

 <b>UNIVERSITY of DENVER</b>	<b>Proposal Review &amp; Approval (PRA)</b>		<b>ORSP Use Only</b>	
	Note: Completed PRA, detailed Budget, and Proposal guidelines <b>must</b> be submitted to <a href="#">ORSP</a> at least 5 BUSINESS DAYS before Agency Deadline.		Proposal No. S0000_____	
		Administrator _____		
<b>Submission Information</b>				
Agency Deadline (Date/Time)		Deadline Type		
Proposal Type		Submission Method		
Is there a Proposal or Application <b>limit</b> per institution?				Yes <input type="checkbox"/> No <input type="checkbox"/>
				If Yes, how many?
Agency/Sponsor Name		Type		
(If subagreement proposal, list the <b>lead</b> institution.)				
Prime Agency/Sponsor Name		Type		
(If subagreement proposal, list the <b>organization from where the funds originate.</b> )				
Funding Opportunity No./Website Link				
Proposal Title				
<b>Principal Investigator (PI) Information</b>				
Name		Banner ID		
Department	Email	Phone		
<b>Co-PI Information</b>				
1. Co-PI Name		Banner ID		
Department	Email	Phone		
2. Co-PI Name		Banner ID		
Department	Email	Phone		
3. Co-PI Name		Banner ID		
Department	Email	Phone		
<b>Project &amp; Budget Information</b>				
Project Start Date		Project End Date		
Project/Activity Type		Full Facilities & Administration ( <a href="#">F&amp;A Rate</a> )		
Does the sponsor have an <b>F&amp;A rate cap</b> lower than the Full F&A rate?				Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the capped rate?		Have you submitted an <a href="#">F&amp;A Waiver Request?</a>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Waiver Request</b> rate, if <u>different</u> than Full F&A rate or sponsor cap.			<b>Waiver Rate:</b> _____	
If applicable, include <b>off-campus</b> rate qualifications:				
<b>BUDGET (Submit the detailed Budget in Excel &amp; Justification with the PRA Form)</b>				
Estimated Total Budget		DU Cost Share or Matching		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, you <b>must</b> complete and submit ORSP <a href="#">Cost-Sharing Commitment Form</a> .				
Select Type: Mandatory <input type="checkbox"/> Voluntary <input type="checkbox"/>			Amount?	
If Fringe expenses are NOT allowed by the Sponsor, please provide a FOAP.				

**SUBAGREEMENTS**

Are **subrecipients/subcontractors** included on this proposal? Yes  No

Foreign? Yes  No

Institution No. 1 Name Budget

PI Name PI Email

Admin Name Admin Email

Institution No. 2 Name Budget

PI Name PI Email

Admin Name Admin Email

Institution No. 3 Name Budget

PI Name PI Email

Admin Name Admin Email

Institution No. 4 Name Budget

PI Name PI Email

Admin Name Admin Email

**For each Subagreement please attach:**

1) Subrecipient Commitment Form 2) Detailed Budget and Justification 3) Letter of Intent

**CONSULTANTS**

Are **consultants** included on this proposal? Yes  No

*A consultant cannot be an employee of the University.*

Foreign? Yes  No

Consultant Name Budget

Consultant Name Budget

Consultant Name Budget

**Other Budget Information**

Are **GRA's** Requested? Yes  No

How Many?

Are **overload payments** requested? Yes  No

If yes, include a list of individuals, departments and total amounts.

**Financial Conflict of Interest (COI)**

Do you have a **current** Conflict of Interest (COI) disclosure submitted in Qualtrics? *Disclosure is required, minimally, on an **annual** basis. This proposal **cannot** be submitted until all investigator(s) and key personnel have a current Disclosure on file. Information on how to file the annual Disclosure online is available on the [QRSP website](#).* Yes  No

Do any personnel working on this project (PI, Co-PI or other staff) have a relationship with and/or a financial interest in the Agency, Sponsor, Vendor, Subrecipient(s) or Consultant(s) in this proposal? Yes  No

Have you disclosed any external Professional Activities for the current calendar year to your Department? Yes  No

Training Requirements	
For NSF and NIH proposals, the following training courses are <b>required</b> for all personnel, including students:	
<ul style="list-style-type: none"> <li>Responsible Conduct of Research (RCR)</li> <li>Conflict of Interest (COI)</li> </ul>	
These training modules <b>must</b> be completed online through the <a href="#">Collaborative Institutional Training Initiative (CITI) Program</a> . Once these courses are successfully completed they are valid for <b>four years</b> .	
Human Subjects	
Is this a systematic research study that includes <b>human participants, specimens and/or data</b> with the intention to generalize the resulting information?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the status of the <b>IRB protocol approval</b> ?	Pending Approval <input type="checkbox"/> Approved <input type="checkbox"/>
If Approved, please provide : IRBNet ID No.	Approval Date
Principal Investigator (PI) listed on the Project in IRBNet	
For NIH Proposals Only, if Yes to Human Subjects:	
Is the Project <b>Exempt</b> from Federal regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exemption Number:	
<i>The IRB must review and approve all projects involving human subjects research prior to the start of project activities. IRB approval is required prior to the release of award funds. IRB will make the final determination on whether projects involve human subjects research and any exemptions. Information available online on the <a href="#">Research Integrity &amp; Education website</a>.</i>	
Vertebrate Animals	
Does this project involve non-human <b>vertebrate animals</b> , including animal manipulations, generation of custom antibodies, or field observation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the status of the <b>IACUC protocol approval</b> ?	Pending Approval <input type="checkbox"/> Approved <input type="checkbox"/>
If Approved, please provide : IRBNet ID No.	Approval Date
Biohazardous Materials	
Does this project involve the use of <b>biological or hazardous materials</b> , recombinant DNA tissue, bodily fluids or human infectious diseases, biological agents or toxins?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the status of the <b>IBC protocol approval</b> ?	Pending Approval <input type="checkbox"/> Approved <input type="checkbox"/>
If Approved, please provide : IRBNet ID No.	Approval Date
Technology Transfer	
<i>Intellectual Property (IP) includes inventions, works of authorship (including software and code), data sets, mask works, tangible research property, tangible materials and other proprietary and confidential information. For information on IP or technology transfer, visit the <a href="#">Technology Transfer Office website</a>.</i>	
Does this project involve the <b>transfer of research materials (MTA) or data (DTUA)</b> from another organization to the university or from the university to another organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your proposal include <b>proprietary or privileged information</b> that should be protected from public use or disclosure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a <b>non-disclosure agreement (NDA)</b> associated with this subject matter or sponsor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you anticipate developing <b>software or other code as a deliverable</b> (an item that you will deliver to the sponsor) for this project or delivering any software or code for this project that is a modification of previously developed software or code?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Publication Restrictions & Export Control	
Does the project or sponsor <b>restrict dissemination or publication</b> of scientific or technical data?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Does the hardware, software or technology related to or resulting from this project have a <b>military end-use</b> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this project have a <b>foreign sponsor</b> (government, business, or non-profit)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will <b>foreign nationals</b> (i.e. non-U.S. citizens) be working or collaborating on this project (including graduate students)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you anticipate any <b>international travel</b> for field research, testing, or collaboration specifically for this project? This does NOT include open academic conferences.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you anticipate any <b>international shipments</b> (including but not limited to: component testing and repair, hand-carrying instruments or computing devices for field research) specifically for this project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there <b>restrictions on participants</b> (e.g. require a clearance, restriction on foreign national participation)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the project involve <b>travel, transactions, or collaborations</b> with <a href="#">Office of Foreign Assets Control (OFAC)</a> restricted countries? (Cuba, Iran, North Korea, Sudan, Syria)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>A "Yes" response to any of these questions will <b>require</b> a documented export control review. Your ORSP Project Administrator will assist you.</p> <p>For more information, please visit the ORSP <a href="#">Export Control website</a>.</p>		

Certifications & Approvals		
<p><b>My signature below confirms my review of the proposal.</b></p> <ul style="list-style-type: none"> <li>▪ <i>I hereby certify that the above statements are complete and accurate representations of the project being proposed.</i></li> <li>▪ <i>I understand that any false, fictitious, or fraudulent statements or claims may be case for criminal, civil, or administrative penalties against me.</i></li> <li>▪ <i>I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports <u>in a timely manner</u> if a grant is awarded as a result of this application.</i></li> </ul>		
Principal Investigator _____	Date _____	
Co-PI _____	Department _____	Date _____
Co-PI _____	Department _____	Date _____
Co-PI _____	Department _____	Date _____
<p><b>Department Approval</b></p> <ul style="list-style-type: none"> <li>▪ <i>I approve support for this project. (Department Chair/Director/Dean)</i></li> </ul>		
Designee _____	Title _____	Date _____
Designee _____	Title _____	Date _____
<p><b>ORSP Approval</b></p> <ul style="list-style-type: none"> <li>▪ <i>The proposal has received full university review and approval.</i></li> </ul>		
Director of Sponsored Programs _____	Date _____	
Executive Director - Research Administration _____	Date _____	

## Project Summary/Abstract

- *Limit length to 30 lines or less of text*
- *Include the project's broad, long-term objectives and specific aims*
- *Include a description of the research design and methods for achieving the stated goals*
- *Do NOT include proprietary or confidential information*
- *Write in plain language*