

**PROPOSAL APPROVAL FORM
SPONSORED PROJECT SERVICES**

Today's Date _____ Deadline _____ SPS Project No. _____

Project Information	Principal Investigator (PI): _____ Additional PI: _____ Sponsor: _____ Prime Sponsor (if subaward): _____ Project Title: _____ _____																													
	PBRC Scientific Classification: <input type="checkbox"/> Clinic <input type="checkbox"/> Basic <input type="checkbox"/> Population Science		Project Summary: _____ _____																											
	Request Type: <input type="checkbox"/> New <input type="checkbox"/> Supplement <input type="checkbox"/> Renewal <input type="checkbox"/> Resubmission <input type="checkbox"/> Continuation <input type="checkbox"/> Other _____ Program Name: _____	Project Type: <input type="checkbox"/> Research <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Fellowship <input type="checkbox"/> Other																												
Budget	Project Initial/Next Year Dates: From: _____ To: _____ \$ _____ Amount Requested		F&A Rate Information: _____% Facilities & Admin. Cost (F&A) Rate _____ F&A Rate Base Type (MTDC/TDC/S&W) <input type="checkbox"/> Federal <input type="checkbox"/> Clinical/Pharma <input type="checkbox"/> Sponsor Limited (attach policy) <input type="checkbox"/> \$10,000 or less <input type="checkbox"/> Other Reduction(attach approval)																											
	Total Project Period Dates: From: _____ To: _____ \$ _____ Total Amount Requested		Fringe Benefits: _____% Fringe Benefits Rate (applied to salaries only) Cost Sharing (attach AED approval) \$ _____ Total cost share/match proposed																											
Compliance	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">YES/NO</td> <td style="width:40%;">Applicable Signature or Remarks</td> <td style="width:30%;">Date</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Human Subjects/records/samples?</td> <td><input type="checkbox"/> Pending <input type="checkbox"/> Approved IRB # _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Existing tissues, samples, data, etc.?</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td align="center">Director of Legal and Regulatory Affairs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Vertebrate Animals?</td> <td><input type="checkbox"/> Pending <input type="checkbox"/> Approved IACUC# _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Is proposed method of euthanasia consistent with the AVMA Guidelines? If no, include justification in VAS.</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Does proposal include subcontracts to third parties? If yes, list: _____</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Does proposal include foreign travel or exchange of information with foreign entities? If yes, list countries: _____</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Is this program subject to Responsible Conduct of Research training?</td> <td></td> <td></td> </tr> </table>			YES/NO	Applicable Signature or Remarks	Date	<input type="checkbox"/> <input type="checkbox"/> Human Subjects/records/samples?	<input type="checkbox"/> Pending <input type="checkbox"/> Approved IRB # _____	_____	<input type="checkbox"/> <input type="checkbox"/> Existing tissues, samples, data, etc.?	_____	_____		Director of Legal and Regulatory Affairs		<input type="checkbox"/> <input type="checkbox"/> Vertebrate Animals?	<input type="checkbox"/> Pending <input type="checkbox"/> Approved IACUC# _____	_____	<input type="checkbox"/> <input type="checkbox"/> Is proposed method of euthanasia consistent with the AVMA Guidelines? If no, include justification in VAS.			<input type="checkbox"/> <input type="checkbox"/> Does proposal include subcontracts to third parties? If yes, list: _____			<input type="checkbox"/> <input type="checkbox"/> Does proposal include foreign travel or exchange of information with foreign entities? If yes, list countries: _____			<input type="checkbox"/> <input type="checkbox"/> Is this program subject to Responsible Conduct of Research training?		
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PI Certification & FCOI	By signature below, Principal and Co-Investigators and Unit Heads certify that: (1) to the best of your knowledge, information provided in the proposal or protocol and on this form is accurate and complete; (2) the principal investigator, co-investigators, or anyone involved in the research activity is not presently debarred, proposed for debarment, suspended, declared ineligible, or voluntarily excluded from transactions by the federal department, or agency; (3) if the research is funded and accepted by PBRC, the project will be conducted in accordance with the terms and conditions of the sponsoring agency, and PBRC policies, including, but not limited to proper stewardship of funds, submission of technical reports and deliverables, disclosing inventions to PBRC's Technology Officer, and adhering to all Federal compliance requirements; (4) for NIH/PHS proposals: they understand that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties. (5) the principal investigator, co-investigators, and senior personnel for which funds are not budgeted (requested or cost shared) will spend less than 5% time on the project.		By signature below, Principal and Co-Investigators and Unit Heads certify that all investigators have read and complied with the PBRC policy on Individual Financial Conflicts of Interest (Policy No. 401.00). YES/NO <input type="checkbox"/> <input type="checkbox"/> Does the conflict of interest disclosure for the PI and/or any Covered Personnel need to be updated? <input type="checkbox"/> <input type="checkbox"/> Does the PI and/or any Covered Personnel have a PM-11 disclosure or PM-67 agreement which relates to this project's scope or to the sponsor or sponsor affiliates?																											
	NAME	SIGNATURE	DATE																											
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PBRC Approval	By signature below, Institutional Officials certify that: (1) the proposed activities are appropriate to the research, public service, or instruction mission of the individuals & PBRC; (2) to the best of their knowledge, information provided in the proposal or protocol and on this form is accurate and complete; (3) the necessary resources for the project, including % of investigator(s) effort, cost sharing/matching funds, and space and/or facilities are available and committed or budgeted; (4) the proposal complies with federal regulations including standards for integrity of research and PBRC Policies and Procedures.																													
	Sponsored Project Services	SIGNATURE	DATE																											
	Associate Executive Director for Operations	SIGNATURE	DATE																											
Executive Director	SIGNATURE	DATE																												