



Is this a research project with a private industry sponsor that is a for-profit commercial entity that will be funded with:

1. the commercial entity's private monies or
2. small business innovation research (SBIR) funding or
3. small business technology transfer funding

If yes, **STOP** do not fill out this form.

Contact OTTED at 538-3817 or <http://www.otted.hawaii.edu/>

Do not include this page with your proposal submission to ORS

Directions: Do not use correction fluid anywhere on this form. Any corrections should be lined out and initialed by the PI.

The attached proposal MUST be identical to the one you submit to the funding agency.

Submit to ORS Sakamaki D-200:

- Form 5 (on yellow paper) with any attachments-Original and one copy
- Entire Proposal -Original and one copy --or-- Electronic Proposals -One copy
- Announcement/Solicitation/RFP -One copy

A. Proposal Deadline:

(Submit to ORS at least 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: E-mail:
UH Department/Division: Fax:
Fiscal Officer: Phone: E-mail:
Name for Pick Up: Phone: E-mail:

C. Proposal Info:

This is a _____ proposal. Previous or current award number if applicable: _____
Proposal to be submitted to: _____ Federal Sponsor?: Yes No
Prime funding agency: _____ Proposed Activity: _____
Check box if this is an NSF Solicitation _____ If checked, what is the solicitation number? _____

	From Date	To Date	Amount	
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:

Check box if any work is done at sponsor's facilities:

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:

- Proposal includes cost sharing or in-kind contributions. If checked, explain or provide details.
Percentage: _____ Dollar Value: _____
- Proposal includes commitments from UH department(s) other than that of the PI. If checked, provide appropriate details and approvals on ORS Form 5a.
- Proposal includes commitments from non-University sources. If checked, attach letters of commitment.

E. CONFLICT OF INTEREST:

- Potential conflict of interest (financial or otherwise).*
- Proposal for NSF or PHS funding (including flow-through NSF & PHS funds).*

If you checked either box, please submit an ORS Form 5b.

F. OTHER CERTIFICATIONS:

1. **Human Subjects** (use of): If this is for NIH funding (including flow-through NIH funds), you certify that all project personnel have completed the NIH Training Module (find the link at <http://www.hawaii.edu/irb>)
CHS Pending CHS Approval/Exemption attached
2. **Vertebrate Animals** (use of): If checked, obtain LAS cost estimate Pending IACUC Approval/Exemption letter attached
3. **Health and Safety**: Check all that apply:
Importation of micro-organisms Use of recombinant DNA Select Agents Compressed gas diving
Radioactive material Hazardous material Other:
If any of these boxes are checked, attach the approval from EHSO 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. **Lobbying Efforts**: 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**: Check all that apply:
Use of medical professionals with human contact Patient care Research dealing with pathogens
Hazardous working conditions Use of watercraft (research vessels) Other:
If checked, attach 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.

Yes No

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. ATTACHMENTS:

Statement/Scope of Work Budget Sponsor's Agreement*
Certifications [noted in section F] Other Attachments:

***By attaching an agreement or award from Sponsor as part of your proposal, you certify that you have read, understood, and agreed to all terms contained therein unless otherwise indicated in writing to ORS**

H. CERTIFICATIONS, SIGNATURES AND APPROVALS:

1. I certify that I have read, understood, and personally completed the above certifications
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.
4. I certify that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; and the PI agrees 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.

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

5. 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: _____

6. 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 this for submission:

Department Chair _____ Date _____ Dean, Director, Chancellor, or VP _____ Date _____

I. FOR ORS USE ONLY:

ORS Reviewer Signature Date