

**The University of Alabama
Office for Sponsored Programs
Proposal Summary Form
(Internal Coordination Sheet)**

OSP Proposal

Posting Action

Project Information

Proposal Title

Project Period: From: To:

Type of Funding New Renewal/Continuation Supplemental

Sponsor Type: Federal State Local Government Industry Foundation

Other Specify:

Type of Activity: Select One

Will this project be coordinated through a UA Center? Yes No

If yes, provide name of center:

Principal Investigator/Co-PI Information (For ease of use tab from one blank to the next)

PI CWID # Shared Credit %
 Title Dept. Name Dept. Org.#
 Phone Number FAX Number Email

Co-PI 1 CWID # Shared Credit %
 Title Dept. Name Dept. Org.#
 Phone Number FAX Number Email

Co-PI 2 CWID # Shared Credit %
 Title Dept. Name Dept. Org.#
 Phone Number FAX Number Email

Co-PI 3 CWID # Shared Credit %
 Title Dept. Name Dept. Org.#
 Phone Number FAX Number Email

Co-PI 4 CWID # Shared Credit %
 Title Dept. Name Dept. Org.#
 Phone Number FAX Number Email

Co-PI 5 | CWID # Shared Credit %
 Title Dept. Name Dept. Org.#
 Phone Number FAX Number Email

If the Sponsor recognizes more PI's or Co-PI's than listed above, please attach an additional sheet with the above information on the additional PI's or Co-PI's. No Key Personnel may be listed on the Debarred or Suspended List see Excluded Parties List System

Sponsor Information

Sponsor Name Agency Deadline
 Attention Postmark Receipt
 Street Address Electronic
 Street Address What electronic system?
 Building/Room
 City State Zip
 Email Web link
 Phone Number Fax Number

You may attach a copy of the announcement to this form if you do not have a website referral number.

Budget Information

Budget:

Direct Costs
 Indirect Costs
Total

F&A Base

F&A Rate for this proposal
 F&A Calculated on: MTDC TDC
 Salary & Wages
 Other
 Describe

If deviating from UA's full F&A rate, attach sponsor policy or written confirmation that sponsor's maximum rate is less than UA's full rate.

Facility Requirements

Will this project require renovations, additional space or facilities? Yes No
 Will this project require equipment installation costs not included in the project budget? Yes No

Cost Sharing Information

Is cost sharing committed to this project? Yes No
 If yes, complete and attach the **Cost Sharing Authorization Form**

Compliance Reviews

- Yes No 1. Does this proposal present a potential conflict of interest as specified in UA policy on Conflict of Interest? **(If yes, attach the UA Conflict of Interest form).**
- Yes No 2. Will the project involve subcontracting to another entity or institution? **(If yes, attach an approved budget and proposal for each).**
- Yes No 3. Is there multiple department involvement in this project? **(If yes, the proposal must be reviewed and approved by all departments.)**
- Yes No 4. Is any supplemental compensation for faculty proposed? **(If so, see UA policy).**
- Yes No 5. Will there be any use of vertebrate animals? **(If yes, see UA IACUC policy and identify the date submitted for review).**
- Date:
- Yes No 6. Will there be any use of human subjects through interviews, questionnaires, or surveys, psychological testing, collecting personal data, laboratory procedures, etc. **(If yes, see UA IRB policy and identify the date submitted).**
- Date:
- Yes No 7. Will the project involve confidential information/Non-Disclosure Agreement? (NDA)
- Yes No 8. Will the project involve the transfer of biological materials/Material Transfer Agreement? (MTA)
- Yes No 9. Will the project be subject to federal **Export Control Regulations**?
- Yes No 10. Will this project involve radioactive or other hazardous materials?

Radioactive Materials Involved:

Hazardous Materials Involved:

Pathogenic Microorganism-- Pathogenic Microorganism Type:

Blood, Blood products or Human Tissue Importation of animal materials

Controlled Substance Controlled Substance Type:

Recombinant DNA

Hazardous Chemicals: Toxic Corrosive Reactive Explosive Carcinogenic

If any of the above apply, contact the UA Director of Environmental Health and Safety for institution regulations).

Person Contacted:

Date:

Notes/Comments:

Certifications and Signatures

By signature below, I certify my understanding that the expenditure of funds received for externally sponsored projects is subject to both sponsor guidelines and the **University of Alabama Policies and Procedures**.

- a) By signature below, I certify that no University of Alabama employee or official, and no family members of a University employee or official, or no sponsoring agency employee or official, will receive a benefit as a result of this proposed project, except as has been previously disclosed in writing to the University. I understand that I must disclose any benefit provided to a family member, University employee/official, or Sponsoring employee or official.
- b) I have reviewed and will comply with the University of Alabama **Conflict of Interest policies and procedures**. I further certify that I will comply with any conditions or restrictions imposed by the University to manage, reduce or eliminate actual or potential conflicts of interest. I am indicating below whether I currently have a conflict of interest or potential conflict of interest.
- c) I hereby agree to be bound by and comply with the terms of the **University of Alabama Patent Policy** and to disclose to designated University officials all inventions and discoveries made by me, made under my direction, or otherwise known to me resulting from the work conducted under this contract or grant.

****The following portion of this form must be printed and signed by the appropriate officials for assurances, routing and approval.***

All Investigators/Project Administrators Must Sign:

<i>Conflict of Interest</i>		<i>Conflict of Interest</i>	
Principal Investigator	Date	Co-Principal Investigator 1	Date
___Y___N		___Y___N	
Co-Principal Investigator 2	Date	Co-Principal Investigator 3	Date
___Y___N		___Y___N	
Co-Principal Investigator 4	Date	Co-Principal Investigator 5	Date
___Y___N		___Y___N	

College/Department/ Approvals:

By signing below you verify your approval for the submission of this proposal and your concurrence with the statements contained in this form.

Dean (of Principal Investigator)	Date	Dept. Head (of PI)	Date
Dean (of Co-PI)	Date	Dept. Head (of Co-PI)	Date
Dean (of Co-PI)	Date	Dept. Head (of Co-PI)	Date
Dean (of Co-PI)	Date	Dept. Head (of Co-PI)	Date

**** Office for Sponsored Programs Only ****			
Office for Sponsored Programs Review	Date	PI Effort % _____	CoPI 2 Effort % _____
		CoPI 1 Effort % _____	CoPI 3 Effort _____
		CoPI 4 Effort % _____	CoPI 5 Effort _____
Cynthia Hope	Date	Lauren Wilson	Date
Director		Senior Associate Director	