Project Information

Proposal Title: 

Project Period: From: To: 

Type of Funding: ☐ New ☐ Renewal/Continuation ☐ Supplemental

Sponsor Type:  ☐ Federal/Federal Pass Through  ☐ State  ☐ Local Government  ☐ Business  ☐ Private Non-Profit

Type of Research Activity: (For definitions of Basic, Applied and Research Development, place pointer over button.)

☐ Basic Research  ☐ Applied Research  ☐ Research Development  ☐ Public Service  ☐ Instruction  ☐ Scholar/Fellowship

If this project will be coordinated through a UA Center provide the name of the Center:

Principal Investigator/Co-PI Information:

If there is multiple department involvement in this project, the proposal must be reviewed and approved by all departments. No Key Personnel may be listed that appear on the Debarred or Suspended List (see Excluded Parties List System).

PI Name: CWID # Shared Credit %
Department: Dept. Org. # Phone Number:
Email:

Co-PI 1 Name: CWID # Shared Credit %
Department: Dept. Org. # Phone Number:
Email:

Co-PI 2 Name: CWID # Shared Credit %
Department: Dept. Org. # Phone Number:
Email:

Co-PI 3 Name: CWID # Shared Credit %
Department: Dept. Org. # Phone Number:
Email:
If the Sponsor recognizes more PIs or Co-PIs than listed above, please attach an additional sheet with the above information on the additional PIs or Co-PIs.

Sponsor Information:

Sponsor Name: ___________________________  Agency Deadline: ___________________________

If Federal Pass-Through, list the Federal Agency: ___________________________

Attention (Sponsor Contact): ________________________________________________

Street Address: ___________________________________________________________

Street Address: ___________________________________________________________

Building/Room or Suite #: ___________________________  City: ___________________________  State: __________  Zip __________

Email: ___________________________  Web Link: ___________________________  Phone Number: ___________________________

Announcement Number: ___________________________  You may attach a copy of the announcement to this form if you do not have a website referral number.

Budget Information:

Sponsor Funds

Direct Costs: ___________________________

Indirect Costs: ___________________________

Total: ___________________________

F&A Rate for this proposal: __________

If multiple F&A Rates apply please list and describe:

F&A Calculated on:

- [ ] MTDC
- [ ] TDC
- [ ] Salary & Wages
- [ ] Other  Describe: ___________________________

If deviating from UA's Full F&A Rate, attach sponsor policy or written confirmation that sponsor's maximum rate is less than UA's full rate.

Facility Requirements:

- [ ] Yes  - [ ] No  Will this project require renovations, additional space or facilities?

- [ ] Yes  - [ ] No  Will this project require equipment installation costs not included in the project budget?

Cost Sharing Information:

- [ ] Yes  - [ ] No  Is cost sharing committed to this project?

If yes, complete and attach the Cost Sharing Authorization Form.
Compliance Review:

☐ Yes  ☐ No  Does the PI have a current Conflict of Interest Disclosure Statement on file with Research Compliance? If no, please submit a completed UA Conflict of Interest Form to the Office for Research Compliance. (Please note that COI disclosures are effective one year from date of approval.)

☐ Yes  ☐ No  Will there be any use of vertebrate animals?  If yes, see UA IACUC policy.

☐ Yes  ☐ No  Will there be any use of human subjects through interviews, questionnaires, or surveys, psychological testing, collecting personal data, laboratory procedures, etc.?  If yes, see UA IRB policy.

☐ Yes  ☐ No  Will the project be subject to Export Control Regulations? Has the topic of export control come up in any form in connection with this proposal?  ☐ Yes  ☐ No

Will your project involve any communication with U.S. embargoed countries or their citizens?  ☐ Yes  ☐ No

Will your project require the shipment of equipment or information outside the U.S.?  ☐ Yes  ☐ No

Does your project require international travel?  ☐ Yes  ☐ No

Do you anticipate any restriction(s) on publications?  ☐ Yes  ☐ No

☐ Yes  ☐ No  Will this project involve any hazardous materials?

If yes, please check which of the following will be involved, then contact the Lab Safety Manager, Environmental Health and Safety, for institution regulations:

☐ Radioactive Materials  Type:  Activity: 

☐ Chemicals and/or Chemical Materials  Type: 

☐ Animal Importation  Species:  Importing Location: 

☐ Controlled Substance  Type:  Agency: 

☐ Biological Materials

☐ Agents/Pathogens  ☐ Human Blood, Fluid, Tissue  ☐ Recombinant DNA  ☐ Synthetic nucleic acid

Other Biological Material: 

Person Contacted at (EHS):  Date Contacted:  

Notes/Comments:  

Other Review Areas:

☐ Yes  ☐ No  Is any supplemental compensation proposed?  If yes, see UA policy on supplemental compensation.

☐ Yes  ☐ No  Will the project involve confidential information/Non-Disclosure Agreement?

☐ Yes  ☐ No  Will the project involve the transfer of biological materials/Material Transfer Agreement?
Certifications and Signatures:
By signing below, I certify that:

a) the information submitted within the application is true, complete and accurate to the best of my knowledge. I understand that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

b) no University of Alabama employee or official, and no family members of a University employee or official, and no sponsoring agency employee or official, will receive a benefit as a result of this proposed project, except as has been previously disclosed in writing to the University. I understand that I must disclose any benefit provided to a family member, University employee/official, or sponsoring employee or official.

c) I have reviewed and will comply with University of Alabama Conflict of Interest Policies and Procedures. I further certify that I will comply with any conditions or restrictions imposed by the University to manage, reduce or eliminate actual or potential conflicts of interest. I am indicating below whether I currently have a conflict of interest or potential conflict of interest.

d) I agree to be bound by and comply with the terms of the University of Alabama Patent Policy and to disclose to designated University officials all inventions and discoveries made by me, made under my direction, or otherwise known to me, resulting from the work conducted under the contract or grant. I hereby assign all inventions defined as the property of the University under the terms of the Patent Policy to the University.

e) 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 the application, and I understand that the expenditure of funds received for externally sponsored projects is subject to both sponsor guidelines and University of Alabama Policies and Procedures.

The following portion of this form must be signed by the appropriate officials for routing, certification and approval for submission of the project by The Office for Sponsored Programs.

If additional signatures are required for Co-PIs and Department Officials, attach a sheet with the required information.

Principal Investigator/Co-PI Date Do you have a Conflict of Interest?
1.__________________________________  ________________  _________ yes  _________ no
2.__________________________________  ________________                         _________ yes                      _________  no
3.__________________________________  ________________                         _________ yes                      _________  no
4.__________________________________  ________________                         _________ yes                      _________  no
5.__________________________________  ________________                         _________ yes                      _________  no

Required College/Department Approvals to Submit Project to a Sponsor for Requested Funding

By signing below you verify your approval for the submission of this proposal and your concurrence with the information provided by the PI/Co-PI on this form.

_______________________________________________          ______________________________________________ Dean (Of Principal Investigator) Date Dept. Head (of Principal Investigator) Date

____________________________________________________           ___________________________________________________ Dean (of Co-PI) Date Dept. Head (of Co-PI) Date

____________________________________________________           ___________________________________________________ Dean (of Co-PI) Date Dept. Head (of Co-PI) Date

____________________________________________________           ___________________________________________________ Dean (of Co-PI) Date Dept. Head (of Co-PI) Date

____________________________________________________           ___________________________________________________ Dean (of Co-PI) Date Dept. Head (of Co-PI) Date

For Use by The Office for Sponsored Programs Only

OSP Reviewer Date PI Effort % CoPI 1 Effort %
CoPI 2 Effort% CoPI 3 Effort%
CoPI 4 Effort% CoPI 5 Effort%

Cynthia Hope Date
Assistant Vice President for Research

Lauren Wilson Date
Senior Associate Director, OSP