# UNIVERSITY OF COLORADO COLORADO SPRINGS
## OFFICE OF SPONSORED PROGRAMS AND RESEARCH INTEGRITY (OSPRI)
## PROPOSAL ROUTING AND APPROVAL FORM

**FOR OSPRI USE ONLY:**

| Date Received: | |
|---|---|
| Proposal # | |

- **Contact OSPRI (osp@uccs.edu) as soon as you decide to submit a proposa**l.  OSPRI will work with you to finalize your budget, prepare proposal forms, discuss the timeline for submittal, etc.  Typically, the proposal routing form may be routed with the final budget and a draft of the narrative.  Contact your chair/dean to confirm.
- **Allow at least five (5) working days for administrative review and submittal of <u>final</u> proposal package by OSPRI.**  On a case-by-case basis, proposals not meeting this deadline may not be submitted by the proposal deadline, or be submitted with conditional approval.  If submitted with conditional approval, should subsequent review reveal that the proposal is incomplete or does not conform to Institutional or Sponsor requirements, the proposal may be withdrawn by OSPRI on behalf of UCCS.
- **Take into account time required by your department/college** to ensure you meet the OSPRI five (5) working day deadline.

**Proposal Due Date:**                                       postmark                   receipt

**Submission type**:       electronic              paper

## A.  PRINCIPAL INVESTIGATOR INFORMATION:

| **Principal Investigator/Project Director**: |
|---|
| Title: |
| Home Department, Center or Institute: |
| Dept., Center or Institute proposal is being submitted through, if different than home department, center or institute: |
| Email Address: |
| Phone:                          Fax: |

## B.  Co-PIs/Co-Project Directors SERVING ON THE PROJECT (if needed, attach additional page and check here     ):

| | |
|---|---|
| Name: | Name: |
| Title: | Title: |
| Home Dept, Center or Institute: | Home Dept, Center or Institute: |
| Dept., Center or Institute proposal is being submitted through, if different than home department, center or institute: | Dept., Center or Institute proposal is being submitted through, if different than home department, center or institute: |
| Email Address: | Email Address: |
| Phone:            Fax: | Phone:            Fax: |

## C.  PROJECT INFORMATION

**1. Full Title of Proposal:**

**2. Sponsoring Agency:**

**3. Prime Sponsor, if applicable:**

**4. Project Period:**                    to

**5. Program Announcement Name and Number** (attach copy or indicate website address):

**6. Proposal Type:**     New        Non-Competing Continuation of Award #

                                Renewal       Supplement to Award #

**7. Project Activity** (select only one):    Research     Instruction    Other (Please Identify)

**8. How were you made aware of this program opportunity**? (Select only one):
        UCCS Colleagues    External contacts    Sponsor Contact    SPIN    OSPRI
        Other (please explain)

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## D. INSTITUTIONAL ISSUES:

     YES    NO

1.           Will the proposed project involve human subjects (including, but not limited to holding focus groups, conducting surveys, analyzing client data)? If yes: IRB approval date       and Protocol #       (**NOTE**: this protocol **MUST** be on file for the sponsor of **THIS** project) or planned submission date of application to the IRB:
           **If yes**: Will the proposed project involve a research study in which one or more human participants are prospectively assigned to one or more Interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes? ☐ yes ☐ no

2.           Will the proposed project involve animals? If yes, IACUC approval date: and Protocol #

3.           Will the proposed project involve Biosafety/Recombinant or Synthetic Nucleic Acid Molecules, Radioisotopes/Hazardous/Toxic Substances? If yes, IBC approval date:       and IBC #

4.           Will the proposed project involve human blood, bodily fluids or tissue? If yes: IBC approval date:       and IBC #

5.           Do you anticipate any curriculum changes or additions? (Note: if yes, additional college and graduate school approvals may be needed, which is the responsibility of the PI.)

6.           Do you propose to provide additional compensation to any University employee? (Note: this **excludes** faculty summer salary, up to 3 months effort from all sources.) If yes, specifics must be clearly stated in the proposal budget narrative and approval obtained from the sponsor. Note: State and Federal laws place significant restrictions; additional compensation is only allowed in special circumstances.

7.           Is the PI or Co-PI(s) requesting release time/course buy-out?

8.           Will part of the proposed project be subcontracted outside UCCS? If yes, for each proposed subcontract, attach a completed subrecipient commitment form and required documents.

9.           Does the proposed project require additional space/facilities? If yes, complete and attach the UCCS Space/Facilities Request Addendum.

10.         Does the proposed project have technology needs, such as purchase of a server, wiring of facilities, installation of new software or equipment, production or video conferencing? If yes, contact Harper Johnson in the Information Technology Office and Kent Marsh in the Facilities Services Department to discuss needs and budget implications.

11.         Will the proposed project or the broader impacts include bringing minors on campus? If yes, contact Debi O'Connor in the Office of Compliance for guidance and required approvals.

12.         Will the proposed project generate income, such as workshop fees, sales of educational material or tuition? If yes, describe:

13.         Will UCCS be required to discount the normal F&A rate (indirect cost) for this project? If yes check the applicable exception:
                By law or regulation, a government agency has limited the amount or rate of indirect costs. **Attach a copy of the funding**

> **agency's policy or statement from funding opportunity solicitation.**
> The sponsor has a formal written policy, consistently applied to all such awards, which limits F&A (indirect) costs. **Attach a copy of the funding agency's policy or statement from funding opportunity solicitation**
> Exception approved by the Associate Vice Chancellor for Research. **Attach a copy of written approval**.

14. Have any agreements been made **between colleges/units** to distribute indirect cost return (ICR) different from the standard UCCS policy?  If yes, complete and attach the differential F&A distribution addendum.  If the agreement is stated in the institute or center charter, attach a copy of the charter details.
15. Is this proposal a result of a seed grant from BioFrontiers?
16. Is this proposal a result of a CRCW grant?
17. Will the project require participation of foreign nationals/entities (includes individuals who are not U.S. citizens and those who do not have permanent U.S. residency)?
18. Does this project involve travel to a foreign country?
19. Does this project involve visitors from a foreign country?
20. Does this project involve the delivery of hardware, software, materials or biological to a foreign national/person?
21. Does this project involve the exchange of written or verbal data or reports with a foreign national/person (could include foreign students sharing space where the project is being conducted)?
22. Will the project have foreign national restrictions and/or require sponsor prior approval of foreign nationals working on the project?
23. Will the project require work be performed in a foreign country?
24. Will the subject matter/technology/material be subject to the International Traffic and Arms Regulations (ITAR)?
25. Will the project require the use of another party's proprietary (restricted) information or materials?
26. Will there be publication restrictions and/or sponsor approval of publications? Note: Institutional permission is required to accept restrictions; contact OSPRI.
27. List non PI/Co-PI UCCS units (e.g. financial aid) and/or external individuals/entities participating in the project:
    **Attach letters of agreement**.
28. Do the PI and Co-PIs hold a tenure/tenure track position or hold the title of Research Associate, Senior Research Associate, Assistant Research Professor, Associate Research Professor, or Research Professor?  If no, date permission to submit proposal granted by the Associate Vice Chancellor of Research (insert date) and attach the Appointment Agreement Addendum, if applicable.

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## E. BUDGETARY INFORMATION

1. **Attach detailed budget and justification**.        attached
2. Total Requested: $
3. F&A (indirect) costs calculated at:        % x      Modified Total Direct Costs (MTDC) or      Total Direct Costs (TDC)
4. Will UCCS be obligated to make cash contributions toward the costs of the project?
       yes      no  If yes,  $                                (complete and attach the Cash Contribution Addendum)
5. Will UCCS be obligated to make in-kind contributions toward the costs of the project?
       yes      no  If yes, $                                (complete and attach the In-kind Contribution Addendum)

NOTE:  **Include contributions** (cost share) **ONLY IF REQUIRED** by the sponsoring agency.

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**F. PI ASSURANCES (Co-PI assurances in section G.  If more than two Co-PIs, copy assurances page as needed**.)

**PI  Name:**
**Sponsor**:
**Proposal Title:**

1. **As PI I certify, by initialing each line, that:**

      The information provided about this proposed project and submitted within the application is true, complete, and accurate to the best of my knowledge,

      Any false, fictitious, or fraudulent statements or claims may place me at criminal, civil, or administrative penalties,

      I have not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by a Federal department or agency,

      I accept responsibility for the scientific conduct of the project and will provide the required progress reports if a grant/contract is awarded as a result of the application,

      I ensure all personnel will complete any training required by UCCS and/or the Sponsor,

      My annual conflict of interest disclosure is current,

      I will direct this project in compliance with UCCS policies, the terms and conditions of UCCS's agreement with the sponsor and with all applicable laws and regulations, including export controls, misconduct in research, conflict of interest, intellectual property, and the use of humans and animals and biohazards in research, and

      I will uphold the responsibilities of PI-ship, Policy 900-001, Roles and Responsibilities for Sponsored Programs Administration: https://www.uccs.edu/vcaf/policies.html

2. **Conflicts of Interest:**

   Do you have any financial or other personal interests, which could, or could have the appearance of, influencing the design, conduct, or reporting of the proposed project?  For further details, see the complete Conflicts of Interest and Commitment policy, which may be accessed at

   https://www.cu.edu/policies/aps/hr/5012.html

   **Please initial the appropriate line:**           YES                          NO

   **If yes,** attach a copy of your conflict of interest management plan.  Attached  ☐

3. **Graduate Research In-state Tuition Supplements (GRITS)**
   If this proposal includes 1) F&A at the full, federally negotiated rate and 2) salary and in-state tuition for a graduate research assistant(s), do you want to opt in to the GRITS program
   https://www.uccs.edu/osp/resources/policies-and-procedures?         **Yes**            **No**

   **If yes,** complete GRITS Addendum.

4. **In recognition of this proposal submission,** I would like an     espresso cup     a shot glass

   **PI Signature**                                             **Date**

May 10, 2019

# G. Co-PI ASSURANCES (If more than two Co-PIs, copy assurances page as needed.)

**Co-PI  NAME:**
**Sponsor**:
**Proposal Title:**

**1.        As Co-PI I certify, by initialing each line, that:**

The information provided about this proposed project and submitted within the application is true, complete, and accurate to the best of my knowledge,

Any false, fictitious, or fraudulent statements or claims may place me at criminal, civil, or administrative penalties,

I have not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by a Federal department or agency,

I accept responsibility for the scientific conduct of the project and will provide the required progress reports if a grant/contract is awarded as a result of the application,

I ensure all personnel will complete any training required by UCCS and/or the Sponsor,

My annual conflict of interest disclosure is current,

I will direct this project in compliance with UCCS policies, the terms and conditions of UCCS's agreement with the sponsor and with all applicable laws and regulations, including export controls, misconduct in research, conflict of interest, intellectual property, and the use of humans and animals and biohazards in research, and

I will uphold the responsibilities of PI-ship. Policy 900-001, Roles and Responsibilities for Sponsored Programs Administration: https://www.uccs.edu/vcaf/policies.html

**2.  Conflicts of Interest:**

Do you have any financial or other personal interests, which could, or could have the appearance of, influencing the design, conduct, or reporting of the proposed project?  For further details, see the complete Conflicts of Interest and Commitment policy, which may be accessed at https://www.cu.edu/policies/aps/hr/5012.html

**Please initial the appropriate line:**              **YES**                        **NO**

**If yes,** attach a copy of your conflict of interest management plan.  Attached ☐

**3.  In recognition of this proposal submission**, I would like an      espresso cup      a shot glass


**Co-PI Signature**                                              **Date**

**Co-PI NAME:**
**Sponsor**:
**Proposal Title:**

1. **As Co-PI I certify, by initialing each line, that:**

   The information provided about this proposed project and submitted within the application is true, complete, and accurate to the best of my knowledge,

   Any false, fictitious, or fraudulent statements or claims may place me at criminal, civil, or administrative penalties,

   I have not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by a Federal department or agency,

   I accept responsibility for the scientific conduct of the project and will provide the required progress reports if a grant/contract is awarded as a result of the application,

   I ensure all personnel will complete any training required by UCCS and/or the Sponsor,

   My annual conflict of interest disclosure is current,

   I will direct this project in compliance with UCCS policies, the terms and conditions of UCCS's agreement with the sponsor and with all applicable laws and regulations, including export controls, misconduct in research, conflict of interest, intellectual property, and the use of humans and animals and biohazards in research, and

   I will uphold the responsibilities of PI-ship. Policy 900-001, Roles and Responsibilities for Sponsored Programs Administration: https://www.uccs.edu/vcaf/policies.html

2. **Conflicts of Interest:**

   Do you have any financial or other personal interests, which could, or could have the appearance of, influencing the design, conduct, or reporting of the proposed project? For further details, see the complete Conflicts of Interest and Commitment policy, which may be accessed at https://www.cu.edu/policies/aps/hr/5012.html

   **Please initial the appropriate line:**          **YES**                    **NO**

   **If yes,** attach a copy of your conflict of interest management plan.  Attached ☐

3. **In recognition of this proposal submission**, I would like an     espresso cup     a shot glass

**Co-PI Signature**                                        **Date**

May 10, 2019

## H. DEPARTMENT/DIVISION REVIEW/APPROVALS (obtained by the PI prior to submittal to OSPRI)
**BE SURE TO ALLOW ADEQUATE TIME FOR DEPARTMENT ADMINISTRATOR TO REVIEW**

**Departmental Administrator Review, if appliable**          **Comments:**


Signature                                                    Date


Note: If the PI and Co-PIs are in more than one department, the signatures of the Chair(s) and/or Dean(s) of all departments are required. If only one department is represented, the Chair and Dean need only sign once. If the proposal is being submitted through a non-departmental unit such as a Center or an Institute, signatures must be provided by the PIs home department Chair(s), Dean(s) and the Center/Institute Director.


**I certify that the proposal and accompanying addendum have been reviewed. The department, college and/or unit are aware of all requirements of this project and are committed to providing them.**

**PI Department/Dean Signatures (if PI is the Department Chair, Dean, VC or Center/Institute Director, supervisor signature is also required)**


Department Chair                                             Date


Dean/VC for Student Success/VC for Administration
& Finance, as applicable                                    Date


Center/Institute Director, if applicable                    Date


## ONLY NEED CO-PI DEPT/DEAN SIGNATURES IF DIFFERENT FROM ABOVE: (if Co-PI is the Department Chair, Dean, VC or Center/Institute Director, supervisor signature is also required)

**Co-PI Department/Dean Signatures:**          **Co-PI Department/Dean Signatures:**


Department Chair (if different)        Date     Department. Chair (if different)        Date


Dean/VC for Student Success/VC for Administration       Dean/VC for Student Success/VC for Administration
and Finance, as applicable             Date     and Finance, as applicable              Date


Center/Institute Director, if applicable   Date   Center/Institute Director, if applicable   Date

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\* May 10, 2019

**I. INSTITUTIONAL REVIEW/APPROVALS (obtained by OSPRI)**


Executive Director, Office of Sponsored Programs and Research Integrity                    Date


Associate Vice Chancellor for Research, if applicable                    Date


Provost and Executive Vice Chancellor for Academic Affairs, if applicable                    Date


Chancellor, if applicable                    Date