

Form 10

Internal Academic Approval of Sponsored Programs

☐ New ☐ Revised* ☐ Renewal* ☐ Other* _____ *Provide OSP# _____

Sponsor Information

☐ Receipt ☐ Postmark Deadline Date/Time: _____ ☐ ASAP (no published deadline)
Sponsor: _____ Program: _____
Mailing Address: _____ Telephone: _____
_____ Fax: _____
_____ E-mail: _____

For NSF and PHS (NIH, CDC, ACF, FDA, HRSA) proposals, you must agree to abide by the federal financial disclosure regulations summarized at <http://www.osp.cornell.edu/forms/phsnsfdisclosure.pdf>.

Shipping Information

☐ FedEx ☐ Airborne ☐ UPS ☐ 1st Class US Postal
Shipping Account No. _____ ☐ Certified US Postal
☐ Priority (next-day a.m.) ☐ Standard (next-day p.m.) ☐ 2-day ☐ Electronic Transmission (e.g., FastLane)

PI/Project Information

Principal Investigator: _____ Tel: _____
Title: _____ Fax: _____
Campus Address: _____ E-mail: _____
Dept./Ctr. Admin. Project: _____ Organization Code: _____
Project Title: _____
Function: ☐ Organized Research ☐ Instruct/Dept. Research ☐ Ext./Public Service ☐ Academic/Inst. Support ☐ Student Services ☐ _____

Budget Information

Period of Performance

Start Date: _____
End Date: _____

First Year \$ Requested

Direct: \$ _____
F&A: \$ _____
Total: \$ _____

Total \$ Requested

Direct: \$ _____
F&A: \$ _____
Total: \$ _____

Facilities & Administrative (Indirect) Costs:

First Year Rate: _____ If not full rate, please explain:

Please refer to [instructions](#) for additional guidance.

Cost Sharing:

☐ Mandatory ☐ Voluntary Comm. ☐ None

Dept. \$ _____ \$ _____
Center: \$ _____ \$ _____
College: \$ _____ \$ _____
Univ.: \$ _____ \$ _____
Other: \$ _____ \$ _____

Financial commitments should be authorized by signatures on this form or through attached documentation.

Other Resources Specified in Proposal

If the project will require any of the following, please identify the resources needed, the estimated costs, and attach an additional sheet explaining your plans to cover these costs.

- ☐ Renovation, construction, or rental of space
- ☐ Expanded utility or network services to support proposed additional equipment (e.g., computers, chemical fume hoods, air conditioning, biological safety cabinets, etc.)
- ☐ Purchase or maintenance of equipment, apparatus, or furniture with funds **not** included in the proposal
- ☐ Additional personnel or space that will require support beyond that provided in the proposal
- ☐ Use of additional test plots, agricultural lands or ponds not currently assigned to the PI
- ☐ Use of restricted access data set(s)

OSP Use Only

Compliance Certifications

	Indicate Yes or No	OSP Use Only
1. Identification of Other Key Personnel: Are there key personnel on this project other than those <u>already</u> identified as PI, Co-I/PI, PD, co-PD (or similar), or already named on a key/senior personnel list, who have <u>independent responsibility</u> for the design, conduct, reporting of the research conducted on this project? If Yes , provide name(s) and netID/email address and department/affiliation of other key personnel:	<input type="checkbox"/>	<input type="checkbox"/>
2. Financial Interests: For this project, the PI or other key personnel have undisclosed financial interests that could directly affect the design, conduct, or reporting of this research.	<input type="checkbox"/>	<input type="checkbox"/>
3. Human Participants: This project will involve research on human participants (including survey respondents and secondary data analysis). If Yes , Institutional Review Board for Human Participants (IRB) is required before you can start the research. http://www.irb.cornell.edu/ . If you have IRB approval that will still be valid for this project, attach a copy of the approval letter. Protocol # _____/Date _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Animal Use: Live vertebrate animals will be used. If Yes , Institutional Animal Care and Use Committee (IACUC) approval is required before you can start the research. If you have IACUC approval that will still be valid for this project, attach a copy of the approval letter. http://www.iacuc.cornell.edu/ . Protocol # _____/Date _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Recombinant or synthetic nucleic acid molecules(r/sNA): Will nucleic acid molecules, viruses, bacteria, cells or organisms be constructed using recombinant or synthetic methodology or techniques? If Yes , University Institutional Biosafety Committee (IBC) https://ibc.research.cornell.edu approval is required before starting these experiments. Provide number for the approved or pending MUA that covers these experiments: MUA # _____/Date _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Genetically or Synthetically Modified Organisms (GMO): Is field release of genetically or synthetically modified organisms proposed? If Yes , IBC https://ibc.research.cornell.edu approval is required before starting these experiments. Provide number for the approved or pending MUA that covers these experiments: MUA # _____/Date _____ The test organism is: _____ http://www.aphis.usda.gov/ APHIS Regulatory Status: <input type="checkbox"/> Non-regulated <input type="checkbox"/> Notification Procedure <input type="checkbox"/> Permit Process	<input type="checkbox"/>	<input type="checkbox"/>
7. Radiation: There is planned or potential use of the following. <input type="checkbox"/> Ionizing devices Type: _____ Examples: accelerators, x-ray machines (diagnostic, therapy, diffraction, CHESS), electron microscope, reactor or fusion device <input type="checkbox"/> Non-Ionizing devices Type: _____ Examples: laser, infrared, ultraviolet, microwave, radio frequency, ultrasonic <input type="checkbox"/> Radioactive material Permit #: _____ Issued to: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Biological Agents and Toxins: Use of naturally occurring or engineered microorganisms or viruses, or biological products (e.g., toxins derived from plants, animals, or microorganisms) capable of causing disease in humans or animals; regulated or restricted plant pathogens or pests; human and mammalian cell lines, human tissue, and blood. https://ibc.research.cornell.edu IBC approval is required before starting these experiments. Provide number for the approved or pending MUA that covers these experiments: MUA# _____/Date _____ <input type="checkbox"/> Infectious Agents <input type="checkbox"/> Toxins <input type="checkbox"/> Other: _____ Biosafety Level: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 (Collaborative Not On Campus)	<input type="checkbox"/>	<input type="checkbox"/>
9. Hazardous Materials: There is planned or potential use of hazardous materials. http://www.ehs.cornell.edu/ If Yes , check all that apply: <input type="checkbox"/> Carcinogens/Mutagens <input type="checkbox"/> Toxic Gases <input type="checkbox"/> Explosive Chemicals <input type="checkbox"/> Toxic Chemicals <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Foreign Activities: This project will involve activities conducted outside of the United States. If Yes, where: _____	<input type="checkbox"/>	<input type="checkbox"/>

Approvals

PI/Co-PI signatures on this form are required and certify that the proposal, including the scope of work and budget, is true and accurate and does not infringe on the proprietary rights of others. The PI/Co-PI and all University personnel on this project have agreed to assign to the University any intellectual property rights developed in the course of the project. Neither the PI nor any key personnel on this project are, to the best of their knowledge, debarred, suspended or proposed for debarment by any Federal department or agency.

	Signature	Typed Name	Date
Principal Investigator:	_____	_____	_____
Co-PI:	_____	_____	_____
Co-PI:	_____	_____	_____

This proposal has been reviewed and is compatible with the objectives and policies of all of the Department(s)/Center(s) involved and the unit accepts any cost sharing/resource commitment specified above.

	Signature	Typed Name	Date
Dept. Chair/Ctr. Director:	_____	_____	_____
Dept. Chair/Ctr. Director:	_____	_____	_____
Other:	_____	_____	_____
Dean/Dir. of Research:	_____	_____	_____