

# FORM – Proposal Approval (PAF)

Version 2.1

**Office of Research Services (ORS)**

1737 West Polk Street (MC 672)

304 Administrative Office Building

Chicago, IL 60612

Phone: 312.996.2862 Fax: 312.996.9005

www.research.uic.edu

## For Internal Use Only

Institution Number: \_\_\_\_\_ Date In: \_\_\_\_\_ Reviewer Initials: \_\_\_\_\_

Previous PAF # or Institution #: \_\_\_\_\_ Mail: **ORS / PI / Electronic**

Full Proposal  Incomplete Proposal For contracts only: UIC standard agreement attached?  Yes  No

Note: Full Proposal Required before final set-up of grant/fund account Sponsor's contract attached for review?  Yes  No

### I. General Information

Electronic Submission:  Yes  No If yes, has the proposal been electronically transmitted?  Yes  No

Sponsor Deadline (mm/dd/yy): \_\_\_\_\_ Date of:  Postmark  Receipt

Who mails?  Principal Investigator or  ORS (If ORS, number of copies attached: \_\_\_\_\_) Note: ORS mails all contracts.

Where, according to program guidelines, Executive Order 12372 applies, the proposal requires state review and must be submitted simultaneously to the single state point of contact.

### II. UIC Project Contact (business manager, program coordinator)

Name: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Phone: \_\_\_\_\_ - - Email: \_\_\_\_\_ Fax: \_\_\_\_\_ - -

### III. Principal Investigator

Name \_\_\_\_\_ UIN Number \_\_\_\_\_ Home Unit Name and Organizational Code \_\_\_\_\_

- - - - -

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

#### A. Co-Investigators

Name \_\_\_\_\_ UIN Number \_\_\_\_\_ Home Unit Name and Organizational Code \_\_\_\_\_

Name \_\_\_\_\_ UIN Number \_\_\_\_\_ Home Unit Name and Organizational Code \_\_\_\_\_

Name \_\_\_\_\_ UIN Number \_\_\_\_\_ Home Unit Name and Organizational Code \_\_\_\_\_

Check if the unit administering funds is different from PI's home unit: \_\_\_\_\_

Administering Unit Name \_\_\_\_\_ Org. Code \_\_\_\_\_

IV. Is source of funds federal flow-through?  No  Yes

V. If source of funds are federal, please provide CFDA Number: \_\_\_\_\_

VI. Project Title: \_\_\_\_\_

### VII. Sponsor Information

Name of Sponsoring Organization \_\_\_\_\_ Sponsor Contact Name \_\_\_\_\_

\_\_\_\_\_ - -

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ - -

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

<b>A. Check one item in each category</b>			
<b>Type of Proposal:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation* <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement* <input type="checkbox"/> Revision* <i>*If selecting one of these categories you must provide your previous PAF/Institutional number: _____</i>			
<b>Type of Award:</b> <input type="checkbox"/> Grant <input type="checkbox"/> Contract* <input type="checkbox"/> Cooperative Agreement* ( <i>*IP Disclosure Form Required</i> )			
<b>Type of Activity:</b> <b>Research*</b> - <i>*IP Disclosure Form Required</i> <input type="checkbox"/> Basic <input type="checkbox"/> Applied <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Training <input type="checkbox"/> Fellowship <input type="checkbox"/> Technical Testing <input type="checkbox"/> Materials Transfer (see page 3) <input type="checkbox"/> Equipment <input type="checkbox"/> Conference (research only)		<b>Instruction</b> <input type="checkbox"/> Instruction <input type="checkbox"/> †Training <input type="checkbox"/> Fellowship <small>†Non-research Only</small>	<b>Public Service</b> <input type="checkbox"/> Public Service <input type="checkbox"/> Fellowship
<b>Campus:</b> <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/> Both			
<b>VIII. Budget</b>			
<b>A. Year one or current year</b> ( <i>mm/dd/yy format</i> ): From: _____ To: _____		<b>Total Project Period</b> ( <i>mm/dd/yy format</i> ): From: _____ To: _____	
<b>Budget</b>	<b>Year 1 or Current Year</b>	<b>Total for Entire Project</b>	<b>Does budget include tuition remission?</b>
<b>Direct Cost</b>	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Facilities &amp; Admin. (ICR)</b>	\$ _____ %	\$ _____ %	If yes \$ _____ /per Year 1 or current Year
<b>Total Request</b>	\$ _____	\$ _____	
<b>IX. Cost Sharing</b> ( <i>Please see the UIC Cost Share Policy - <a href="http://www.research.uic.edu/proposals/policies/index.shtml">http://www.research.uic.edu/proposals/policies/index.shtml</a></i> )			
<b>1. Required by Sponsor?:</b> <input type="checkbox"/> Yes (Mandatory/Committed) <input type="checkbox"/> No (Voluntary Committed/Uncommitted) <input type="checkbox"/> None <i>Note: All Cost Sharing, whether committed or uncommitted, must be documented. Committed cost-sharing is tracked in accordance with OMB Circular-21.</i>			
<b>a. From Department</b>	\$ _____ %	<b>c. OVCR</b> <input type="checkbox"/> (MOU Attached)	\$ _____ %
<b>b. From College</b>	\$ _____ %	<b>d. Other</b> (Third Party)	\$ _____ %
<i>Important: If this project is funded, the unit must establish a separate account(s) in which to record these cost sharing commitments. (See Chapter 16.1 of <u>Business and Financial Policies and Procedures for the complete policy on cost sharing</u>)</i>			
<b>X. Distribution of Credit and Facilities and Administration (F&amp;A) Allocation</b>			
Complete this section only when two or more units are involved in the project. Each investigator and unit head must sign the distribution of credit and distribution of indirect cost recovery sections. <i>Note: Failure to complete will result in all credit going to home unit.</i>			
<b>1. Distribution of Intellectual Credit (College/Unit Name is required, code # is optional.)</b>			
<b>College/Unit Name</b>	<b>Org. Code</b>	<b>%CREDIT</b>	<b>PI/Co-I Signature</b> <b>Date</b> <b>Dept./Unit Head Signature</b> <b>Date</b>
1. _____	_____	%	_____
2. _____	_____	%	_____
3. _____	_____	%	_____
4. _____	_____	%	_____
100% (Total must equal 100%)			
<b>2. Distribution of College and Department F&amp;A Allocation (College/Unit Name required. Code # optional)</b>			
<b>College/Unit Name</b>	<b>Org. Code</b>	<b>% F&amp;A</b>	<b>PI/Co-I Signature</b> <b>Date</b> <b>Dept./Unit Head Signature</b> <b>Date</b>
1. _____	_____	%	_____
2. _____	_____	%	_____
3. _____	_____	%	_____
4. _____	_____	%	_____
100% (Total must equal 100%)			

**XI. Checklist**

Check all applicable boxes in the following list, and obtain appropriate clearances where required. Obtain special clearances well in advance of proposal deadlines. Because of the legal and regulatory requirements applicable to research at UIC, failure to obtain special clearances in advance may delay submission of a proposal to the sponsor.

**A. Special Clearances**

Some research projects require special clearances, which must be obtained before a proposal can be approved. For information regarding regulatory clearances call the OVCR Office for Protection of Research Subjects: for human subjects call 996-1711; for animals and/or recombinant DNA call 996-1972 or 996-1974.

For Materials Transfer, complete this checklist, obtain the Principal Investigator's signature, and submit the transfer agreement and this form to the OVCR Office of Research Services for final approval.

Hospital/Clinic clearance must be obtained from the hospital Chief Financial Officer or Medical Director (or designee - 1400 UIH). Allow a minimum of five business days review time for hospital clearance.

This project uses or involves:	Clearance required:	
<input type="checkbox"/> Human subjects or tissues	Institutional Review Board Protocol No.	
<input type="checkbox"/> Animals <i>(Contact the Biologic Resources Laboratory (312-996-1220) before preparing budget)</i>	Animal Care Protocol No.	
<input type="checkbox"/> Recombinant DNA or Infectious Agents/Toxins	Institutional Biosafety Committee Protocol No.	
<input type="checkbox"/> Biosafety concerns aside from those above	Contact EHSO Office (x6-SAFE)	
<input type="checkbox"/> Select Agents	Contact EHSO Office (x6-SAFE)	
<input type="checkbox"/> Radiation or radioisotopes		
<input type="checkbox"/> Environmental Research (Science, Engineering or Policy)	See PAF Instructions	
<input type="checkbox"/> UIC hospital, clinics or MRI center	Hospital/Clinic/MRI Center Approval:	
	Signature	Date
<i>Note: Investigators doing research on human subjects / specimens may wish to call the General Clinical Research Center at 996-6060 for information on GCRC facilities.</i>		
<input type="checkbox"/> Classified Research		
<input type="checkbox"/> Research Resources Center facilities	Call RRC at 312.996.7600 to reserve access/determine cost of use	
<input type="checkbox"/> Proprietary or confidential information or requires confidentiality		
<input type="checkbox"/> Potentially commercializable or patentable		
<input type="checkbox"/> International component (travel, exchange, collaboration, etc. - <b>not</b> including travel to present a paper or attend a conference)		
<input type="checkbox"/> The Campus Research Board provided support for this project in the past. Specify year(s): ____		

**XII. Space**

1. **Is new space required to perform the proposed project?**  Yes  No  
If yes, attach a letter, signed by the department head and dean, outlining the agreement for new space.
2. **Does the project require energy usage above the level already available?**  Yes  No  
If yes, the project's requirements should be reviewed with Physical Plant before an award is accepted.

**XIII. Approval**

**A. Conflict of Interest Certification** *(signatures required)*

All investigators must respond to these 5 questions and check the "Yes" or "No" boxes by their names. All "yes" responses must be clarified. Indicate in the space provided which question(s) were answered "yes." Also attach an explanation of the situation and how the potential conflict is being or could be managed.

1. Are you or your immediate family members major officers of, or employees with a managerial role, or have a significant financial relationship with the proposed sponsor? Federal regulations define "significant" as a financial interest exceeding either \$10,000 (\$5,000 for NSF) or 5% ownership regardless of dollar value.
2. Do you have a consulting relationship with this sponsor?
3. Has this sponsor provided you or your department/unit with any gift funds?
4. Is this project funded from other sources?
5. Do you have any other relationships, commitments (including assignments of Intellectual Property Rights), activities (including uncompensated activities) or financial/fiduciary interests that present potential or apparent conflicts of interest or commitment with this project?

<input type="checkbox"/> Yes/Question(s) # <u>    </u> , <u>    </u> , & <input type="checkbox"/> No	Signature (Principal Investigator)	Date
<input type="checkbox"/> Yes/Question(s) # <u>    </u> , <u>    </u> , & <input type="checkbox"/> No	Signature (Co-Investigator)	Date
<input type="checkbox"/> Yes/Question(s) # <u>    </u> , <u>    </u> , & <input type="checkbox"/> No	Signature (Co-Investigator)	Date
<input type="checkbox"/> Yes/Question(s) # <u>    </u> , <u>    </u> , & <input type="checkbox"/> No	Signature (Co-Investigator)	Date

**B. Proposal Approval**

Submit this original PAF and the originals and two copies of the sponsor's application forms, the budget and budget justification, the abstract, and any attachments to the OVCR Office of Research Services, Room 304 Administrative Office Building, 1737 W. Polk Street, for approval. Signatures 1, 2, and (3, if applicable) must be obtained prior to submission. You must submit two copies of the complete proposal to ORS (one for ORS, one for the Office of Business and Financial Services (OBFS) when the proposal is mailed to the sponsor. If ORS does not receive two copies of the complete proposal, OBFS will not be able to set up final grant/fund account.

All proposals (new, continuation, renewal, supplemental, revised) require official signatures of approval. If more than one department or unit is involved, the head or chair of each must sign. Attach an additional signature page if necessary.

*Note: Obtain signatures in the order listed.*

**Signatures**

**1. Investigator(s)**

The investigator(s) agree to abide by all institutional and sponsor requirements for administering the award.

Typed Name (Principal Investigator)	Signature	Date
Typed Name (Co-Investigator)	Signature	Date
Typed Name (Co-Investigator)	Signature	Date
Typed Name (Co-Investigator)	Signature	Date

**2. Department/Unit Head(s)**

The Department Chair/Unit Head has reviewed and approved the project and any resource commitments, and certifies that the research can be conducted safely and in compliance with federal and state laws. If the Principal Investigator is the department or unit head, the individual the PI reports to must sign.

Typed Name (Department/Unit Head)	Signature	Date
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Typed Name (Department/Unit Head)	Signature	Date
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Typed Name (Department/Unit Head)	Signature	Date
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**3. Schools or College Dean(s), except for College of Medicine and College of Engineering, School of Public Health**

Typed Name (Dean)	Signature	Date
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Typed Name (Dean)	Signature	Date
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**4. Office of the Vice Chancellor for Research Review and Approval for Submission**

Budget Review  Yes  No

Initials	Date
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Signature (Authorized Institutional Representative for the Vice Chancellor for Research)	Date
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