

OFFICE USE ONLY

OSRP File #: _____

Date submitted: _____

Proposal Internal Processing Form

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	School/Department
PI					
Co-PI					
Co-PI					
Co-PI					
Co-PI					

NOTE: For assistance with completing the form please contact OSRP@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 _____

☐ Electronic submission: Received by: _____ (mm/dd/yyyy) Time _____

☐ Hard copy submission: Postmarked by: _____ (mm/dd/yyyy) Time _____

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 _____

PI: _____

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II. PROJECT BUDGET

Budget forms to be attached:

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

<u>Budget Summary</u>	<u>Total</u>
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	<input type="checkbox"/> 45%	<input type="checkbox"/> Copy of negotiated Indirect Cost Rate Agreement requested
Campbell Off-Campus*	<input type="checkbox"/> 45%	<input type="checkbox"/> Copy of most recent audit requested
Campbell Other		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)**

Can space needs be handled within the department?

Dept. Chair initials

Date

College/School Dean initials

Date

☐ 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**

Can IT needs be handled within the department?

Dept. Chair initials

Date

College/School Dean initials

Date

☐ 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.

IV. COMPLIANCE

University Internal Compliance Offices, Committees or Boards

	Status* - indicate <i>In Preparation, Pending or Approved</i>	Date Approved (if known) (mm/dd/yyyy)	Protocol Number (numbers are assigned upon submission to the respective compliance committees)
<input type="checkbox"/> IRB – Human subjects or materials			
IACUC – Animal Subjects <input type="checkbox"/> Warm-blooded vertebrates <input type="checkbox"/> Cold-blooded vertebrates			
IBC – Biologics <input type="checkbox"/> rDNA <input type="checkbox"/> 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 If Yes, with what groups?
☐ Yes ☐ K-12
☐ Community College(s)
☐ Other: _____

COST SHARING COMMITMENT FORM

Cost sharing indicates the use of institutional funds to supplement a sponsor's support of a project. This form should be used for cost sharing commitments in **proposal budgets** and must be submitted to the Office of Sponsored Research & Programs (OSRP) along with the proposal and the Campbell University. **Please refer to page 2 for definitions.** Your proposal cannot be processed unless this form is submitted for projects that involve cost sharing. **If this is a revision of a previously submitted cost sharing commitment form, please provide documentation (a revised budget and /or a letter to the sponsor).**

Principal Investigator				OSRP File No.:	
Contact Person		Email		Phone	
Project Title					
Sponsor Name					
Project Period		Budget Period		GL Dept Code	
Mandatory Amount <i>Required by Sponsor</i>		+ Voluntary Amount <i>Quantified in Proposal</i>		= Total Amount	

Cost Sharing Consists of:				Self Service GL Account	Budget Period Amount	Total Project Period Amount ¹
<input type="checkbox"/>	Salary		+ Fringe			
<input type="checkbox"/>	Supplies					
<input type="checkbox"/>	Travel					
<input type="checkbox"/>	Other Expenses					
<input type="checkbox"/>	Equipment					
<input type="checkbox"/>	Subcontracts					
<input type="checkbox"/>	F&A Reimbursement Cost Shared by Department					
<input type="checkbox"/>	In-kind F&A (Unfunded Indirect costs on account)					
Subtotal						
<input type="checkbox"/>	Other Proposed Cost Sharing (amount from other departments)					

¹ Complete this column for New, Competing Continuations/Renewal applications. For Non-Competing Continuation/Continuation applications only complete this column if they have undergone any changes to alter these amounts.

Federal and Non-Federal awards may not be utilized as cost sharing unless otherwise approved by both sponsors in writing. The University strongly discourages cost sharing of equipment and space.

Justification (maximum 550 characters and spaces)

Signatures

	Date		Date
	Date		

Dean and Chair: Signing this form represents verification that the source (general ledger) account numbers provided are currently valid and guarantees that funds are readily available to cost share towards the referenced project upon award. If in-kind cost sharing is involved, please contact OSRP@campbell.edu. If multiple account numbers are used, as a source of cost sharing, please use a separate form for each department.

COST SHARING DEFINITIONS

Cost sharing is the cost of a project not borne by the sponsor. Cost sharing, also known as “matching” or “institutional support” is all contributions, including cash, in-kind and third party contributions. To be eligible for cost sharing, contributed costs must meet the same requirements as direct-charged project costs; the costs must be allowable, verifiable, reasonable, and necessary for the performance of the project.

A sponsor may require Campbell to contribute to the cost of a project (mandatory) or Campbell may choose to offer to cost share a portion of the project cost (voluntary). Once cost sharing is included in the proposal (mandatory or voluntary) and accepted by the sponsor it becomes legally binding Mandatory Cost Sharing and is subject to audit.

When the project is funded, the cost sharing commitment funds specified on the form will be transferred by the Accounting Office from the source budget code account indicated. Failure to provide the level of cost sharing reflected in the approved and awarded budget may result in the termination of the award, disallowance of costs and/or refund of funds to the sponsor by Campbell University.

Cost sharing has a profound impact on the institution's budget. Whether cost sharing is mandated by the sponsor or is voluntarily contributed, the institution must provide the resources needed to meet the cost sharing requirement.

In-Kind Contributions are the value of third party non-cash contributions. Examples of in-kind contributions include the fair market value of volunteer services (other than by university employees), donated supplies, donated equipment (normally depreciation thereon), the donated use of non-university space (fair rental value), or the donated use of non-university equipment (fair rental value). A form for reporting in-kind cost sharing can be requested from the Office of Sponsored Research & Programs.

Using Waived F&A as Cost-Share: Many sponsors who require cost-sharing also limit the amount of F&A they will pay, often capping it at 8%-15%. In such circumstances, the first goal should be to use the portion of F&A the sponsor will not pay to meet the cost-share requirements. Campbell's standard F&A rates are well above these common caps, a required cash match of perhaps 25% can be achieved using this method alone. This sort of match requires additional internal tracking by the Principal Investigator, the Office of Sponsored Research & Programs and the Accounting Office.

Many sponsors will accept this approach, but it may require negotiation. It may be helpful to describe these expenses more fully. Some sponsors will not accept costs labeled “indirect costs” as match, but will permit an allowance for “utilities, space maintenance, and accounting” to count as cost-share. The OSRP will contact the sponsor to conduct this negotiation after meeting with the project personnel.

For National Science Foundation (NSF), mandatory cost sharing requirements will be clearly identified in the solicitation and must be included on Line M of the proposed budget. **The proposed mandatory cost sharing cannot exceed the amount specified in the solicitation. Any inclusion of voluntary cost sharing for NSF is strictly prohibited.**

Principal investigators are responsible for reviewing limitations of each respective sponsor and the announcement.

Principal Investigator Certifications

Principal Investigator (PI) must read, sign, and obtain necessary authorizations for this form.

(NOTE: Each 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 / Head of Dept. Name (Please Type)

College/School Dean's **Signature (Required)**

Date

Co-Principal Investigator Certifications

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

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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.
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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, 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)

Co-Principal Investigator Name (Please Print or Type)

Co-Principal Investigator's **Signature and Date** (Required)

**FCOI Training Completed and
Certificate Submitted**

☐ No ☐ Yes

If yes, include disclosure forms

Department Chair/Director's Name (Please Print or Type)

Department Chair Name **Signature**

College/School Dean Name (Please Print or Type)

College/School Dean **Signature**

Date

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Co-Principal Investigator (CO-PI)

Co-Principal Investigator Name (Please Type)

Co-Principal Investigator's **Signature and Date** (Required)

**FCOI Training Completed and
Certificate Submitted**

☐ No ☐ Yes

If yes, include disclosure forms

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Department Chair/Director's Signature (**Required**)

College/School Dean's / Head of Dept. Name (Please Type)

College/School Dean **Signature**

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Co-Principal Investigator (CO-PI)

Co-Principal Investigator Name (Please Type)

Co-Principal Investigator's **Signature and Date** (Required)

**FCOI Training Completed and
Certificate Submitted**

☐ No ☐ Yes

If yes, include disclosure forms

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Department Chair/Director's Signature (**Required**)

Date

College/School Dean's / Head of Dept. Name (Please Type)

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Co-Principal Investigator (CO-PI)

Co-Principal Investigator Name (Please Type)

Co-Principal Investigator's **Signature and Date** (Required)

**FCOI Training Completed and
Certificate Submitted**

☐ No ☐ Yes

If yes, include disclosure forms

Department Chair/Director's Name (Please Type)

Department Chair/Director's Signature (**Required**)

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College/School Dean's / Head of Dept. Name (Please Type)

College/School Dean **Signature**

Date