

**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 proposal.** 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 final 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that the proposal is incomplete or does not conform to Institutional or Sponsor requirements, the proposal may be withdrawn by OSPRI on behalf of UCCS.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:

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:
Email Address:	Email Address:
Phone:	Phone:

C. PROJECT INFORMATION

1. Full Title of Proposal:

2. Sponsoring Agency:

3. Prime Sponsor, if applicable:

4. Project Period: to

- | | YES | NO | |
|-----|--------------------------|--------------------------|--|
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Will the proposed project generate income, such as workshop fees, sales of educational material or tuition? If yes, describe: |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <p>Will UCCS be required to discount the normal F&A rate (indirect cost) for this project? If yes check the applicable exception:</p> <p><input type="checkbox"/> By law or regulation, a government agency has limited the amount or rate of indirect costs. <u>Attach a copy of the funding agency's policy or statement from funding opportunity solicitation.</u></p> <p><input type="checkbox"/> The sponsor has a formal written policy, consistently applied to all such awards, which limits F&A (indirect) costs. <u>Attach a copy of the funding agency's policy or statement from funding opportunity solicitation</u></p> <p><input type="checkbox"/> Exception approved by the Associate Vice Chancellor for Research. <u>Attach a copy of written approval.</u></p> |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Have any agreements been made <u>between colleges/units</u> to distribute F&A cost return 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. | <input type="checkbox"/> | <input type="checkbox"/> | Is this proposal a result of a seed grant? If yes: |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> BioFrontiers <input type="checkbox"/> GLINT <input type="checkbox"/> CRCW <input type="checkbox"/> Other |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | Does this project involve travel to a foreign country? |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Does this project involve visitors from a foreign country? |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Does this project involve the delivery of hardware, software, materials or biological to a foreign national/person? |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | Will the project have foreign national restrictions and/or require sponsor prior approval of foreign nationals working on the project? |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | Will the project require work be performed in a foreign country? |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | Will the subject matter/technology/material be subject to the International Traffic and Arms Regulations (ITAR)? |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | Will the project require the use of another party's proprietary (restricted) information or materials? |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | Will there be publication restrictions and/or sponsor approval of publications? Note: Institutional permission is required to accept restrictions; contact OSPRI. |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | List non PI/Co-PI UCCS units (e.g. financial aid) and/or external individuals/entities participating in the project: |

Attach letters of agreement.

- | | | | |
|-----|--------------------------|--------------------------|--|
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | 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. |
|-----|--------------------------|--------------------------|--|

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.

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 in Research and Teaching policy, which may be accessed at

<https://www.cu.edu/ope/aps/5012>

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** **N/A**

If yes, complete GRITS Addendum.

4. In recognition of this proposal submission (while supplies last), I would like:

☐ an espresso cup ☐ a shot glass ☐ neither

PI Signature

Date

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 in Research and Teaching policy, which may be accessed at

<https://www.cu.edu/ope/aps/5012>

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 (while supplies last), I would like:

☐ an espresso cup ☐ a shot glass ☐ neither

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 in Research and Teaching policy, which may be accessed at

<https://www.cu.edu/ope/aps/5012>

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 (while supplies last), I would like:

☐ an espresso cup ☐ a shot glass ☐ neither

Co-PI Signature

Date

**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 applicable

Signature Date

Comments:

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 PI's 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
and Finance, as applicable Date

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

Center/Institute Director, if applicable Date

Center/Institute Director, if applicable Date

I. INSTITUTIONAL REVIEW/APPROVALS (obtained by OSPRI)

Executive Director, Office of Sponsored Programs and Research Integrity	Date
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Associate Vice Chancellor for Research, if applicable	Date
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Provost and Executive Vice Chancellor for Academic Affairs, if applicable	Date
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Chancellor, if applicable	Date
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