

Office of Research Services Form 5 (ORS Form 5)
UNIVERSITY OF HAWAII (Systemwide) PROPOSAL COORDINATION RECORD

DIRECTIONS: The attached proposal **MUST** be identical to the one you will be submitting to the granting agency. Submit **ORIGINAL & ONE COPY** of this form to ORS, Sakamaki D-200, both sides completed (including APPROVAL signatures), with **ORIGINAL & ONE COPY** of the proposal for UH use.

A. PROPOSAL DEADLINE:

☐ Proposal must be mailed by: _____ ☐ Proposal due at sponsor by: _____ ☐ Electronic submission due by: _____

B. CONTACT INFORMATION:

Name for Pick Up: _____ Phone: _____ E-mail address: _____
 FO Name: _____ Phone: _____ E-mail address: _____

C. GENERAL INFORMATION:

Principal Investigator _____ SSN: _____
 Principal Investigator e-mail address: _____ Phone: _____
 University department/division to be credited for this proposal: _____
 Funding Agency: _____ ☐ Check here if located in Hawaii
 Agency program name: _____ CFDA No.: _____
 Proposal title: _____

D. PROPOSAL INFORMATION:

Proposal is:
☐ New ☐ Revision ☐ Continuation* ☐ Renewal* ☐ Supplement* *Previous Award # _____
☐ Research & Development ☐ Training ☐ Other Sponsored Activities
☐ Facilities Construction/Renovation ☐ Equipment/Instrumentation ☐ Operations of Research Facilities

Proposal Period and Amount:
 1st Year From: _____ To: _____ \$ _____ Total Period From: _____ To: _____ \$ _____

Indirect Cost Rate Used**: _____ **if other than currently established rate, attach copy of agency limitations
☐ On Campus, Include Location ☐ Off Campus

RFP, Solicitation, or Announcement No.-- Check ONE and complete as appropriate:
☐ NSF Solicitation or Announcement No.: _____ ; or
☐ Other Agency RFP/RFQ/Solicitation No.: _____ (attach copy with terms and conditions); or
☐ Not Applicable

Scope/Description of Work (50 words or less, in layman's terms, without acronyms or abbreviations):

Categorization of Proposal—Check the ONE area that best describes this proposal:

<input type="checkbox"/> 01 Art	<input type="checkbox"/> 07 Engineering	<input type="checkbox"/> 14 Public Health
<input type="checkbox"/> 02 Astronomy	<input type="checkbox"/> 09 Humanities	<input type="checkbox"/> 15 Social/Behavioral Sciences
<input type="checkbox"/> 03 Biomedical Sciences	<input type="checkbox"/> 10 Marine Sciences	<input type="checkbox"/> 16 Social Welfare
<input type="checkbox"/> 04 Business	<input type="checkbox"/> 11 Medical Research/Medical Training	<input type="checkbox"/> 20 Substance Abuse
<input type="checkbox"/> 08 Earth Sciences	<input type="checkbox"/> 19 Nursing	<input type="checkbox"/> 17 Tropical Agriculture
<input type="checkbox"/> 05 Education	<input type="checkbox"/> 12 Pacific & Asian Studies	<input type="checkbox"/> 18 Other
<input type="checkbox"/> 06 Energy	<input type="checkbox"/> 13 Physical Sciences	

Does this proposal entail education, research, or training that has an international focus or will it involve international collaboration? ☐ yes ☐ no

E. EQUIPMENT SCREENING CERTIFICATION:

In accordance with Federal Government regulations and University of Hawaii Administrative Procedures Manual, A8.528, the following screening is required. For equipment with an estimated cost over \$5,000 and less than \$10,000 listed in the proposed budget, an inventory of the department shall be screened for available use. For equipment with an estimated cost of \$10,000 or more listed in the proposed budget, university-wide screening is required for available usage. The following responses were elicited:

Item of Equipment	Department Contacted	Response Regarding Availability
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F. FOR ORS USE ONLY:

I certify that this proposal, including all budgetary matters, applicable approvals, certifications, and risk management items, has been reviewed for accuracy and appropriateness and found to be in compliance with all applicable University, sponsor, federal, and state regulations, policies and procedures.

Reviewer Signature & Date: _____ ORS No.: _____ Date Processed: _____

G. PRINCIPAL INVESTIGATOR CERTIFICATIONS:

Does this proposal require and/or involve:

YES NO

- ☐ ☐ 1. The use of human subjects?
- ☐ ☐ 2. The use of animal subjects? Attach LAS cost estimate.
- ☐ ☐ 3. Equipment purchases with an estimated unit cost of \$5,000 or more? If yes, complete equipment screening certification on reverse.
- ☐ ☐ 4. The use of compressed-gas (SCUBA) diving? If yes, submit approval of the Environmental Health and Safety Office (EHSO) with this proposal.
- ☐ ☐ 5. The use of recombinant DNA? If yes, submit approval of the EHSO with this proposal.
- ☐ ☐ 6. The importation of microorganisms? If yes, submit approval of the EHSO with this proposal.
- ☐ ☐ 7. The use of radioactive material? If yes, submit approval of the EHSO with this proposal.
- ☐ ☐ 8. The use of hazardous material? If yes, submit approval of the EHSO with this proposal.
- ☐ ☐ 9. University commitments beyond the grant period? If yes, provide details on a separate sheet.
- ☐ ☐ 10. The use of subrecipients, including consultant and consortium agreements?
- ☐ ☐ 11. The use of proprietary/confidential information? If yes, provide details on a separate sheet. Clearly identify any such information found in this proposal.
- ☐ ☐ 12. The use of lobbying efforts? If yes, attach a separate sheet describing lobbying activities and funding source of lobbying activities.
- ☐ ☐ 13. The establishment and/or use of a University-founded private, non-profit organization 501(c)(3) corporation (excluding UH Foundation)?

INTELLECTUAL PROPERTY (EXCLUDING PUBLICATIONS):

- ☐ ☐ 14. Is intellectual property expected to be developed under this proposal?
- ☐ ☐ 15. If the funding agency's terms and conditions require that you relinquish or limit your rights to intellectual property developed under the agreement, are you willing to waive, relinquish, or limit your rights to intellectual property?

PUBLICATIONS:

- ☐ ☐ 16. Will the activity conducted under this proposal result in publication? If yes, please continue with item 17. If no, please be advised that the University of Hawaii may accept sponsor's terms and conditions that restrict or limit publication.
- ☐ ☐ 17. If publication is expected, are you willing to accept sponsor's provisions that restrict or limit publication, including, but not limited to, sponsor review, delay in publication, etc.? If no, please be advised that the terms and conditions relating to publication provisions may be subject to a longer negotiation period.

RISK MANAGEMENT:

If your answer is yes to any of the following questions, submit copy of insurance policies or other documentation that mitigates the risk to the University. Submissions should include the minimum/maximum insurance coverage, the name(s) of the insured, and any limitations to the policy.

- ☐ ☐ 18. The use of medical professionals with human subject contact?
- ☐ ☐ 19. Research dealing with HIV, infectious diseases, blood borne pathogens, etc.?
- ☐ ☐ 20. Hazardous working conditions, i.e., use of firearms, uncertain terrain, explosives, fire, and other safety hazards?
- ☐ ☐ 21. The use of watercraft (research vessels)?

UNIVERSITY OF HAWAII COST SHARE COMMITMENT:

If your answer is yes to any of the following questions and an award is made from this proposal, a Cost Sharing Record Form (CG Form 2) is required before an account can be established.

- ☐ ☐ 22. Is cost sharing/matching required by the sponsor? Percentage required Dollar Value
- ☐ ☐ 23. Does your proposal include voluntary cost sharing or in-kind contributions? Explain or provide details
- ☐ ☐ 24. Does your proposal include commitments from UH department(s) other than that of the PI? Provide appropriate details and approvals on a separate sheet.
- ☐ ☐ 25. Does your proposal include commitments from non-University of Hawaii sources? Attach letters of commitment.

H. SIGNATURES AND APPROVALS:

I certify that to the best of my knowledge the ORS Form 5, the attached proposal, and budget are accurate and complete and that this project will be conducted in accordance with Federal, State, and University requirements and policies and that all NSF and PHS investigators and key project personnel have filed disclosures in accordance with Executive Policy E5.214 Conflicts of Interest.

P.I. Signature (No "Per" Signatures Allowed): _____ Date: _____

Signatures indicate concurrence with resource commitments and all provisions of this project.

Reviewed By: _____

Department Chair/Provost Signature & Date

Dean/Director/Chancellor Signature & Date

Fiscal Officer Signature & Date

I. CONFLICT OF INTEREST NSF & PHS ONLY (includes flow-through NSF & PHS funds):

I have received Conflict of Interest disclosures from all investigators and: ☐ have determined that there is no conflict of interest
☐ have determined that there is a conflict of interest
☐ the disclosures are under review

Dean, Director, Provost or Chancellor Signature _____ Date: _____