



University Review Form

Office of Sponsored Projects Administration

(All questions must be answered and all required signatures obtained before request will be processed.)

SECTION A: GENERAL INFORMATION

Dept. Contact: _____ Phone: _____ Fax: _____ Email: _____

Proj. PI: _____ Phone: _____ Admin. Dept: _____ Email: _____

Proj. Co-PI: _____ Phone: _____ Admin. Dept: _____ Email: _____

Project Title: _____

Sponsor(s): _____

(If submitting to more than one sponsor, please name the other sponsors):

Proposal Type	Project Type	Project Location¹	Fund Category	Special Requirements¹
<input type="checkbox"/> New	<input type="checkbox"/> Research	<input type="checkbox"/> On Campus	<input type="checkbox"/> Grant	<input type="checkbox"/> Cost Sharing
<input type="checkbox"/> Non-Competing Cont*	<input type="checkbox"/> Training	<input type="checkbox"/> UHHS	<input type="checkbox"/> Co-op Agreement	<input type="checkbox"/> Space
<input type="checkbox"/> Competing Renewal*	<input type="checkbox"/> Career	<input type="checkbox"/> MHMC	<input type="checkbox"/> Contract	<input type="checkbox"/> Subaccounts
<input type="checkbox"/> Supplement*	<input type="checkbox"/> Equipment	<input type="checkbox"/> VAMC	<input type="checkbox"/> Sub-Contract	
<input type="checkbox"/> Resubmission**	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Off Campus		
<input type="checkbox"/> Matching Funds***	<input type="checkbox"/> Clinical Trial	(specify _____)		
<input type="checkbox"/> New	<input type="checkbox"/> Program Project			
<input type="checkbox"/> Resubmission**	<input type="checkbox"/> Discretionary Account			
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify _____)			

¹Check all that apply

* Current Account #: _____ Agency Award #: _____
 ** Please indicate previous submission date: _____ and status (e.g., not funded, withdrawn, etc.): _____
 *** Matching University Account #: _____ Parent Reference: _____

SECTION B: BUDGET

Sponsor Deadline Date: _____ Proposed Start Date: _____

Indirect Cost Rate (please indicate percentage): Federal Negotiated Rate: _____ Other: _____

	Direct Costs	Indirect Costs	Total Costs	Cost Sharing	Project Duration (Yrs)_____
Budget Year ():	_____	_____	_____	_____	
Total Project Budget: (new and renewals only)	_____	_____	_____	_____	

Does this project involve more than one management center? Yes No If yes, please specify: _____

Does this project request support for international activities? Yes No If yes, list countries: _____

Space: Is space other than the investigator's current office and/or lab necessary for the completion of this project? Yes No
 If yes, has the space been identified and committed? Yes No
 If yes, please identify the location committed _____
 Will renovations be needed for completion of the project? Yes No

SECTION C: RESEARCH COMPLIANCE (Please attach a copy of all approval letters, when applicable)

Human Subjects Yes No If yes, check where subjects will be recruited:

- | | | |
|------------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> UHC | UHC IRB Approval Date _____ | <input type="checkbox"/> Pending |
| <input type="checkbox"/> MHMC | MHMC IRB Approval Date _____ | <input type="checkbox"/> Pending |
| <input type="checkbox"/> CDVAMC | CDVAMC IRB Approval Date _____ | <input type="checkbox"/> Pending |
| <input type="checkbox"/> On Campus | CWRU IRB Approval Date _____ | <input type="checkbox"/> Pending |
| <input type="checkbox"/> Other | _____ IRB Approval Date _____ | <input type="checkbox"/> Pending |

If yes checked above, please check other options as applicable:

- Training grant
 (45 CFR 46.118) No definite plans, will obtain approval before involving subjects.

Animal Subjects Yes No Approval Date _____ Protocol # _____ Pending

Recombinant DNA Yes No If yes, check one:

- Exempt
 Institutional Biosafety Committee (IBC) Approval Pending
 IBC Approval Date _____
 Gene Therapy RAC Approval Date _____ Pending; Enter IRB and IBC approval dates/pending status above.

Please check any **special hazards** that apply to this project:

For guidelines in completing this section, please see <http://www.cwru.edu/finadmin/does/oes.html>

- Radioisotopes Carcinogens Reproductive Toxins Infectious Agents Extremely Hazardous Chemicals

Conflict of Interest (COI): Please list all **key personnel**¹ (or attach a separate sheet as necessary)

Name	Status ²	Current COI form on file?	Financial COI with this project ³ ?
_____	F <input type="checkbox"/> S <input type="checkbox"/> Std <input type="checkbox"/> N <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	F <input type="checkbox"/> S <input type="checkbox"/> Std <input type="checkbox"/> N <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	F <input type="checkbox"/> S <input type="checkbox"/> Std <input type="checkbox"/> N <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	F <input type="checkbox"/> S <input type="checkbox"/> Std <input type="checkbox"/> N <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	F <input type="checkbox"/> S <input type="checkbox"/> Std <input type="checkbox"/> N <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	F <input type="checkbox"/> S <input type="checkbox"/> Std <input type="checkbox"/> N <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	F <input type="checkbox"/> S <input type="checkbox"/> Std <input type="checkbox"/> N <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

¹ Key personnel are those involved in a substantive and meaningful way in the design, conduct or reporting of the research.

² F=Faculty; S=Staff (e.g., research asst., research nurse); Std=Student; N=Non-affiliated (e.g., consultant from another institution).

³ Financial COI includes salary or other payments (when aggregated to immediate family) that are expected to exceed \$10,000 in next twelve months from single outside entity, or an equity interest valued at greater than \$10,000 or representing more than 5% ownership, or intellectual property rights that would reasonably appear to be affected by the sponsored research project.

SECTION D: REQUIRED SIGNATURES

Signature of PI certifies accuracy of proposal, responsibility for its scientific conduct, and agreement to perform the work according to University and sponsor guidelines; other signatures certify that the proposal has been reviewed for compatibility with departmental objectives and capabilities, and school and University research policies.

PI: _____ Date: ___/___/___

Department Chair: _____ Date: ___/___/___

Management Center: _____ Date: ___/___/___

Foundation Relations: _____ Date: ___/___/___

Institutional Signature: _____ Date: ___/___/___