No	
Does this project include the use of biological agents or toxins? For list, visit <a href="http://www.cdc.gov/od/sap/">www.cdc.gov/od/sap/</a> and follow link for "Select Biological Agents and Toxins"	<input type="radio"/> Yes <input type="radio"/> No	
Does this project involve collaboration with a foreign consultant, subcontractor, sponsor, or personnel; or is any work being performed outside the US?	<input type="radio"/> Yes <input type="radio"/> No	A "Yes response to any of these questions may require a documented export control review. Your ORSP Project Administrator will
Will this project require identification of foreign nationals by name or country?	<input type="radio"/> Yes <input type="radio"/> No	
Are there deliverables such as software, prototypes or "proof of concept" demonstrations?	<input type="radio"/> Yes <input type="radio"/> No	
Does the title of the project and/or technical narrative include references to military/defense articles or systems (e.g. tanks, missiles or guns)?	<input type="radio"/> Yes <input type="radio"/> No	
Will the research incorporate or otherwise require the use of another party's proprietary (restricted) information or materials covered by a separate non-disclosure agreement (NDA/PIA), material transfer agreement (MTA) or teaming agreement?	<input type="radio"/> Yes <input type="radio"/> No	
Will the results be generally Unavailable to the public (e.g. restrictions on publications)?	<input type="radio"/> Yes <input type="radio"/> No	
For EAR Commodity Control List (Dept of Commerce), visit <a href="http://www.gpoaccess.gov/cfr/index.html">http://www.gpoaccess.gov/cfr/index.html</a> . For ITAR Munitions Control List (Dept of State), see <a href="http://www.fas.org/spp/starwars/offdocs/itar">http://www.fas.org/spp/starwars/offdocs/itar</a> . For OFAC lists of sanctioned countries and denied persons (Treasury Dept), see <a href="http://www.ustreas.gov/offices/enforcement/lists/">http://www.ustreas.gov/offices/enforcement/lists/</a> .		

E. OTHER DU CONSIDERATIONS	
1. How were you made aware of this program opportunity?	<input type="radio"/> DU Colleagues <input type="radio"/> External contacts <input type="radio"/> Sponsor contact <input type="radio"/> Community of Science (COS) <input type="radio"/> ORSP <input type="radio"/> Other (please explain:) [redacted]
2. Did you receive internal university funding to assist in preparing this proposal?	<input type="radio"/> No <input type="radio"/> Yes If "Yes", please specify source: [redacted]
3. Overruns or unallowable/unrecoverable costs	<p><i>In accordance with the Accounting Policy for Administration of Grants and Contracts, any overrun or otherwise unallowable and/or unrecoverable costs (including disallowed pre-award costs) will be charged to the department operational fund/org, unless noted below.</i></p> Alternate Fund/Org: [redacted]

F. CERTIFICATIONS AND APPROVALS

**1a. I hereby certify that the above statements are complete and accurate representations of the project being proposed.**

**1b. I understand that any false, fictitious, or fraudulent statements or claims may be cause for criminal, civil, or administrative penalties against me.**

**1c. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.**

Principal Investigator		Date	
Co-Principal Investigator		Date	
Co-Principal Investigator		Date	
Co-Principal Investigator		Date	
Co-Principal Investigator		Date	

**2. The proposed project has received departmental review for adherence to departmental/university mission/goals, and I approve department support for cost-sharing, release time/course buy-out, curriculum changes, remodeling/renovations as indicated, and recovery of overruns and unallowable expenses.**

Dept Chair / Director / Dean (or designee):		Date	
Dept Chair / Director / Dean (or designee):		Date	
Dept Chair / Director / Dean (or designee):		Date	

**3. I approve division support for cost-sharing, release time/course buy-out, curriculum changes, remodeling/renovations as indicated, and payment of tuition waivers, and any changes to academic program scope/direction.**

Dean (or designee):		Date	
Dean (or designee):		Date	
Dean (or designee):		Date	

**4. I approve University support of cost-sharing for equipment and indirect cost waivers as indicated.**

Vice Provost for Research (or designee):		Date	
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**5. I approve change/revision in academic program direction/scope.**

Provost (or designee):		Date	
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**6. I certify that measures are in place to address data security requirements as specified in the guidelines and/or proposal.**

DU University Technology Services:		Date	
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**7. I have reviewed and approve plans involving technology transfer or intellectual property management.**

Director, IPTT (or designee):		Date	
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**8. ORSP Certification that proposal has received full university review and approval.**

Director, ORSP (or designee):		Date	
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**9. Institutional Signatory: Project > \$500,000 and/or 24 months.**

VCBFA:		Date	
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