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

PI Instructions
Updated September 21, 2022

- **Contact OSPRI (osp@uccs.edu) as soon as you decide to submit a proposal**. See A Timeline to UCCS Grant Submission for additional information and resources. OSPRI will work with you to finalize your budget, finalize proposal forms, discuss the timeline for submittal, etc.

- **Your *complete* proposal must be uploaded to the submission portal at least five (5) working days for administrative review. This is your <u>final</u> proposal package that will be submitted by OSPRI.** Barring extraordinary circumstances, proposals not meeting this deadline will not be submitted, or may 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that the proposal is incomplete or does not conform to Institutional or Sponsor requirements, the proposal may be withdrawn by OSPRI on behalf of UCCS.

- **Allow adequate time for any review required by your department/college/director** to ensure you meet the OSPRI five (5) working day deadline. Typically, this form should be routed with the final budget and a near-final draft of the narrative and summary. Contact your supervisor(s) to confirm what they need before approval.

  - **Note**: Proposals exceeding $1 million or that include student-related training or curriculum require additional approvals which must be factored into the review timeline.
  - **Note**: Proposals with subawards require extra time for budget and scope of work review. Aim for 14 additional working days in advance of the 5 day deadline.

Proposal Due Date: Click or tap to enter a date.

A. PRINCIPAL INVESTIGATOR INFORMATION:

Principal Investigator/Project Director (PI/PD):
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:

B. Co-PIs/Co-Project Directors SERVING ON THE PROJECT (if needed, attach additional page for more Co-PIs, available on our website https://osp.uccs.edu/resources/forms):

Name:	Name:
Title:	Title:
Home Dept, Center or Institute:	Home Dept, Center or Institute:
Email Address:	Email Address:
Phone:	Phone:

C. PROJECT INFORMATION

1. Full Title of Proposal:

2. Sponsoring Agency:

3. Prime Sponsor, if UCCS is a subrecipient:

4. Project Period: Start Date   End Date

5. Program Announcement Name and Number (attach copy or insert website link):

6. Proposal Type: ☐ New   ☐ Non-Competing Continuation of Award #
                                     ☐ Renewal   ☐ Supplement to Award #

7. Primary Project Activity (select only one): ☐ Research   ☐ Instruction   ☐ Other (explain)

Sub-Category (check all that apply): ☐ Fellowship   ☐ STTR/SBIR   ☐ Conference
☐ Equipment   ☐ Faculty development   ☐ Training   ☐ Public Service
☐ Community Outreach   ☐ Construction/Renovation

8. **Is this proposal a result of a UCCS seed grant?** ☐ Yes   ☐ No
        If yes, which one?   ☐ BioFrontiers ☐ Cybersecurity ☐ CRCW   ☐ Rising Star   ☐ Other

9. **Do the PI and Co-PI(s) 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?** ☐ Yes   ☐ No

> **If no:**
> > **For staff:** Complete the PI eligibility form on the OSP website. Then, provide the fully executed form to OSPRI. You must have a completed approval on file to proceed.
> > **For faculty (such as an instructor):** Complete a *research series appointment* with HR and your department chair. You must have a completed letter of offer on file to proceed.

10. **Attach detailed budget (use the OSPRI *current* budget template) and justification**.
    (Check appropriate box)
    ☐ DRAFT budget attached
    ☐ FINAL budget approved by OSPRI attached

11. **Total Requested: $**
    If $1M or more, requires VP for Research approval at end of form

12. **F&A (indirect) costs calculated at**:   %

13. **Will UCCS be obligated to make cash or in-kind contributions toward the costs of the project?**
    ☐ Yes   ☐ No

    > If yes, $. Include contributions (cost share) ONLY IF REQUIRED by the sponsoring agency.

    Complete and attach the Cash Share Addendum, which requires additional review and approvals.

D. INSTITUTIONAL COMPLIANCE

   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)

   If yes, but not yet approved, what is the planned submission date 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 #   .

   If yes, but not yet approved, what is the planned submission date to IACUC?

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

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

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E. BUDGET IMPLICATIONS

YES   NO

5. ☐   ☐   Will the proposed project have research security or technology needs, such as the purchase of a server, wiring of facilities, installation of new software or equipment? If yes, contact OIT Security - https://oit.uccs.edu/security. Ensure that any costs associated have been included in the proposal budget.

If yes, review and approval are required by the Office of Information Technology

_____ _____
OIT Signature   **Date**

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?
If yes, please follow UCCS calculation guidelines and discuss timing and implications with your supervisor(s)

8. ☐   ☐   Do you propose to provide release time/course buy-out to a faculty member who is not a PI/Co-PI on the project?

If yes, forward an MOU or letter or email of approval signed by the supervisor

9. ☐   ☐   Will part of the proposed project be subcontracted outside UCCS?

If yes, for each proposed subcontract, you must submit a completed subrecipient commitment form and other required documents. Confirm OSPRI has received the required documents from the subcontract (the proposed budget cannot be reviewed and/or finalized without these documents).

10. ☐   ☐   Does the proposed project require additional space/facilities?

If yes, complete and attach the UCCS Space/Facilities Request Addendum

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

12. ☐   ☐   Will UCCS be required to discount the normal F&A rate (indirect cost) for this project? See UCCS Policy 900-002.

If **yes,** check the applicable exception:

☐ By law or regulation, a government agency has limited the amount or rate of indirect costs**. Email a copy of the funding agency's policy**

☐ The sponsor has a formal written policy, consistently applied to all such awards, which limits F&A (indirect) costs. **Email documentation to OSPRI.**

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☐ Exception approved by the Vice Provost & Associate Vice Chancellor for Research. **Attach a copy of the written approval**.

13. ☐   ☐   Have any agreements been made **between colleges/units** to distribute F&A cost return different from the standard UCCS policy which returns 100% to the PI's unit? If yes, complete and attach the differential F&A distribution addendum available on the OSPRI forms webpage. If the agreement is stated in the institute or center charter, the agreement must already be filed with OSPRI and posted on our website.

14. ☐   ☐   Does the proposed project budget for scholarships to students or other individuals?

G. EXPORT CONTROLS (https://osp.uccs.edu/export-controls)

YES   NO

15. ☐   ☐   Will the project require the participation of foreign nationals/entities (including students, faculty, staff, or other individuals who are not U.S. citizens and those who do not have permanent U.S. residency)?
16. ☐   ☐   Does this project involve travel to a foreign country?
17. ☐   ☐   Does this project involve visitors from a foreign country?
18. ☐   ☐   Does this project involve the delivery of hardware, software, or materials (including biological material) to a foreign national/person?
19. ☐   ☐   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)?
20. ☐   ☐   Will the project have foreign national restrictions and/or require sponsor prior approval of foreign nationals working on the project?
21. ☐   ☐   Will the project require work to be performed in a foreign country?
22. ☐   ☐   Will the subject matter/technology/material be subject to the International Traffic and Arms Regulations (ITAR)?
23. ☐   ☐   Will the project require the use of another party's proprietary (restricted) information or materials?
24. ☐   ☐   Will there be publication restrictions and/or sponsor approval of publications? **Note: Institutional permission is required to accept restrictions; contact OSPRI.**

H. INTERNAL AND EXTERNAL PARTNERSHIPS

YES   NO

25. ☐   ☐   Are there any non-PI/Co-PI UCCS units (e.g., financial aid, IR, center for student research, Grad School, library, admissions, etc.) required for project success? List them below:

        Note: Provide an email verification or letter of support from each of the above-named units. Any unit not named and confirmed, but required for project success, will jeopardize the post-award implementation.

26. ☐   ☐   Does the project involve training or the professional development of undergraduate or graduate students? **If yes**, how many students will be trained in total:

27. ☐ ☐ Does the project involve changes to, or new, curricula, degrees, or certificates for students?

    If yes, for undergraduate students, review and approval are required by the College Associate Dean or the Curriculum Review Committee Chair. For graduate students, review and approval are required by the Graduate School Dean as indicated with a signature below. Additional college and graduate school approvals may be needed, which are the responsibility of the PI to obtain.

    _____   _____
    Associate Dean/Committee Chair Signature (if applicable)   Date

    _____   _____
    Graduate School Dean/GAC Chair Signature (if applicable)   Date

28. ☐ ☐ Does the project involve internships or apprenticeships for undergraduate or graduate students? **If yes**, how many students will engage in the internships?

    If yes, provide email verification or letter of support from each of the internship/apprenticeship sites. Any site not named and confirmed, but required for project success, will jeopardize the post-award implementation.

29. ☐ ☐ Are there any external partners (e.g., industry, non-profits, evaluators, consultants, clinics, etc.) who are not named in the budget that are required for project success? List below:

    If yes: Provide documentation from each of the above named external partners. <u>Any partner not named and confirmed, but required for project success, will jeopardize the post-award implementation.</u>

I. PI ASSURANCES (Co-PI assurances in section J. If more than two Co-PIs, visit the OSPRI website and fill out the Additional Co-PI form.)

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,

_____ 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://vcaf.uccs.edu/policies/uccs

_____ I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

2. **Conflicts of Interest:**

a. 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 in Research and Teaching policy, which may be accessed at https://www.cu.edu/ope/aps/5012

   YES ☐   **NO** ☐   **If yes,** attach a copy of your conflict of interest management plan.

b. During the past twelve (12) months, have you or an associated entity (e.g., trust) had a relationship, paid or unpaid, with a foreign entity or foreign-based government? *(NOTE: This does not include students or collaborators currently at U.S. Institutions)*

   YES ☐   **NO** ☐   **If yes,** attach a document with details.

c. Is your annual Conflict of Interest (COI) Disclosure current?

   YES ☐   **NO** ☐

   If no, all personnel submitting proposals are required to have a current COI Disclosure on file. Here is a link to the disclosure: https://hr.uccs.edu/current-employees/conflict-of-interest. Please forward the email you receive confirming completion to OSPRI.

_____ _____
PI Signature   **Date**

J. Co-PI ASSURANCES (If more than two Co-PIs, go to OSPRI website and fill out the Additional Co-PI form.)

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,

   _____ 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:**

   a. 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 in Research and Teaching policy, which may be accessed at https://www.cu.edu/ope/aps/5012

      YES ☐ **NO** ☐ **If yes,** attach a copy of your conflict of interest management plan.

   b. During the past twelve (12) months, have you or an associated entity (e.g., trust) had a relationship, paid or unpaid, with a foreign entity or foreign-based government? *(NOTE: This does not include students or collaborators currently at U.S. Institutions)*

      YES ☐ **NO** ☐ **If yes,** attach a document with details. Attached

   c. Is your annual Conflict of Interest (COI) Disclosure Current?

      YES ☐ **NO** ☐

      If no, all personnel submitting proposals are required to have a current COI Disclosure on file. Here is a link to the disclosure: https://hr.uccs.edu/current-employees/conflict-of-interest. Please forward the email you receive confirming completion to OSPRI.

_____ _____
Co-PI Signature   **Date**

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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,

   _____ 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:**

   a. 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 in Research and Teaching policy, which may be accessed at https://www.cu.edu/ope/aps/5012

   YES ☐ **NO** ☐ **If yes,** attach a copy of your conflict of interest management plan.

   b. During the past twelve (12) months, have you or an associated entity (e.g., trust) had a relationship, paid or unpaid, with a foreign entity or foreign-based government? *(NOTE: This does not include students or collaborators currently at U.S. Institutions)*

   YES ☐ **NO** ☐ **If yes,** attach a document with details. Attached

   c. Is your annual Conflict of Interest (COI) Disclosure Current?

   YES ☐ **NO** ☐

   If no, all personnel submitting proposals are required to have a current COI Disclosure on file. Here is a link to the disclosure: https://hr.uccs.edu/current-employees/conflict-of-interest. Please forward the email you receive confirming completion to OSPRI.

   _____ _____
   Co-PI Signature   **Date**

K. DEPARTMENT/DIVISION REVIEW/APPROVALS (obtained by the PI prior to submittal to OSPRI)

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, signatures must be provided by the Center/Institute Director. In cases where the PI has multiple supervisors, at least two must sign.

1. **PI's Departmental (or Center/Institute) Staff Administrator Review, if appliable**

_____
Signature   Date

2. **PI's Supervisor(s) Signature**

I certify that I have reviewed and approve of the proposal and accompanying information. The department/unit is aware of all requirements and is committed to meeting those requirements.

Name of Supervisor:

Name of Additional Supervisor (if applicable):

_____
Primary Supervisor's Signature   Date

_____
Center/Institute Director, if applicable   Date

_____
Other Supervisor, if applicable   Date

3. **PI Dean or Vice Chancellor Signature and Certification**

Note: If PI is the Dean or reports to someone other than a Dean, this section should be completed by the appropriate Vice Chancellor.

As Dean/Vice Chancellor or the designee, I certify, by initialing each line, that:

_____ I have reviewed the budget and project information provided about this proposed project,

_____ I am aware of all requirements of this project and am committed to meeting them,

_____ The proposed project is consistent with the objectives of the unit/college,

_____ I accept responsibility for ensuring the PI/Co-PI has appropriate time to devote to the funded project, including honoring any budgeted course-buy outs,

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

_____ I am aware of the PIs' Conflict of Interest disclosures and management plans if applicable (contact HR to confirm if needed),

_____ I confirm that qualified staff support will be provided for the administration of the project and such staff will participate in the UCCS Sponsored Program Accounting Network,

_____ I am aware of and approve any internships/training/coursework of students,

_____ I am aware that my college is responsible for any cost-share requirements,

_____ I am aware of the compliance needs required for any technology control plans or other research security,

_____ 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

_____
Dean/Vice Chancellor/ or Designee   Date

If Designee: Type in full name:

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

Co-PI Department/Dean Signatures:

_____
Department Chair (if different)   Date

_____
Dean/VC, as applicable   Date

_____
Center/Institute Director, if applicable   Date

_____
Other Supervisor, if applicable   Date

Co-PI Department/Dean Signatures:

_____
Department Chair (if different)   Date

_____
Dean/VC, as applicable   Date

_____
Center/Institute Director, if applicable   Date

_____
Other Supervisor, if applicable   Date

Co-PI Department/Dean Signatures:

_____
Department Chair (if different)   Date

_____
Dean/VC, if applicable   Date

_____
Center/Institute Director, if applicable   Date

_____
Other Supervisor, if applicable   Date

Co-PI Department/Dean Signatures:

_____
Department Chair (if different)   Date

_____
Dean/VC, if applicable   Date

_____
Center/Institute Director, if applicable   Date

_____
Other Supervisor, if applicable   Date

L. INSTITUTIONAL REVIEW/APPROVALS
Note: Most proposals do not require Chancellor, Provost, or VP for Research signatures.

_____
Vice Provost & Associate Vice Chancellor for Research, if applicable   Date
*Required for proposals over $1M

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

_____
Chancellor, if applicable   Date

M. ROUTING FORM REVIWED/APPROVED (signature obtained by OSPRI)

_____
Executive Director, Office of Sponsored Programs and Research Integrity   Date

Need help determining who should sign? Email OSPRI for help well in advance of your due date.