

Proposal Approval Form

OSP Use Only

OSP Proposal #:

Banner #:

Date Submitted:

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Deinainal Invastigator/De	reigat Director (DI)	DI Campus Pho		DI	Fax	DI Alto	rnate Phone			
Principal Investigator/Project Director (PI)		PI Campus Fno	PI Campus Phone		rax	PI Ane	mate Phone			
PI Program/College		PI Department	PI Department			PI E-mail address				
Enter additional Co-Principal Investigators (Co-PIs) on Page 2										
Project Information										
Proposal Title:										
Activity type: Pro		Proposal type:	roposal type:			If not new, list the current HU grant no.:				
Submission method: CF		CFDA No.:				Due date:				
Sponsor name:		I- I-			If a pass-through entity, list the prime sponsor:					
Sponsor address:						State:				
Sponsor city:		ZIP code:								
Sponsor contact info (name, phone, email)										
Budget Information	- Attach a detailed	l budget separately	Cost-Sharing Su			ng Sum	ımmary			
	Current period	Total project period	Ŭ				Yes	No		
Begin Date			Source	Sele	ct type or overv	vrite Cu	rrent period	Total project		
End Date										
Salaries/Wages+Fringes										
Other Direct Costs				<u> </u>						
F&A* Costs			<u> </u>	<u> </u>						
Total Sponsor Costs		<u> </u>		Total Cost Sh		<u>.</u>				
* HU's F&A rate is 47.8% of Salaries+Wages+Fringe Benefits for on-campus activities (19.7% for off-campus).										
If HU's F&A rate is not employed, include a copy of the Sponsor's policy listing the F&A cap or a write a memorandum with justification requesting the different F&A rate.										
v i j										
Regulatory and Compliance Information Yes No										
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Does the project include research on human subjects? Review the guidelines at www.harding.edu/irb. If										
"Yes," be aware that the Institutional Research Board (IRB) must review and approve the protocol prior										
to the start of project activities and release of award funds.										
The project is pending approval. not yet submitted.										
If already approved: Protocol #: Date of Approval:										
Does the project include research on live vertebrate animals?										
If "Yes," then be aware that the Institutional Animal Care and Use Committee (IACUC) must review										
and approve the protocol prior to the start of project activities and release of award funds.										
The project is pending approval. not yet submitted.										
If already approved: Protocol #: Date of Approval: Will new intellectual property or potentially patentable devices result from this award?										
Does this project fall under ITAR (International Traffic in Arms Regulations)? See http://pmddtc.state.gov/regulations_laws/itar.html										
11ttp.//pi	mudic.state.gov/re	guiations_raws/ital.	.1111111							

Regulator	y and Compliance Information Continued	Page 2 of 3							
Yes No	Does the project involve pathogens or potential pathogens of humans, animals, or plants; materials potentially containing human pathogens; recombinant DNA; select agents and toxins (see http://www.selectagents.gov/); or any material requiring a CDC import license or a USDA permit?								
	f "Yes," then be aware that the Institutional Biosafety Committee (IBC) must review and approve the protocol prior to the start of project activities and release of award funds. The project is pending approval. not yet submitted. In pate of Approval:								
	Does the project involve human embryonic stem cells or transplantation of human fetal tissue? If 'Yes', then be aware that this proposal must be approved by the Provost before it can be submitted.								
	Will this project send data or technologies outside of the US, such as by shipping materials/equipment to foreign countries, employing foreign nationals with grant funds, traveling with materials or equipment to foreign countries to conduct research?								
	Will this project involve sub-awardees? If 'Yes,' provide the institution name(s) and their sponsored research office contact information. Also, attach a copy of the sub-award budget and a letter of commitment signed by an Authorized Official.								
	Sub-awardee Information - Institution Name: Name of Sponsored Programs Contact: Email address of Sponsored Programs Contact:								
	Is the project sponsored by NSF <i>and</i> does it fund students? If 'Yes' be aware of Harding's Responsible and Ethical Conduct of Research (RCR) Training Policy for students working on NSF funded projects. I will will not abide by Harding's RCR Training Policy for students funded on NSF projects.								
I am aware of Harding's Research Misconduct Policy, and I affirm I will follow the guidelines and procedures established by the policy.									
Financial	Conflict of Interest (FCOI) Information								
All Principal Investigators and Co-Investigators who submit a proposal to an external sponsor are required to complete training in the University's financial									
	Il submission. For more information, please see Harding's FCOI	PI Co-PI #1							
	nich is available in the Research box of the Faculty tab on Pipeline.	Date of the most recent FCOI training.							
Are any r	elatives of investigators working on this project? Yes No	PI Co-PI #1							
Harding University Co-Principal Investigator (Co-PI) Information									
Co-PI #1:	Name	Title							
E-mail	Phone	Department							
Facilities a	and Administration Distribution Information								
List all HU	Investigators and the percentages for any F&A charges distributed to	the Investigators. F&A Dist. %							
PI		%							
Co-PI #1		%							
	The sum of all F&A distribution percenta	ges must add to 100% . Sum = 100%							

on is true, complete and accurate to the ay subject me to criminal, civil, or adn conduct of the project and to provide the debarred, suspended, proposed for dead by a federal department or agency; a	best of my knowledge; ninistrative penalties; the required progress reports if
ay subject me to criminal, civil, or adm conduct of the project and to provide t ly debarred, suspended, proposed for d	ninistrative penalties; the required progress reports if
on behalf of this award. s included in this application. All sub-arates have been verified with the sub-a	nd awards' direct costs appear
indicate that you are familiar with the pyour area, space, personnel, or budget.	
Co-PI #1 Signature	Date
C0-PI #1 Department Chair	Date
Co-PI #1 Dean	Date
	rates have been verified with the sub-a indicate that you are familiar with the your area, space, personnel, or budget. Co-PI #1 Signature C0-PI #1 Department Chair

Provost

Date

Administrative Signatures (OSP will obtain the signatures below as needed)

Date

Office of Sponsored Programs