

UNIVERSITY OF VIRGINIA INTERNAL PROPOSAL APPROVAL FORM

Sponsor Deadline:

Date:

Time:

Dept Deadline:

Date:

Time:

School Proposal # _____

Preparer Email: _____

School Name: _____

Principal Investigator: _____

Department Name: _____

PI Employee ID: _____

Sponsor: _____

PI Email: _____

Fiscal Contact /

Phone/ Email _____ / _____ / _____

Award Owning Org: _____

Project Owning Org: _____

Project Name (*Maximum of 30 characters*) _____

Award Full Name _____

Award Short Name (*Max of 30 characters*) _____

Award Alternate Name (*Max of 30 characters*) _____

Proposal Status (Please check as appropriate)		Proposal Period From:	To	Total Proposal Period
New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Summary of Costs:	1 st Year	
Resubmission <input type="checkbox"/>	Non-Competing Continuation <input type="checkbox"/>	Direct Costs		
		Indirect Costs		
Project # _____		Total Sponsor Cost		
Award # _____		Cost Sharing		
Research Type: <input type="checkbox"/> Clinical %	<input type="checkbox"/> Basic/Bench %	Total Budget Cost		
<input type="checkbox"/> Computational %		% Cost Sharing		
ERA Submission: <input type="checkbox"/>				

DEPARTMENT CHAIR'S AND DEAN'S STATEMENTS: Except as noted below, we concur with the submission of this proposal, which is consistent with the education and research objectives of the Department and School, and agree:

1. To release the designated faculty for the effort indicated.
2. That adequate space will be made available for the proposed program.
3. That cost sharing is reasonable and appropriate for this program.
4. To assume responsibility for providing adequate administrative support
5. To assume responsibility for any costs incurred in excess of the amount awarded by the sponsor

Department Chair Signature: _____

Date: _____

Dean of School Signature: _____

Date: _____

Comments:

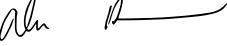
APPROVED FOR THE UNIVERSITY OF VIRGINIA BY: _____ Date: _____

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**PART TWO
PRINCIPAL INVESTIGATOR / PROGRAM DIRECTOR'S STATEMENT**

		YES	NO	NA
1.	A) i) Does the proposal involve human subjects? If yes, attach IRB approval or explain. ii) If the proposal involves human subjects, does it also involve human fetal tissue? If yes, attach IRB approval or explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B)	If the answer to 1. A) is YES, have all key personnel completed UVA's CITI on-line Human Subjects training module? http://www.virginia.edu/vpr/irb/hsr/citi.html . For additional information, refer to http://www.virginia.edu/vpr/irb/ .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Will animals be required? If yes, attach approved protocol or explain.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Does the proposal involve DNA techniques, radioactive or biohazardous materials, hazardous chemical waste, or infectious agents? If yes, has the PI notified the Office of Environmental Health & Safety?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Is space already adequately assigned for the proposed program? If no, submit explanation to the Dean.	<input type="checkbox"/>	<input type="checkbox"/>	
5.	List below all Investigators on the project, including subcontractors . Investigators include the PI, co-PI and anyone else whose role includes the responsibility for the design, conduct, or reporting of the research. Each Investigator must disclose all significant financial interests ("SFI") using the electronic financial interests reporting system ("FIRS"): https://avillage.web.virginia.edu/uvaco1 The definition of SFI can be found at https://policy.itc.virginia.edu/policy/policydisplay?id=RES-005	<input type="checkbox"/>	<input type="checkbox"/>	
<p>PLEASE COMPLETE Is this proposal for Public Health Services (PHS) funded research? <input type="checkbox"/> NO <input type="checkbox"/> YES If you answered Yes, have all Investigators listed below used the FIRS system to either disclose SFIs or confirm their absence? <input type="checkbox"/> NO <input type="checkbox"/> YES Note, for non-PHS funded research SFIs are also disclosed in the FIRS system.</p> <p>The Virginia Conflicts of Interest Act bar University employees from having a personal interest in a company if that company enters into a contract with the University, unless an exception applies. The definition of "personal interest" can be found at https://policy.itc.virginia.edu/policy/policydisplay?id=RES-005.</p> <p>Do any employees have a personal interest in the study sponsor? <input type="checkbox"/> NO <input type="checkbox"/> YES</p>				
1.	Print or Type Name of Principal Investigator	<input type="checkbox"/> SFIs reported in FIRS	<input type="checkbox"/> Nothing to report	
2.	Print or Type Name of Investigator	<input type="checkbox"/> SFIs reported in FIRS	<input type="checkbox"/> Nothing to report	
3.	Print or Type Name of Investigator	<input type="checkbox"/> SFIs reported in FIRS	<input type="checkbox"/> Nothing to report	
4.	Print or Type Name of Investigator	<input type="checkbox"/> SFIs reported in FIRS	<input type="checkbox"/> Nothing to report	
5.	Print or Type Name of Investigator	<input type="checkbox"/> SFIs reported in FIRS	<input type="checkbox"/> Nothing to report	
6.	Print or Type Name of Investigator	<input type="checkbox"/> SFIs reported in FIRS	<input type="checkbox"/> Nothing to report	
7.	Print or Type Name of Investigator	<input type="checkbox"/> SFIs reported in FIRS	<input type="checkbox"/> Nothing to report	
8.	Print or Type Name of Investigator	<input type="checkbox"/> SFIs reported in FIRS	<input type="checkbox"/> Nothing to report	
<p>*If this proposal has more than 8 Investigators, include additional pages as necessary</p> <p>For further information, see the Conflict of Interest Policy at http://www.virginia.edu/vpr/coi/</p>				
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
6.	Have all professional staff involved in the proposed project signed the University Patent Agreement? If NO or uncertain, contact the Office of the Vice President for Research to verify.	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Are there any project personnel presently debarred, suspended, or proposed for debarment by any Federal agency? If YES, the proposal should include an explanation.	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Is there any implied release time from teaching activities? If yes, attach explanation.	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Does your research project use computers to do one (or more) of the following activities? 1) Simulation/modeling; 2) Statistical analysis (NOT software development); 3) Visualization and rendering; 4) Image processing; 5) Data mining and /or pattern recognition (NOT database creation or management).	<input type="checkbox"/>	<input type="checkbox"/>	

By signing below, the PI makes the following certifications: (1) that the information submitted within the application is true, complete and accurate to the best of your knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject you to criminal, civil, or administrative penalties; (3) that you acknowledge review of and accept responsibility for the budget submitted; and (4) that you agree to accept responsibility for the scientific conduct and financial oversight of the project and to provide the required progress reports if a grant or contract is awarded as a result of the application.

PI Signature: 

Date: 8/31/15

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PART THREE INFORMATION FOR CENTRAL ADMINISTRATOR USE IN REVIEWING PROPOSALS

The Principal Investigator's statements (Part Two) and the following items on this proposal must be approved by the University.
 CHECK AS APPROPRIATE - Comment in remarks section below or attach explanatory statement for each "NO" answer.

	YES	NO	NA
1. Did the Development Office assist in the submission of this proposal? If so, please note the name of the appropriate Development Officer here.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is named principal investigator eligible to submit a proposal in accordance with the provisions of Financial and Administrative Policy VIII.A.1? If "NO" explain in remarks section below.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has the University's current negotiated fringe benefit rate(s) been applied?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has the University's current negotiated indirect cost rate been applied? If "NO", check one:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Sponsor does not allow indirect costs (attach documentation). <input type="checkbox"/> Maximum indirect cost rate allowed by Sponsor is _____% (attach documentation).			
<input type="checkbox"/> Waived or reduced rate requested. Written justification by Principal Investigator and approval by the Department Chair, Dean and Vice President for Research and Comptroller is attached (Financial and Administrative Policy VIII.D.3). Waivers are not made for "for-profit" entities. <input type="checkbox"/> Other (explain below).			
5. When applying an off campus rate, has justification been provided including a detailed summary of professional effort on and off campus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have personnel and indirect cost rates been adjusted in accordance with the University's guidelines for multi-year proposals? If "NO", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you requesting that University or State employees be reimbursed as consultants? If "YES", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are budgeted salaries for faculty current and accurate? If "NO", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are the salary and/or wage rates budgeted for students in accordance with current rates established by the Provost's Office? If "NO", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have central service rates been verified as current? Attach rate documentation. If "NO", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your budget include costs that are impacted by federal Cost Accounting Standards (CAS)? (Including salary/wage costs for clerical/administrative personnel) If "YES", submission of an approved 'Cost Accounting Standards Exception Request form is required upon notice of award.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does the proposal include cost sharing? If "YES", complete PART FOUR of this form.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Does the proposal include subcontracts?	<input type="checkbox"/>	<input type="checkbox"/>	
a). Has an authorized official of the subcontractor(s) approved the budget(s) and provided a financial interest disclosure statement if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the proposal in response to a Request For Proposal? If "YES", attach a copy of the RFP.	<input type="checkbox"/>	<input type="checkbox"/>	
15. Have the necessary clearances been obtained from participating departments or schools? If "NO", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If the proposal is going to a corporation, has a contract been signed and attached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is there a cover sheet or letter for authorized institutional representative's signature?	<input type="checkbox"/>	<input type="checkbox"/>	
A) Are there any graduate students paid \$5,000 or more in a year?	<input type="checkbox"/>	<input type="checkbox"/>	
B) If so, is tuition remission (or in-state equivalent) included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

A review has been made to insure that University Procedures for preparing proposals have been considered and the above required actions have been taken.

Research Administrator Signature: _____

Digital signature by Gladys Bryant
 On: 06/11/2015 at 13:01:59, 04/00
 Department: Email: gbj@virginia.edu, ext: 0335
 Date: 2015-06-11 13:01:59-0400

Date: _____

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**PART FOUR
EFFORT AND COST SHARE COMMITMENTS**

For OSP Use: _____

Project/Award Number

INSTRUCTIONS:

1. Fill out this information if providing any salary/wage and/or OTPS cost share commitments toward this project.
2. Complete one form for **each year of cost share**, unless there are no variations throughout the project's life.
3. **Exclude salary cap cost share from this form.**

PI Name: _____ PI Dept./School: _____ For Project Budget Years: _____ to _____

Is Cost Share?: Mandated Voluntary Minimum Effort (See Policy FIN-028)

A. Salary and Wage Detail (Effort Commitments)

Name	Employee Number	Employee Type (Check one)					% Cost Share Effort	Salary/Wages (\$)
		9 mo. Faculty	12 mo. Faculty	SOM Faculty	Classified Staff	Student		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Subtotal								
Total Fringe Benefits (associated with salary/wage above)								
Total								

B. Other Than Personnel Services (OTPS)

Type of Cost Share	Source of Cost Share (Award number only)	Amount of Cost Share (\$)
Equipment (describe):		
Travel		
Supplies		
Unrecovered Facilities & Administrative Costs		
Third Party/In-Kind (describe):	NOT APPLICABLE	
Other (please explain)		
Total		
Grand Total (A + B)		

Explanation:

This document commits your department/school to funding the cost share listed above from sources other than this sponsored program or any other federally sponsored program.

Department Chair Signature: _____ **Date:** _____
(required for commitment of department resources)

Dean of School Signature: _____ **Date:** _____
(required for commitment of school resources)