

UH Office of Research Services Form 5**PROPOSAL & CONTRACT COORDINATION RECORD**

Directions: The attached proposal **MUST** be identical to the one you submit to the funding agency. Submit original and one copy of this Form 5 and original and one copy of the entire proposal to ORS, Sakamaki D-200. For instructions or forms, visit our website <http://www.hawaii.edu/ors/forms.html>
Do not use correction fluid anywhere on this form. Any corrections should be lined out and initialed by the PI.

A. Proposal Deadline: _____ (Submit to ORS five working days prior to this date)

Late Submission: If ORS is unable to complete a review of this proposal due to late submission or other factors beyond ORS control, the signature of the Chancellor, Dean, or Director on Page 2 shall certify that the School/College from its own funds will fulfill all terms and conditions of any award(s) received as a result of this proposal, including but not limited to, cost sharing commitments and inappropriate or unallowable commitment of University resources.

B. Contact Information:

Principal Investigator: _____ Phone: _____ Fax: _____ E-mail: _____

UH Department/Division: _____

Fiscal Officer: _____ Phone: _____ Fax: _____ E-mail: _____

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

C. Proposal**Title:**

Proposal to be submitted to (Sponsor): _____

If there is a prime funding agency, who is it?: _____

Proposed Activity:

This is a _____ proposal. Previous or current award number if applicable: _____

Initial Proposal
(before the award)

			1st year
			Current Cumulative Total for all project periods

Subsequent Proposals
(for revisions after
the original award)

			Continuations, supplements, or revisions
			Revised Cumulative Total for all project periods

On-Campus Location: _____

Identify other UH facilities required: _____

Off-Campus Location: _____

Any work at sponsor's facilities?(Y/N): _____

Indirect Cost Rate*: _____ *if other than currently established rate, attach copy of agency limitations or proof of waiver**Indirect Cost Base:**

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

PRINCIPAL INVESTIGATOR CERTIFICATIONS - Please check all that apply:**D. COMMITMENTS:**

1. Proposal includes cost sharing or in-kind contributions. If checked, explain or provide details.

Percentage: _____ Dollar Value: _____

2. Proposal includes commitments from UH department(s) other than that of the PI. If checked, provide appropriate details and approvals on ORS Form 5a.

3. Proposal includes commitments from non-University sources. If checked, attach letters of commitment.

E. CONFLICT OF INTEREST:

1. Potential conflict of interest (financial or otherwise).*

2. Proposal for NSF or PHS funding (including flow-through NSF & PHS funds).*

*If you checked either items 1 or 2, please submit an ORS Form 5b.

PRINCIPAL INVESTIGATOR CERTIFICATIONS CONTINUED - Please check all that apply:

F. OTHER CERTIFICATIONS:

1. The use of Human Subjects: If checked, you certify that all project personnel have completed the NIH Training Module (find the link at <http://www.hawaii.edu/irb/links.htm>), plus any other training or certifications required by the sponsor, state, federal government, or University for this proposal.
2. The use of Vertebrate Animals: If checked, obtain LAS cost estimate.
3. Health and Safety: The importation of microorganisms, SCUBA diving, or the use of recombinant DNA, radioactive material, biological or chemical material classified as a "select agent," or other hazardous material. If checked, submit approval of the Environmental Health & Safety Office with this proposal.
4. Export Controls: Proposed activity includes, or will result in, export-controlled technology or data (ITAR, EAR, etc.). Indications of export controls include sponsor restrictions on disclosure and/or access by foreign nationals.
5. The proposal was supported by Lobbying Efforts. If checked, attach a separate sheet describing nature and funding source of the lobbying activities.
6. Subcontractor Proof of Commitment: Proposal includes a subcontract to a collaborating institution. If checked, attach commitment letter(s) containing subcontractor's statement of work and budget that is signed by subcontractor's authorized institutional representative.
7. Risk Management: This proposal involves the use of medical professionals with human contact, patient care, research dealing with HIV or other pathogens, hazardous working conditions, or the use of watercraft (research vessels). If checked, submit a copy of insurance policies or other documentation that mitigates the risk to the University.

I acknowledge that my answers to questions F.8 and F.9 will serve as my proxy for intellectual property and publication issues if my proposal is funded. I understand that if for some reason the questions are not answered, 1) there could be delays in the processing of my award if ORS is unable to contact me regarding my position on these terms and conditions, and/or 2) the University may make unilateral changes to an award in order to meet a sponsor's deadline.

8. Intellectual Property: I hereby waive and relinquish my rights in intellectual property if the funding agency's terms and conditions require it. Please be advised that UH holds the title to intellectual property developed at the University and will not relinquish its ownership except in exceptional circumstances.
9. Publication: I am willing to accept sponsor's terms and conditions that restrict, limit, or prohibit publication.
10. Background Intellectual Property: This proposal involves the use of pre-existing intellectual property. Please identify all such intellectual property and the owner(s) (UH, sponsor, or other) by attaching a separate sheet with details.

G. CERTIFICATIONS, SIGNATURES AND APPROVALS:

1. I certify that I have read, understood, and personally completed the certifications in Sections D, E, and F.
2. I certify that any material, good, or service produced or delivered under this project will not infringe on any patent, trademark, or copyright.
3. I certify that to the best of my knowledge the ORS Form 5, the attached proposal, budget, and certifications are accurate and complete and that this project will be conducted in accordance with Federal, State, Sponsor, and University requirements and policies and that all investigators and project personnel have filed disclosures in accordance with Executive Policy E5.214 Conflicts of Interest.

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

4. I certify I have reviewed all budgets and resource commitments and have found that they comply with Federal, State, Sponsor, and University requirements and policies.

Fiscal Officer Signature: _____ Date: _____

5. Signatures indicate concurrence with all resource commitments, project provisions, and certifications. If a conflict of interest was identified in Section E on page 1, you have reviewed all disclosures and have determined there is no conflict of interest, or have determined there is a conflict but that it has been resolved or is manageable in accordance with University policies. You hereby submit your approval of the proposal for submission:

Department Chair

Date

Dean, Director, Chancellor, or VP

Date

H. FOR ORS USE ONLY: I have received, or requested and obtained, all required documentation including but not limited to: the budget, statement/scope of work, letter(s) of commitment, applicable approvals, certifications, and risk management items. I hereby certify that I have reviewed such documentation for accuracy and completeness and find them to be in compliance with all applicable University, Sponsor, Federal and State regulations, policies and procedures.

Reviewer Signature & Date: _____