

Campbell University Internal Processing Form

APPLICATIONS FOR A GRANT, CONTRACT, OR COOPERATIVE AGREEMENT

Please type your responses in the fields below. Handwritten forms are highly discouraged. Signed forms **may be scanned and sent to osrp@campbell.edu**.

TYPE: New Proposal ☐ Revised Request Supplement ☐ Subaward ☐ **Institution:** Campbell University
Proposal Number (Do not Complete) 2019 - 2020 - _____

1. School/College/Admin. Unit _____ **Institute or Center** _____

Department (1) _____ **(2)** _____ **(3)** _____

Title of Proposal _____

Principal Investigators & Co-PI's (1) _____ **(2)** _____ **(3)** _____ **(4)** _____ **(5)** _____

2. Funding Agency (Complete Mailing Address) _____

Total Amount Requested _____ **1st Year \$ Request** _____ **Proposed Beginning Date** _____ **Mailing Deadline** _____
Termination Date _____

Please answer the following questions. Explain on a separate sheet any Items 3-5 marked "yes" and any Items 6c, 9b and 10b marked "no."

	YES	NO		YES	NO
3. Has the University or the institution expressed or implied commitment to continue this activity or to retain personnel employed exclusively for this activity beyond the expiration date of this project?	<input type="checkbox"/>	<input type="checkbox"/>	9. a. Does the proposal involve the use of consultants for other than educational services or research?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the proposal involve the creation of a new organization unit within the institution?	<input type="checkbox"/>	<input type="checkbox"/>	b. If yes, has it been cleared with the designated office at your institution?		
5. Does the proposal involve the creation of or planning for a new degree program or program track? (A degree program is defined as "all courses of study leading to a degree or to professional certification at a specific level within a given discipline specialty of the HEGIS taxonomy." A program track is a course of study within a program which leads to a degree or to professional certification.	<input type="checkbox"/>	<input type="checkbox"/>	10. a. Does the proposal require space (<input type="checkbox"/>) or equipment (<input type="checkbox"/>) in addition to that presently available for the project, or does it require the alterations to physical plant (<input type="checkbox"/>) or installation or maintenance of equipment (<input type="checkbox"/>)? (Check as applicable.)	<input type="checkbox"/>	<input type="checkbox"/>
6. a. Does the proposal include funds or contributions in the form of cash matching (<input type="checkbox"/>) or cost sharing (<input type="checkbox"/>)? (Check any that are applicable.)	<input type="checkbox"/>	<input type="checkbox"/>	b. If yes, have the appropriate officers of the institution agreed that they/it can be provided within the limits of funds being requested?	<input type="checkbox"/>	<input type="checkbox"/>
b. If included, are they required by the sponsor?	<input type="checkbox"/>	<input type="checkbox"/>	c. If the proposal requires the purchase of equipment, have you determined that such equipment is not available at your campus for this project?	<input type="checkbox"/>	<input type="checkbox"/>
c. If included, can they be provided from current institutional resource level? (a campus concern)	<input type="checkbox"/>	<input type="checkbox"/>	d. Does the proposal require the hiring of additional personnel? If yes, how many, __ Faculty, __ Staff, __ Undergrad, __ Grad, __ RA	<input type="checkbox"/>	<input type="checkbox"/>
d. If yes, has the commitment of cash, released time, or other in-kind contributions been approved by the persons responsible for the allocation of those resources?	<input type="checkbox"/>	<input type="checkbox"/>	11. Does the work involve the use of one or more facilities that require scheduling, user fees, or both? If yes, give name of facility, check fee, scheduling, or both, and indicate if approval of appropriate responsible individual has been obtained: Facility: _____ Requires fee (<input type="checkbox"/>) , scheduling (<input type="checkbox"/>) ; approval obtained (<input type="checkbox"/>) , pending (<input type="checkbox"/>) .	<input type="checkbox"/>	<input type="checkbox"/>
7. Does this proposal involve one or more other institutions or organizations? If yes, please list participants. _____	<input type="checkbox"/>	<input type="checkbox"/>	12. Does the proposal require clearance under state Clearinghouse regulations? If yes, give date of clearance _____ If not secured, give date of submission to Clearinghouse _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the proposal involve research with any subject or substance which requires review by a designated individual, office, or committee? If yes, check as applicable and indicate date reviewed or scheduled for review, and results as Approved (A), Pending (P), or Exempt (E).	<input type="checkbox"/>	<input type="checkbox"/>	13. Does this proposal have the potential to result in a patentable invention or item of technology?	<input type="checkbox"/>	<input type="checkbox"/>
			14. Although The University does not ordinarily engage in classified research, would project involve carrying out classified research on campus?	<input type="checkbox"/>	<input type="checkbox"/>
Human Subjects	<input type="checkbox"/>	<input type="checkbox"/>	15. Will accepting support require security clearance on the part of any University personnel involved in the project?	<input type="checkbox"/>	<input type="checkbox"/>
Animal Subjects	<input type="checkbox"/>	<input type="checkbox"/>	16. Have all applicable provisions of the University's Conflict of Interest and Commitment policy been implemented in light of this new proposal including the updating of disclosure forms, if necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Radioactive Material	<input type="checkbox"/>	<input type="checkbox"/>			
Biological Hazards (Viruses, Recombinant DNA , etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
Chemical Hazards (poisons, explosives, reagents, flammables, carcinogens, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			

SUPPORT SIGNATURES: Signatories below agree to comply with all relevant policies and procedures established by The University, and state and federal regulations in the conduct of the proposed project. When required by federal regulations, signatories also assert the following: 1) that the information submitted within the application is true, complete, and accurate to the best of their knowledge; 2) that any false, fictitious, or fraudulent statements or claims may subject them to criminal, civil, or administrative penalties; and 3) that they 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 the application.

Principal Investigator _____ Date _____
 Department Head _____ Date _____
 Director of Institute/Center _____ Date _____
 Dean of School _____ Date _____

(Please do not forward for the signatures below -the Office of Sponsored Research and Programs will forward for the remaining signatures)

Treasurer / Comptroller _____ Date _____
 Provost/V.P. for Academic Affairs _____ Date _____