**Sponsored Programs Internal Routing & Review**

**OSP Proposal No. #**

**Proposal Type**: New  Resubmission  Renewal  Continuation  Revision (Supplement)  Preproposal  Other

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **SPONSOR & PROJECT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| Deadline Date       Time       (OSP submits prior to 5pm) | | | | | | | | | | | Deadline Receipt  Postmark | | | | | | | | | | Paper  Electronic | | |
| Sponsor | |  | | | | | | | | | | | Originating Sponsor | | | | | |  | | | | |
| Program Name | | | | |  | | | | | | | | CFR Contact | | | | Gary Girzadas  or | | | | | | |
| Project Title | | | | |  | | | | | | | | | | | | | | | | | | |
| 1. **PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR (PI/PD) & DEPARTMENTAL CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| PI/PD |  | | | | | | | | | | | | | Campus Address | | | |  | | | | | |
| Dept Name & Code | | | | | |  | | | | | | | | Tel |  | | | | | | | | |
| 2nd Dept Name & Code | | | | | |  | | | | | | | | Email |  | | | | | | | | |
| Dept Admin Name | | | | | |  | | | | | | | | Fax |  | | | | | | | | |
| 1. **BUDGET INFORMATION AND INSTITUTIONAL CONTRIBUTIONS** | | | | | | | | | | | | | | | | | | | | | | | |
| Project Type: | | | | Research: Basic ; Applied ; Development ; Testing ; or Instruction/Training ; or Other Sponsored Activity | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | |
| **F&A Rate Used:** | | | | | | | | | | **Period of Performance:** Start-End dates from  to | | | | | | | | | | | | | |
| Alternative or non-federal (A/NF) rate used: %. | | | | | | | | | | **Support Requested from Sponsor** | | | | | | | | | | | | | |
| **Explanation for A/NF Rate:** Modified Rate - Sponsor Cap | | | | | | | | | |  | | | | | | **Year One** | | | | **All Years** | | Right click on “Total” field and select “Update Field” for sum to auto calculate | |
| Modified Rate - SU Approved | | | | | | | | | | Direct Costs | | | | | |  | | | |  | |  | |
| Waived Rate - Sponsor Prohibits | | | | | | | | | | F&A Cost | | | | | |  | | | |  | |  | |
| Waived Rate - SU Approved | | | | | | | | | | **Total Costs** | | | | | | **$ 0** | | | | **$ 0** | |  | |
| **Cost Sharing (CS)**: None offered  Application requirement  Voluntarily Offered | | | | | | | | | | | | | | | | | | | | | | | **OSP Use** |
| **CS $ Offered** | | | **Year One** | | | |  | **All Years** |  | | | Grad Student Involvement (select activity type): | | | | | | | | | | |  |
|  | | |  | | | |  |  |  | | | Research  Teaching  Administrative | | | | | | | | | | |  |
| PI Effort Voluntarily Offered:      % Acad Yr | | | | | | | | | Grad Student Tuition Needs: None | | | | | | | | | | | | | |  |
| Other Key Personnel Effort Voluntarily | | | | | | | | | Institutional Remitted Tuition Credits Offered per yr | | | | | | | | | | | | | |  |
| Offered: % Acad Yr | | | | | | | | | Institutional Scholarship Credits Offered per yr | | | | | | | | | | | | | |  |

|  |  |  |
| --- | --- | --- |
| 1. **OTHER OVERSIGHT ISSUES INCLUDING NEED FOR ADDITIONAL RESOURCES** | **Yes** | **No** |
| **Inter-institutional Credit / Collaborations** |  |  |
| 1. Inter-school/college collaborations are proposed. Project expenditures and F&A will be allocated to multiple units.  * If Yes, allocation is defined to be <     > (e.g. 50/50 etc) or defined in attached budgets . * PIs/Faculty with joint appointments: allocation of F&A will be 50%/50% unless otherwise indicated and approved by deans. |  |  |
| 1. Project involves an **SU Center or Institute**; if **Yes**, specify  * Faculty affiliated with Centers or Institutes without a department number are reminded to note applicable Center/Institute. |  |  |
| 1. Project includes collaborators from other institutions**;** required documents & authorizations have been obtained & provided to OSP. |  |  |
| **Effort / compensation / leave** |  |  |
| 1. Acad year **course relief** for any key personnel is proposed. If **Yes**, signatures convey chair(s)/dean(s) approval. |  |  |
| 1. Faculty or staff **extra service** or **overload** is proposed in budget. If **Yes**, signatures convey chair(s)/dean(s) approval. |  |  |
| 1. Faculty **released time** (full semester or AY) is proposed. If **Yes**, dean’s signature conveys released time will be granted. |  |  |
| **Additional Resources Needed** |  |  |
| 1. New instrumentation or equipment (including computers and software applications), apparatus, or furniture is required for the project but not funded by the proposal. If **Yes**, attach a brief description of how these items will be procured and supported in the long-term (if applicable); signatures on the IRR convey chair’s and dean’s approval. |  |  |
| 1. Expanded utility or network services to support proposed equipment are required (e.g. for computer, chemical fume hoods, air conditioning, biological safety cabinets, etc.). If **Yes**, plans for maintaining beyond the term of the award must be approved by the chair and attached. |  |  |
| 1. IT related services, which may include data security management and/or other data storage needs (e.g. - use of the Green Data Center), are required for the proposal. If **Yes**, attach the approvals from ITS/or the computing group in your area along with a brief explanation of the IT services required for the project. |  |  |
| 1. Renovation, construction or rental of space is required or proposed. If **Yes**, attach approval from Vice Chancellor (VC). |  |  |
| 1. Additional personnel or space beyond that provided in the proposal is required. If **Yes**, attach additional approvals from chair, dean and VC with explanation of how personnel or space needs will be addressed. |  |  |
| **Other cost-related matters** |  |  |
| 1. **Equipment** will be purchased and space is adequate to support use. Necessity for item(s) is described in budget justification. |  |  |
| 1. **Program income** to be generated as a result of the project as a result of conference fees, equipment user fees, etc. |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. **COMPLIANCE CERTIFICATIONS** | **Yes** | **No** |
| **NOTE:** The PI is responsible for assuring that all individuals whom the PI(s) deems will be substantively involved in the design, conduct, or reporting for the project, regardless of individual’s title or role (Investigators) have submitted **all necessary** **financial disclosures** prior to submission of the proposal. At a minimum, this includes all key personnel and postdoctoral researchers. | | |
| **Objectivity in Research – Disclosure of Financial Interests** |  |  |
| 1. **Disclosure Statement**:  PI and all Investigators have completed a current electronic annual Significant Financial Interest (SFI) disclosure form.  If **No,** the PI must contact the Office of Research Integrity and Protections (ORIP) ([orip@syr.edu](mailto:orip@syr.edu)) to have forms created in the electronic Financial Conflict of Interest (FCOI) program in MySlice.  **Please Note:** *Current**disclosure statements are required to be on file for all Investigators prior to application submissions.* |  |  |
| 1. **Financial Interests:** For this project, does the PI or any Investigators have new financial interests not yet disclosed to the University that could directly or indirectly affect the design, conduct or reporting of the project? If **Yes,** please contact ORIP ([orip@syr.edu](mailto:orip@syr.edu)) to reopen your FCOI; this information will be provided, if appropriate, to the sponsor according to their regulations. |  |  |
| **Protection of Research Participants** |  |  |
| 1. Human Subjects: The project will involve human participants (including survey respondents and secondary data analysis) at SU or any other participating site (e.g. by subcontractor). If **Yes:**  * You must obtain written approval or authorization as exempt from regulations from the Institutional Review Board before you can start the research. If you have current approval, a copy is attached . |  |  |
| 1. Animal Use: Vertebrate animals (live or animal products or parts) will be used or studied at SU or any other participating site (e.g. by subcontractor). If **Yes:**  * You must obtain written approval or authorization as exempt from regulations from the Institutional Animal Care and Use Committee before you can start the research. If you have current approval, a copy is attached . |  |  |
| **Personnel and Environmental Safety**  **NOTE:** Items e) through h) are under the purview of the Microbiological Safety Committee (MSC) and or the Environmental Health Office (EHO). If **Yes** is indicated in any area, OSP will contact either MSC or EHO (as appropriate) to confirm they are aware of the activity and that the appropriate approvals, training or licensure, as appropriate, have been obtained. All such requirements must be obtained prior to starting the research. | | |
| 1. **rDNA:** The project will use DNA or RNA molecules, viruses, bacteria, cells or organisms constructed with recombinant DNA methodologies or techniques in the laboratory.   Specify gene source (e.g *B cereus*): ; Gene expressed in (e.g. *E Coli*)   * You must obtain written approval or authorization as exempt from regulations from the MSC before you can procure materials or start the research. If you have current approval, a copy is attached . |  |  |  |
| 1. **Biological Agents and Toxins**. The project will use naturally occurring or engineered microorganisms or viruses, or biological products (e.g. toxins derived from plants, animals or microorganisms; regulated or restricted pathogens or pests; human and mammalian cell lines, human tissue and blood). Specify cell line, bacteria, virus, etc.:  * You must obtain written approval or authorization as exempt from regulations from the MSC before you can procure materials or start the research. If you have current approval, a copy is attached . |  |  |  |
| 1. **Radiation**: There is planned or potential use of radioactive materials (open sources, sealed sources) or ionizing devices (e.g. x-ray machines (diagnostic, therapy, and diffraction), electronic microscope, electron capture, etc.) or non-ionizing devices (laser, infrared, ultraviolet, microware, radio frequency, ultrasonic).   Specify name/type of equipment:  or radioisotope(s):  and whether sealed  oropen source .   * You must obtain written approval or authorization as exempt from regulations from the Radiological Safety Committee before you can procure materials or start the research. If you have current approval, a copy is attached . |  |  |  |
| 1. **Hazardous Materials.** There is planned or potential use of hazardous materials. If **Yes**, check all that apply and specify below:   Acutely toxic chemicals  Carcinogens  Explosive chemicals  Specify  Acutely toxic gases  Mutagens/Teratogens  Flammable/Combustible  Other: |  |  |  |
| **Laboratory Requirements:**   * PI and all laboratory personnel have attended Chemical Hygiene Plan Training and Hazardous Waste Mgt training. * PI has submitted annual hazardous materials inventory update. * EHO has affirmed that PI’s laboratory has all necessary safety equipment to safely conduct the proposed research and provided written safety SOPs as required by Chemical Hygiene Plan |  |  |
| 1. **rDNA:** The project will use DNA or RNA molecules, viruses, bacteria, cells or organisms constructed with recombinant DNA methodologies or techniques in the laboratory.   Specify gene source (e.g *B cereus*): ; Gene expressed in (e.g. *E Coli*)   * You must obtain written approval or authorization as exempt from regulations from the MSC before you can procure materials or start the research. If you have current approval, a copy is attached . |  |  |
| 1. **Biological Agents and Toxins**. The project will use naturally occurring or engineered microorganisms or viruses, or biological products (e.g. toxins derived from plants, animals or microorganisms; regulated or restricted pathogens or pests; human and mammalian cell lines, human tissue and blood). Specify cell line, bacteria, virus, etc.:  * You must obtain written approval or authorization as exempt from regulations from the MSC before you can procure materials or start the research. If you have current approval, a copy is attached . |  |  |
| 1. **Radiation**: There is planned or potential use of radioactive materials (open sources, sealed sources) or ionizing devices (e.g. x-ray machines (diagnostic, therapy, and diffraction), electronic microscope, electron capture, etc.) or non-ionizing devices (laser, infrared, ultraviolet, microware, radio frequency, ultrasonic).   Specify name/type of equipment:  or radioisotope(s):  and whether sealed  oropen source .   * You must obtain written approval or authorization as exempt from regulations from the Radiological Safety Committee before you can procure materials or start the research. If you have current approval, a copy is attached . |  |  |
| 1. **Hazardous Materials.** There is planned or potential use of hazardous materials. If **Yes**, check all that apply and specify below:  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Acutely toxic chemicals |  | Carcinogens |  | Explosive chemicals |  | Specify |  | | Acutely toxic gases |  | Mutagens/Teratogens |  | Flammable/Combustible |  | Other: |  | |  |  |
| **Laboratory Requirements:** |  |  |
| * PI and all laboratory personnel have attended Chemical Hygiene Plan Training and Hazardous Waste Mgt training. |  |  |
| * PI has submitted annual hazardous materials inventory update. |  |  |
| * EHO has affirmed that PI’s laboratory has all necessary safety equipment to safely conduct the proposed research and provided written safety SOPs as required by Chemical Hygiene Plan. |  |  |
| 1. **Waterway Risks:** Will your research project or activity involve work on any body of water, including work performed on a dock, barge or watercraft? If yes, list all bodies of water (e.g. Lake Ontario, Atlantic Ocean, etc.) and all circumstances of the work (i.e. boat, dock, etc.). |  |  |
| **Foreign Activities/ Export Controls** |  |  |
| 1. **Foreign Activities/ Export Controls:** This project may involve international travel, shipping/export, and Export Control related research performed outside the U.S. or collaborations inside the U.S. with foreign nationals (including int’l students/post docs). If Yes, list all countries:.   List the research technology, equipment, or materials (including laptops) you will bring with you or share with foreign nationals: . |  |  |
| **NSF Safe and Inclusive Working Environment Plan for Off-Campus or Off-Site Research** |  |  |
| 1. This project proposes to perform NSF sponsored research Off-Campus or Off-Site. NSF defines Off-Campus or Off-Site research as “data/ information/ samples being collected off-campus or off-site, such as fieldwork on research vessels and aircraft.”   If Yes, a Plan for Safe and Inclusive Working Environment for Off-Campus Research is required and a copy is attached. |  |  |

**ASSURANCES, CERTIFICATIONS AND APPROVALS -****The PI and all Key/Senior Personnel (e.g. Co-PI’s, Co-Inv, Investigators, etc) are to sign this form**.

Each signatory (PI and all Key/Senior Personnel) certifies that the application is complete, true (excluding scientific hypotheses and scientific opinion) and accurate to the best of his/her knowledge and does not infringe on the intellectual property rights of others.

If awarded, the PI agrees to accept responsibility for the conduct of the project and to comply with award terms & conditions including timely submission of all progress reports and responsible management of funds according to the award and University policies & practices.

Each signatory acknowledges that any false, fictitious or fraudulent statement or claims may subject him/her to criminal, civil or administrative penalties*.*

The PI, and as applicable, other signatories, is/are responsible for informing OSP of any material changes to compliance certifications that may occur while the application is pending or if awarded, during the duration of support.

*Intellectual property:* The PI, all Key/Senior Personnel and all other University personnel on this project agree (or will agree if yet to be hired) to assign, and hereby do assign to the University all intellectual property rights developed in the course of the award.

Neither the PI nor any Key/Senior Personnel or others working on this project (including subrecipients or consultants), are to the best of their knowledge, debarred, suspended or proposed for debarment by any Federal department or agency.

*Select Title/Role from Drop Down Box*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title/Role** | **Typed/Printed Name** |  | **Signature** |  | | **Date** | |  | |
| PI |  |  |  |  | |  | |  | |
|  |  |  |  |  | |  | |  | |
|  |  |  |  |  | |  | |  | |
|  |  |  |  |  | |  | |  | |
|  |  |  |  |  | |  | |  | |
|  |  |  |  |  | |  | |  | |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  |

The entire proposal has been reviewed and is compatible with the objectives and policies of all participating units. Cost sharing, institutional commitments identified in #3, #4, or within the application are also approved and will be provided in the event of an award.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |