

When this proposal has been signed, Call: _____ Extension _____ APPLICATION LOG # _____
For additional information or instructions contact: OFFICE OF RESEARCH AND SPONSORED PROGRAMS – EXT. 4040

Proposal Due Date:	Notice of Opportunity (or url):
PI Name:	Department/Center:
Title of Proposal:	
Name of Sponsoring Agency:	Prime Sponsor if Pass-through:
Status of Project:	Nature of Project:
Start Date - End Date:	% F & A Rate - if Non-Federal, attach documentation of Sponsor's F & A rate. No F&A costs allowed - provide documentation
1st Year Total Direct Cost:	
1st Year Total Cost (incl. F&A)	
Total Project Direct Cost:	
Total Project Cost (incl. F&A)	

1. ARE HUMAN SUBJECTS, INVESTIGATIONAL DRUGS OR HUMAN TISSUES INVOLVED IN THIS PROPOSAL?	YES	NO
YES, INCLUDE IRB PROTOCOL NUMBER _____ DATE OF IRB APPROVAL _____		
PENDING (SUBMITTED TO IRB) UNDER DEVELOPMENT (NOT SUBMITTED TO IRB) EXEMPT		
NOTE: Key Personnel must have IRB training. IRB APPROVAL: Initials _____ DATE: _____		

2. ARE VERTEBRATE ANIMALS INVOLVED IN THIS PROPOSAL?	YES	NO
IF YES, HAS THIS PROJECT ALREADY RECEIVED ACC APPROVAL? YES INCLUDE ACC PROTOCOL # _____ DATE OF ACC APPROVAL _____		
PENDING (SUBMITTED TO ACC) UNDER DEVELOPMENT (NOT SUBMITTED TO ACC)		
NOTE: All Personnel must have ACC training. Contact ACC office if training is not completed. ACC APPROVAL: Initials _____ Date: _____		
DOES THIS PROJECT INVOLVE PRODUCTION OR PURCHASE OF CUSTOM ANTIBODIES?	YES	NO
IF YES, NAME OF ANIMAL WELFARE ASSURANCE FACILITY _____ NUMBER _____		

3. WILL THIS PROJECT INVOLVE INFECTIOUS AGENTS, CARCINOGENIC SUBSTANCES, RECOMBINANT DNA OR HIV?	YES	NO
IF YES, CONTACT THE OFFICE OF RESEARCH SAFETY, Ext 2723, FOR FURTHER INSTRUCTIONS REGARDING COMPLIANCE WITH FEDERAL, STATE AND UCHC REGULATIONS. THE USE OF CARCINOGENIC SUBSTANCES AND/OR INFECTIOUS AGENTS REQUIRES THAT ALL EMPLOYEES EXPOSED TO RISKS BE TRAINED ON POTENTIAL RISKS AND SAFETY PRECAUTIONS. Date: _____ IBC APPROVAL: Initials _____		

4. WILL THIS PROJECT INVOLVE THE USE OF: SPACE OR FACILITIES NOT CURRENTLY AVAILABLE TO INVESTIGATORS ?	YES, EXPLAIN THE NEED AND PLANS FOR OBTAINING THE SPACE	NO
SPACE OR FACILITIES REQUIRING RENOVATIONS ?	YES, EXPLAIN THE NEED AND PLANS FOR COMPLETING RENOVAT.	NO

5. WILL THIS PROJECT REQUIRE A COMMITMENT OF THE GCRC?	YES	NO
Date: _____ GCRC APPROVAL: Initials _____		

6. ARE SUBCONTRACT AGREEMENTS INVOLVED WITH THIS PROJECT?
NO YES, SUBCONTRACTOR NAME(S): _____

7. WILL THIS PROJECT INVOLVE THE USE OF FORMAL UCHC COST SHARING OR MATCHING?	YES	NO
MANDATORY COMMITTED Explain if different:		
8. FACULTY SALARY SUPPORT ON GRANT	% SALARY SUPPORT REQUESTED	% EFFORT **
PI Name:		
PD/PI Name:		
Co-Invest Name		

* If additional faculty is listed, please note in administrative comments box or attach a separate sheet.
**If the percent of salary support is less than the percent of effort, written approval is required from the Associate Dean for Research Planning.

I CERTIFY THAT ALL THOSE INVOLVED IN THIS PROPOSAL ARE AWARE OF THEIR PARTICIPATION AND OBLIGATIONS. I HAVE READ THE INVENTION AND PATENT UNDERSTANDING, AND THE SECTION ON CONSULTING, ON PAGE 3 OF THIS FORM AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS DESCRIBED THEREIN. I AGREE TO ACCEPT RESPONSIBILITY FOR PROVIDING APPROPRIATE TRAINING FOR MYSELF AND MY STAFF ON THOSE RISKS WHICH MAY BE INHERENT IN THIS PROJECT. I UNDERSTAND THAT UNLESS OTHERWISE APPROVED THIS PROJECT WILL BE ADMINISTERED BY UCHC IN WRITING BY AN AUTHORIZED INSTITUTIONAL OFFICER. ALL INDIVIDUALS IN THIS DEPARTMENT WHO ARE PARTICIPATING IN THIS PROJECT AND TO WHOM THE UCHC CONFLICT OF INTEREST POLICY APPLIES HAVE FILED THE APPROPRIATE FINANCIAL DISCLOSURES. I CERTIFY THAT NO CONFLICTS OF INTEREST, AS DEFINED IN THE UCHC POLICY, ARE REPRESENTED IN THIS PROJECT; OR THAT ANY CONFLICTS OF INTEREST HAVE BEEN DULY DISCLOSED AND MANAGED PER THE UCHC POLICY. I HAVE READ THE POLICIES AND PROCEDURES FOR MANAGING SPONSORED PROGRAMS REFERENCED BY THE FOLLOWING HYPERLINK <http://www.policies.uchc.edu/> I AGREE TO COMPLY WITH THESE POLICIES AND PROCEDURES. I ALSO ASSURE (1) THAT THE INFORMATION SUBMITTED WITHIN THE APPLICATION IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE; (2) THAT ANY FALSE, FICTITIOUS, OR FRADULENT STATEMENTS OR CLAIMS MAY SUBJECT ME TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES; AND (3) THAT 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. WHEN MULTIPLE PIs ARE PROPOSED IN AN APPLICATION, THIS ASSURANCE MUST BE RETAINED FOR ALL NAMED PIs.

PRINCIPAL INVESTIGATOR	DATE
CO-PI (IF MULTIPLE PI)	DATE
CO-INVESTIGATOR or Key Personnel	DATE
CO-INVESTIGATOR or Key Personnel	DATE

(THIS SPACE IS RESERVED FOR ORSP ADMINISTRATIVE COMMENTS FOR RESEARCH FINANCE)

THE PROJECT DESCRIBED IN THE ATTACHED PROPOSAL IS CONSISTENT WITH THE PROGRAMS OF THIS DEPARTMENT(S). REQUIREMENTS OF SPACE, PERSONNEL, UTILITIES AND OTHER FACILITIES ARE AVAILABLE, HAVE BEEN COMMITTED OR WILL BE PROVIDED BY THE GRANT OR CONTRACT IF AWARDED. THE BUDGET SPECIFIES ALL EXPENSES THAT CAN BE REASONABLY ANTICIPATED. ALL INDIVIDUALS IN THIS DEPARTMENT WHO ARE PARTICIPATING IN THIS PROJECT AND TO WHOM THE UCHC CONFLICT OF INTEREST POLICY APPLIES HAVE FILED THE APPROPRIATE FINANCIAL DISCLOSURES. I CERTIFY THAT NO CONFLICTS OF INTEREST, AS DEFINED IN THE UCHC POLICY WEBSITE <http://www.policies.uchc.edu/> ARE REPRESENTED IN THIS PROJECT; OR THAT ANY CONFLICTS OF INTEREST HAVE BEEN DULY DISCLOSED AND MANAGED PER THE UCHC POLICY.

PIs DEPARTMENT HEAD	DATE
CO-PIs DEPARTMENT HEAD	DATE
CO-INVEST. DEPARTMENT HEAD	DATE
CO-INVEST. DEPARTMENT HEAD	DATE

(THIS SPACE IS RESERVED FOR ORSP ADMINISTRATIVE COMMENTS OR EXPLANATIONS FOR PI)

I ACCEPT THE FOREGOING RECOMMENDATIONS, AND GIVE ASSURANCE THAT THE PROPOSAL CONFORMS TO THE PROGRAMS OF SERVICE, CURRICULUM DEVELOPMENT, RESEARCH AND GRADUATE TRAINING UNDER MY JURISDICTION. THERE ARE NO FISCAL COMMITMENTS OF THE HEALTH CENTER OTHER THAN THOSE DESCRIBED.

MEDICAL DEAN	DATE
ASSOCIATE MEDICAL DEAN	DATE
DENTAL DEAN	DATE
ASSISTANT DENTAL DEAN	DATE

THIS APPLICATION AND BUDGET AS PRESENTED, IS IN PROPER FORM AND COMPLIES WITH ALL APPLICABLE UCHC POLICIES, COST PRINCIPLES, AND SPONSORING AGENCY APPLICATION GUIDELINES.

PROJECT OFFICER, OFF. OF RES. & SPON. PROG.	DATE
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THIS PROPOSAL COMPLIES WITH UCHC POLICIES ON HUMAN SUBJECTS, VERTEBRATE ANIMALS, IBS, GRADUATE TRAINING, AND RESEARCH. IT COMPLIES WITH ALL SPONSORING AGENCY POLICIES RELEVANT TO THE PROPOSED WORK.

DIRECTOR, OFF. OF RES. & SPONSORED PROGRAMS	DATE
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**** Please note:** Page 3 does not need to be included with routing sheet

**** Please note:** Please do not include this page with the routing sheet.

INVENTION AND PATENT UNDERSTANDING

By law, the University of Connecticut is authorized to make and enforce contracts retaining rights on all inventions developed by faculty, staff, and students in the performance of assigned or customary duties, or involving the use of University facilities or resources.

Faculty, staff and students are required to disclose inventions to the Center for Science & Technology Commercialization, which is responsible under State statutes for the disposition of invention and patent rights. Under these statutes, the University is required to give the inventor “a minimum of twenty per cent of the amount of net proceeds from the sale, licensing or other disposition of the invention.”

I have read and understand the above provisions regarding inventions and patents, and agree to promptly disclose any and all inventions (including biological materials) conceived, developed or first reduced to practice using the facilities or resources of the University of Connecticut. (As a guideline, inventions should be disclosed no later than the time they are being submitted for publication or presentation at a conference.) This disclosure shall be to the Director of Center for Science & Technology Commercialization, or to another designated officer of the University.

CONSULTING

The University of Connecticut Health Center’s policies on consulting are outlined in the document titled Handbook for Faculty and Administrators: A Selection of Policies and Procedures, as referenced in policy number 2000-01 (http://www.policies.uhc.edu/aplphabetical/a_f.html). Activities which do not conform to this policy may not be conducted, and may not be described in this proposal.

POLICIES & PROCEDURES

Policies and Procedures for Managing Sponsored Programs – (<http://www.policies.uhc.edu/area/research.html>)

PROPOSAL ROUTING PROCESS

1. All proposals seeking external funding, or seeking to transfer funds to the Health Center from the University of Connecticut Foundation, must have institutional approvals as described in this document. Prior to submitting a proposal to a prospective funding source, the Principal Investigator or Project Director is to sign and complete the appropriate sections of the Statement of Commitments and Proposal Approval and attach the form to a copy of the proposal. Copies of this form (in printed and electronic formats) are available in the Office of Research and Sponsored Programs.
2. The proposal is then forwarded to the following offices for approval, in the order designated. Approval will be evidenced by signature on the form, no per signatures are allowed.
 - Department Chair(s)
 - For clinical projects involving activities/facilities of the UConn Health Center (JDH, UMG) or the clinical facilities of the Schools of Medicine or Dental Medicine must be approved by the Director, Clinical Trials Office; or for projects involving the School of Dental Medicine, the Dental Dean.
 - Dean(s)
 - Project Officer, Office of Research and Sponsored Programs
 - Director of Research and Sponsored Programs (signs proposal)
3. The Office of Research and Sponsored Programs will return a copy of the signed Statement of Commitments and Proposal Approval form and the signed proposal, so that the Principal Investigator may submit it to the prospective funding source.
4. Principal Investigators or Project Directors are not authorized to negotiate final budgets with prospective funding sources. Preliminary discussions may be held, but final authority for approval of such budgets resides with the Director of Research and Sponsored Programs.

INSTRUCTIONS FOR MANUALLY COMPLETING STATUS/NATURE OF PROJECT BOXES

Status of Project Should be One of the Following: New, Resubmission, Renewal, Continuation, Supplement	Nature of Project Should be One of the Following: Research, Training, Fellowship, Career Development, Equipment, Construction, Public Service, Other (e.g. Conference Grants)
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INSTRUCTIONS FOR PROJECTS INVOLVING PATIENT CARE

1. Prior to routing this form for final approval, principal investigators must contact the Director of the UHC Clinical Trials Office to obtain budgetary approval for this project; or for projects involving the School of Dental Medicine, the Dental Dean’s Office.
2. Upon approval of the project, completion of a clinical trials agreement with the project sponsor, and receipt of the first payment for the project, an account for this project will be established by the Fiscal Administration Research Finance.