

Office of Sponsored Programs
REQUEST FOR PROPOSAL APPROVAL AND SUBMISSION (RPAS) rev. 01/18

Internal Due Date: _____ Sponsor Due Date: _____ Submission Method _____ OSP #: _____

Proposal Purpose: _____ Proposal Type: _____ Proposal Action: _____

Lead PI/Contact PI: _____ Dept/Div: _____ Phone: _____ Email: _____

Dept/Div Contact: _____ Dept/Div: _____ Phone: _____ Email: _____

Sponsor Name: _____ Prime Sponsor (if applicable): _____

Contact Name: _____ Phone: _____ Email: _____

FOA/RFA/RFP/Program Title: _____

FOA #: _____ Grant Title: _____
 Grant/Contract #: _____

Initial/Current yr: From: _____ To: _____ Direct Cost: \$ _____ F&A Cost: \$ _____ Total Amount: \$ _____

Entire proposal: From: _____ To: _____ Total Direct Cost: \$ _____ Total F&A: \$ _____ Total Project Amount: \$ _____

F&A Rate Exception Request Form Required: Yes No (If Yes, approved waiver must be attached) F&A Rate: _____ %

PROJECT LOCATION(S) Building: _____ Room: _____ Other: _____

YES NO
 Is all of the above space assigned to you or otherwise approved for your use? (If not, attach explanation from Dean (COM/COSH/SON))

Is rental space, construction or renovation required to house project? (New rental space or renovations must be approved by the Research Space Committee)

ADMINISTRATION

YES NO or N/A
 NIH Salary Cap applies

NIH Commons User Name: _____

Subawards/consortia agreements included in this proposal

Limited Submission by Sponsor

Cost Sharing _____ (If Yes, approved cost share document must be attached) If Yes, cover by Account #: _____

This is a Major Project as defined by [2 CFR 200](#) allowing specific administrative and clerical expenses to be charged (Federally-Funded Projects only).

American Recovery & Reinvestment Act (ARRA) Funds

RESOURCES

YES NO or N/A
 Research is International in scope or location

This submission requires coordination with the Office of Development/Advancement If Yes, approval has been obtained. Additional information at www.cdrewu.edu.

Does project involve commitment of facilities, services, patient care, or FTE support from MACC or others? See approval below. For example AXIS-PCIR, etc...

Export Control - Do you anticipate transporting or shipping any research materials or equipment related to this project outside the United States?

REGULATORY (Approval from the below regulatory offices must be obtained.):

YES NO
 Human Subjects (If Yes, all required CDU personnel must complete **Human Subjects Training** before an award is made.) Pending

Vertebrate Animals Pending

Institutional Biosafety Issue(s) including biological and chemical agents / Recombinant DNA Molecules (IBC) Pending

Radioactive materials/radiation-generating machines Pending

Proposal/project includes the use of propriety information or carries restrictions on participation, access to data or dissemination of results

Has an invention disclosure on any new invention, process or discovery from work in the scope of this project ever been filed?

FOCUS (Check only if highly relevant to the proposed in this application. Check maximum of two.)

Aging Cancer Cardio-Metabolic Global Health HIV/AIDS Mental Health Substance Abuse

Other (Please specify): _____

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CONFLICT OF INTEREST

YES NO

Do you* OR anyone* involved in this research who has responsibility for the design, conduct or reporting of the research have a relationship or receive payment for services or have stock or stock options in the proposed sponsor, vendor(s), or subcontractor(s) or in a company that would be interested in the study results but is not sponsoring the study?

How to Determine Disclosure Requirements

1. Any relationship such as unpaid consultant, founder, or employee;
2. Payment for services such as consulting, service on an advisory board, or giving talks;
3. Stock or stock options;
4. Gift Funds

Who must disclose?

1. Principal investigator*
2. Any other participant* in the research who has responsibility for design, conduct, or reporting of the research, or in other words any one who has independent responsibility for the research or research results;
* (this includes spouse/domestic partner, and dependent child(ren));

When must it be disclosed?

1. When the relationship or financial interest is related to the company sponsoring the study (i.e. consulting for a company sponsoring the research;
2. When the relationship or financial interest is indirectly related to the study:
 - a. the company is supplying a product being studied;
 - b. the study will be purchasing materials, supplies or equipment from a company in which there is a relationship;
 - c. or the results of the research would be of interest to the company in which there is a relationship;
3. At application or renewal, or when there is a new reportable interest.

What happens?

All reported financial interests will be reviewed by CDU's Auditor's office or designated committee to determine whether action is necessary to manage, reduce or eliminate a conflict of interest. Additional information at www.cdrewu.edu.

CHECKLIST OF REQUIRED DOCUMENTS THAT MUST BE ATTACHED WITH THIS RPAS (Please check each that apply):

_____ Abstract

_____ Budget Justification

_____ Cost Share document (if applicable)

_____ Detailed Budget

_____ F&A Rate Exception Request Form (if applicable)

_____ Funding Opportunity Announcement (FOA)

PI CERTIFICATION/ASSURANCE

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. 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. Furthermore, I certify that I will direct this project in compliance with CDU policies, with the terms and conditions of CDU's agreement with the sponsor and with all applicable laws and regulations, and I will uphold the responsibilities of PIship.

Signature: _____

Date: _____

IF MULTIPLE PI : PI CERTIFICATION/ASSURANCE

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. 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. Furthermore, I certify that I will direct this project in compliance with CDU policies, with the terms and conditions of CDU's agreement with the sponsor and with all applicable laws and regulations, and I will uphold the responsibilities of PIship.

Signature: _____

Date: _____

CLUSTER LEADER/DEPARTMENT CHAIR APPROVALS (if applicable)

I have reviewed and approve the financial commitments for this proposal, including any cost sharing, any salary in excess of the sponsor's salary cap, or infrastructure charges. I have also reviewed and approve the space commitments. I have reviewed the proposed/reported effort and confirm it is accurate.

Cluster Leader/Dept. Chair: _____

Date: _____

COLLEGE APPROVALS (if applicable)

Dean (COM/COSH/SON): _____

Date: _____

VICE PRESIDENT OF RESEARCH AND HEALTH AFFAIRS (if applicable)

Signature _____

Date: _____

INSTITUTIONAL REVIEW BOARD (IRB) (if applicable)

Designee: _____

Date: _____

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC) / VIVARIUM (if applicable)

Designee: _____

Date: _____

INSTITUTIONAL BIOSAFETY COMMITTEE (IBC) / RADIATION SAFETY COMMITTEE(if applicable)

Designee: _____

Date: _____

EXECUTIVE VICE PRESIDENT OF ACADEMIC AFFAIRS AND PROVOST (if applicable)

Designee: _____

Date: _____

OFFICE OF SPONSORED PROGRAMS (OSP)

(The signature of the Office of Sponsored Programs represents the assurance that all administrative requirements for the submission of this proposal have been addressed.)

Signature _____

Date: _____