CAMPBELL UNIVERSITY | Sponsored Research & Programs

Proposal Internal Processing Form

OFFICE USE ONLY
OSRP Proposal #: _____
Date submitted: _____

Submit completed form including scope of work, budget, budget justification and other submission information by email to: OSRP@campbell.edu

I. PROJECT INFORMATION

Title

_____

Project Start Date _____(mm/dd/yyyy) **End Date** _____(mm/dd/yyyy)

Are you responding to a Request for Proposal (RFP) or solicitation? ☐ No ☐ Yes (If yes, attach copy and/or list website below)
Website address _____

Does the sponsor or solicitation limit the number of proposals submitted per institution?
☐ No ☐ Yes, Explain:

	Project Director/PI & Co-PI(s)	Title	Phone	Email	Department
PI					
Co-PI					
Co-PI					
Co-PI					
Co-PI					

NOTE: For assistance with completing the form please contact the OSRP Director, Vincenzo Cassella cassella@campbell.edu.

SPONSOR INFORMATION

Name		
Mailing Address	**Prime Source of Funds** - If pass-through funding is from a Federal or State agency, or any other third party, enter the source entity for providing the funding.	
Contact	**Phone**	**Email**

Sponsor Deadline **Date** _____(mm/dd/yyyy) **Time** _____ ☐ **Not Applicable**

☐ Electronic submission: Received by: _____(mm/dd/yyyy) Time _____
☐ Hard copy submission: Postmarked by: _____(mm/dd/yyyy) Time _____
Index number for expedited mailings: _____

COMMENTS: _____

Proposal Type - check one box only

☐ **Pre-Proposal** - request to sponsor for preliminary review prior to a formal or new proposal submission
☐ **New** - original submission of a full proposal
☐ **Revision** – request for modifications to a previous submission (e.g., scope, budget, etc.) to proposal #_____
☐ **Supplement** – request for additional funds during an approved project period to proposal #_____
☐ **Continuation/Renewal** – request for additional funds beyond the approved project period for proposal #_____

Project Type - check one box only

☐ **Research and Development** – all research and development activities sponsored by Federal and Non-Federal agencies
☐ **Instruction** – any activity that is part of an institutions formally organized instruction program *(funding for delivery of catalogued for-credit courses)*
☐ **Other Sponsored Activities** – programs sponsored by Federal and Non-Federal agencies and organizations which involve the performance of work other than research and development or instruction

☐ Public Service ☐ Student Scholarship
☐ Student Fellowship ☐ Other _____

II. PROJECT BUDGET

Budget forms to be attached:

- Budget spreadsheet and Justification
- Cost Share Authorization (if applicable)

Budget Summary	**Total**
Funds requested from sponsor	
Direct costs	$_____
Facilities & Administrative (F&A) Costs	$_____
Total funds requested from sponsor	**$**_____
Cost Share	
Direct costs:	
Internal	$_____
External contribution	$_____
F&A costs:	
Associated with Internal Direct Cost	$_____
Waiver on sponsor request	$_____
Total cost share	**$**_____
Total Project Value	**$**_____

Is cost share required by the sponsor, RFP, and/or solicitation? ☐ No ☐ Yes
If yes, specify the percentage or dollar amount: _____

If no, cost share **should not** be included with the proposal unless it is required by the sponsor's guidelines.

Are F&A costs limited by the sponsor, RFP, and/or solicitation? ☐ No ☐ Yes
If yes, to what amount is the rate limited? _____

Will Campbell issue a subaward to an external entity?
☐ No ☐ Yes
If yes, a Subrecipient Commitment Form *must* be attached for each recipient *prior* to proposal submission.

Will Campbell undergraduate or graduate student(s) be hired on the project?
☐ No ☐ Yes
If yes, to what amount are the charges limited? _____

Is a Financial Conflict of Interest Disclosure form on file with OSRP?
☐ No ☐ Yes (Attach completed disclosure form and COI training certificate.)

Applicable Facilities and Administrative Rate (F&A) for Project (Previously known as Indirect Costs or Overhead)
- OSRP will include a copy of the university Negotiated Indirect Cost Rate, the most recent financial statement to be included with proposals at time of submission

Campbell On-Campus	☐ 45%
Campbell Off-Campus*	☐ 45%

☐ Copy of negotiated Indirect Cost Rate Agreement requested
☐ Copy of most recent audit requested
☐ Other requested files

* **Off-Campus** definition – More than 50% of expenditures, excluding subawards, incurred for activities for use of property not owned or leased by Campbell. If 'Off-Campus' is selected above, specify performance site: _____

III. PROJECT REQUIREMENTS

Space/Technology Needs – Please address any space/information technology needs this project will require above and beyond currently allotted office and laboratory space.

The PI is responsible for ensuring there is adequate space and/or information technology (IT) for the project upon acceptance of an award. By initialing this form, the department and college/school acknowledge the project's need for space and/or IT.
NOTE: Initials do not indicate a commitment of space and/or IT if the project is funded.

☐ **None** – no additional space, information technology, or renovation required if an award is received on this proposal (go to next section)

☐ **Space is needed (additional space and/or renovation)**

Dept. Chair initials	Date	College/School Dean initials	Date
_____	_____	_____	_____

Can space needs be handled within the department? ☐ No ☐ Yes
Can space needs be handled within the college/school? ☐ No ☐ Yes
If response to both questions is No, the Dean must initiate a space request to the Office of the Provost.

☐ **Information Technology is needed**

Dept. Chair initials	Date	College/School Dean initials	Date
_____	_____	_____	_____

Can IT needs be handled within the department? ☐ No ☐ Yes
Can IT needs be handled within the college/school? ☐ No ☐ Yes
If response to both questions is No, the Dean must initiate technology request to the Chief Information Officer.

PI:

IV. COMPLIANCE

University Internal Compliance Offices, Committees or Boards			
	Status* - indicate *In Preparation, Pending or Approved*	**Date Approved (if known)** (mm/dd/yyyy)	**Protocol Number** (numbers are assigned upon submission to the respective compliance committees)
☐ **IRB** – Human subjects or materials			
IACUC – Animal Subjects ☐ Warm-blooded vertebrates ☐ Cold-blooded vertebrates			
IBC – Biologics ☐ rDNA ☐ Other (e.g. infectious agents, cells, tissues, organs, exotic/invasive species, biological toxins)			

* Indicate *Pending* **only** if protocol has been submitted to respective Internal Review Board

National Security Regulations (NSR) – Will your project involve any of the following? If any of the boxes below are checked "Yes," please contact the OSRP office. Project funds will not be released without NSR determination, if applicable.

Export Controls

☐ No ☐ Yes Delivery of materials, software, equipment, or information to a foreign entity
☐ No ☐ Yes Training an employee or representative of a foreign entity
☐ No ☐ Yes Travel to or visitors from a foreign country
☐ No ☐ Yes An agreement or collaboration with any person or foreign country
☐ No ☐ Yes Working with a country subject to a U.S. boycott

If any Export Control activities are "Yes," please indicate the country(s) involved (outside of the U.S.). Note – Canada is considered a foreign country. _____

Foreign National Restrictions

☐ No ☐ Yes The RFQ or RFP includes any restriction or potential restriction on the involvement of a foreign national on this contract

Publication Restrictions

☐ No ☐ Yes The RFQ or RFP includes restriction or potential restriction on the publication of any work conducted on the project

Controlled Substances – Environmental Health & Safety

☐ No ☐ Yes Does this project involve the use of controlled substances requiring state or federal registration? If yes, approval is required by an authorized official.

Radioactive Materials –

☐ No ☐ Yes Does this project involve the use of **radioactive materials?** If yes, approval is required by an authorized official.
☐ No ☐ Yes I am a Designated Responsible User (DRU). If yes please attach supporting documentation.

NOTE: Project funds will not be released without required approvals in place.

V. MISCELLANEOUS

Does this project involve outreach activities with any of the following educational group(s)?

☐ No

☐ Yes

If Yes, with what groups?

☐ K-12
☐ Community College(s)
☐ Other: _____

Principal Investigator Certifications

Principal Investigator (PI) must read, sign, and obtain necessary authorizations for this form.
(NOTE: <u>Each</u> Co-PI must read, sign, and obtain necessary authorizations on a separate Co-PI Certification Form.)

In compliance with Campbell University's Policies and Procedures regarding the conduct of externally funded activities, I certify the following:

1. I certify and attest that the information submitted within the accompanying application is original, true, complete, and accurate. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. 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 this application.
2. I certify that I have read and understand my responsibilities toward this sponsored project and, if funded, I will exercise the responsibilities as outlined in Sponsored Program's Roles and Responsibilities.
3. I certify that I am neither presently debarred or suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in current transactions by any federal department or agency, and I am not delinquent on any federal debt.
4. I certify that I have read, understand, and will comply with the University's policy on Responding to Allegations of Research Misconduct.
5. I certify that I have read and understand the OSRP Financial Conflict of Interest Policy and that I will comply with the procedures and all conditions or restrictions imposed by Campbell University to manage conflicts of interest or I will forfeit the award. I further certify that I will continue to comply with the FCOI policy throughout the life of this project and will complete a new disclosure form if circumstances arise that would warrant a positive disclosure on sponsored projects.
6. If this application for funding is directly or indirectly from Public Health Service (PHS) agencies, I certify that I have read and understand Campbell University's Financial Conflict of Interest in Sponsored Research policy (PHS Specific), and that I will comply with the Policy and Procedures throughout the life of this project and will continue to complete the annual disclosure form for PHS projects or make modifications if circumstances arise that would warrant further disclosure.
7. I certify that if I receive federal funding via any mechanism, I agree to comply with all public/open access terms of the sponsor.
8. I certify that if I am receiving an unrestricted gift, then the sponsor has not and will not receive any goods or services in whole or partial consideration for their contribution. I also certify that the results of this project are not exclusive to the sponsor.

Principal Investigator (PI)

Principal Investigator's Name (Please Print or Type)	Principal Investigator's **Signature and Date** (Required)	**FCOI Training Completed and Certificate Submitted** ☐ No ☐ Yes If yes, include disclosure forms

Authorizing Signatures

Department Chair/Director's Name (Please Print or Type)	Department Chair/Director's **Signature (Required)**	Date
College/School Dean's Name (Please Print or	College/School Dean's **Signature (Required)**	Date

Co-Principal Investigator Certifications

<u>Each</u> Co-PI must read, sign, and obtain necessary authorizations on a separate form (if applicable).

In compliance with Campbel University's Policies and Procedures regarding the conduct of externally funded activities I certify the following:

1. I certify and attest that the information submitted within the accompanying application is original, true, complete, and accurate. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. 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 this application.
2. I certify that I have read and understand my responsibilities toward this sponsored project and, if funded, I will exercise the responsibilities as outlined in Sponsored Programs Roles and Responsibilities.
3. I certify that I am neither presently debarred or suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in current transactions by any federal department or agency, and I am not delinquent on any federal debt.
4. I certify that I have read, understand, and will comply with the University's policy on Responding to Allegations of Research Misconduct.
5. I certify that I have read and understand the OSRP Financial Conflict of Interest Policy and that I will comply with the procedures and that I will comply with the all conditions or restrictions imposed by Campbell University to manage conflicts of interest or I will forfeit the award. I further certify that I will continue to comply with the policy and responsibilities throughout the life of this project and will complete a new disclosure form if circumstances arise that would warrant an update or annual disclosure.
6. If this application for funding is directly or indirectly from Public Health Service (PHS) agencies, I certify that I have read and understand Campbell University's Financial Conflict of Interst in Sponsored Research policy, and that I will comply with the with the Policy and Procedures throughout the life of this project and will continue to complete an annual disclosure form or make modifications if circumstances arise that would warrant further disclosure.
7. I certify that, if I receive federal funding via any mechanism, I agree to comply with all public/open access terms of the sponsor.
8. I certify that if I am receiving an unrestricted gift, then the sponsor has not and will not receive any goods or services in whole or partial consideration for their contribution. I also certify that the results of this project are not exclusive to the sponsor.

Co-Principal Investigator (CO-PI)

FCOI Training Completed and Certificate Submitted

☐ No ☐ Yes

If yes, include disclosure forms

Co-Principal Investigator Name (Please Print or Type)	Co-Principal Investigator's **Signature and Date** (Required)	
Department Chair Name (Please Print or Type)	Department Chair Name **Signature**	Date
College/School Dean Name (Please Print or Type)	College/School Dean **Signature**	Date