



PROPOSAL APPROVAL FORM (PAF)

OFFICE OF THE VICE CHANCELLOR FOR RESEARCH
OFFICE OF RESEARCH SERVICES
304 Administrative Office Building, 1737 W. Polk St., M/C 672
Voice: 996-2862/Fax: 996-9005/Web: www.uic.edu/depts/ovcr

UIC Project Contact (business manager, program coordinator, etc.)

Name
Phone E-mail

Proposal Number
For Office of Research Services use only

Sponsor Deadline [] Postmark OR [] Receipt? mm dd yy

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.

Please take note: Proposals submitted at the last minute may miss sponsor deadlines if budgets are incorrectly prepared or if required clearances or signatures have not been obtained.

Principal Investigator / Fellowship Sponsor

Name Social Security Number Home Unit

Co-Investigators / Fellowship Recipient (List UIC investigators only)

Name Social Security Number Home Unit

Name Social Security Number Home Unit

Name Social Security Number Home Unit

Unit Administering Funds (if different from PI's home unit)

CFDA Number (Five-digit Catalog of Federal Domestic Assistance identification number) MANDATORY IF APPLICABLE

Project Title

Sponsor and Name of Contact

Name of Sponsoring Organization Sponsor Contact Name Phone Fax

Mailing Address City State Zip Code

Check the most appropriate (one) item in each category

Type of Sponsor [] Federal [] State of Illinois [] City of Chicago [] Other Gov't [] Not-for-Profit [] For-Profit

Type of Proposal [] New [] Continuation [] Renewal [] Supplement [] Revision

If Supplement or Revision, provide UIC proposal number

Type of Award [] Grant [] Contract [] Fellowship [] Cooperative Agreement

Type of Activity RESEARCH INSTRUCTION PUBLIC SERVICE

[] Basic [] Applied [] Clinical Trial [] Instruction [] Public Service
[] Technical Testing [] Fellowship [] Training [] Training [] Equipment
[] Equipment [] Materials Transfer - see page 3 [] Equipment
[] Other (specify) Non-research ONLY

For contracts only: UIC standard agreement attached? [] Yes OR [] No Sponsor's contract attached for review? [] Yes OR [] No

Project Period From mm dd yy to mm dd yy YR

Table with 4 columns: Budget, Total for Entire Project, Year 1 or Current Year, Value of In-kind Items Requested from Sponsor. Rows include Direct Cost, Facilities & Admin. (ICR), RA Tuition Remission, Total Request.

Cost Sharing If UIC resources beyond faculty release time are to be committed to this project, the source must be identified and a **Memorandum of Understanding** signed by all parties contributing resources **must** be attached.

Cost sharing/matching funds required by sponsor? Yes OR No (NOT ALLOWED ON ANY MRC PROJECT)
 Cost sharing beyond faculty release time \$ _____ Memorandum of Understanding attached
 Matching funds required \$ _____ Memorandum of Understanding attached

Space

Is new space required to perform the proposed project? Yes OR No
 If yes, attach a letter, signed by the department head and dean, outlining the agreement for new space.

Does the project require energy usage above the level already available? Yes OR No
 If yes, the project's requirements should be reviewed with Physical Plant before an award is accepted.

DISTRIBUTION OF CREDIT AND FACILITIES & ADMINISTRATION (F&A) ALLOCATION

Complete this page 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.

Distribution of Intellectual Credit (CREDIT)

College/Unit	%CREDIT	PI/Co-I Signature	Date	Dept./Unit Head Signature	Date
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
100% (Total must equal 100%)					

Distribution of College and Department F&A Allocation

College/Unit	%F&A	PI/Co-I Signature	Date	Dept./Unit Head Signature	Date
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
100% (Total must equal 100%)					

Explanation

This section is to be used for distribution of intellectual credit (CREDIT) and facilities and administration allocation (F&A) for proposals and awards involving more than one UIC unit or where CREDIT and/or F&A are assigned to a unit other than the principal investigator's home unit.

The principal investigator and the co-investigators will agree on the distribution of percentage of CREDIT and/or percentage of F&A to the appropriate units/departments/centers and enter the "%CREDIT" and/or "%F&A" for each unit in the appropriate space.

The distribution must be approved and signed by the principal investigator/project director and each listed co-investigator, as well as by each unit head.

The distribution percentages will be used to report proposal submissions in the following way: The research proposal will be listed under each of the participating units giving the total amount of funds, the percent CREDIT, and the amount of funds attributed to each unit.

Unless a new Proposal Approval Form with a revised distribution is submitted within five working days after the unit's receipt of the award notice, the distribution percentages that appear on this form will be applied to the CREDIT report and F&A distributions. The Office of Business Affairs annual expenditure reports will reflect CREDIT percentages in reporting expenditures for each participating unit.

SPECIAL CLEARANCES

Complete the checklist below. 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 from Research Risks: for human subjects call 996-1974 or 996-1975; for animals and/or recombinant DNA call 996-1972.

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 signed by the hospital Chief Financial Officer or Medical Director (or designee - 1400 UIH). Allow a minimum of five business days of review time for hospital/clinic clearance.

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.

This project uses or involves:

Clearance required:

- Human subjects or tissues
Animals
Recombinant DNA
Biosafety concerns aside from recombinant DNA: Contact EHSO Office (6-SAFE)
Radiation or radioisotopes
UIC hospitals or clinics
This project uses Research Resources Center facilities: call RRC at 996-7600 to reserve access/determine cost of use
This project uses proprietary or confidential information or requires confidentiality
This project is potentially commercializable or patentable
This project involves an international component (travel, exchange, collaboration, etc. - not including travel to present a paper or attend a conference)
The Campus Research Board provided support for this project in the past. Specify year(s):

Research Areas (check all that apply)

- Arts, Architecture, and Culture
Biotechnology
Economic Development
Education
Engineering
Health
Health Care for the Aged
Public Safety
Urban and Public Affairs
Urban Educational Research
Other (specify in box below)

Chicago Regions Served (check all that apply)

- Chicago Loop
Chicago North
Chicago South
Chicago West
Northern Suburbs
Southern Suburbs
Southwestern Suburbs
Western Suburbs

UIC Neighborhoods Initiative Areas (check all that apply)

- Near West Side
Pilsen
Other (specify)

CONFLICT OF INTEREST CERTIFICATION (SIGNATURES REQUIRED)

A potential conflict of interest exists if the Principal Investigator, Co-Investigators and/or the Principal Investigator's or Co-Investigator's immediate family member(s):

Is (are) a major officer(s) of, or employee(s) with a managerial role(s), or do have a significant financial relationship with the proposed sponsor. Federal regulations (1995) define "significant" as a financial interest in business enterprises or entities that exceeds \$10,000 or represents more than 5% ownership. Attach an additional signature page if necessary.

Does a potential conflict of interest exist?

- Yes OR No
Signature (Principal Investigator) Date
Yes OR No
Signature (Co-Investigator) Date
Yes OR No
Signature (Co-Investigator) Date
Yes OR No
Signature (Co-Investigator) Date

PROPOSAL APPROVAL

Submit this original PAF and the originals and two copies of the sponsor’s application forms, the budget and narrative, 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 must be obtained prior to submission. You need not attach the complete technical proposal when you initially submit the proposal for approval. **However, you must submit two copies of the complete proposal to ORS** (one for ORS, one for the Office of Business Affairs) once the proposal is mailed to the sponsor. If two copies of the complete proposal are not on file, OBA will not be able to set up an account if a grant is received.

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.

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.

_____ Signature (Principal Investigator)	_____ Date
_____ Signature (Co-Investigator)	_____ Date
_____ Signature (Co-Investigator)	_____ Date
_____ Signature (Co-Investigator)	_____ 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.**

_____ Signature (Department/Unit Head)	_____ Date
_____ Signature (Department/Unit Head)	_____ Date
_____ Signature (Department/Unit Head)	_____ Date

3. School or College Dean(s), except for College of Medicine and College of Engineering

_____ Signature (Dean)	_____ Date
_____ Signature (Dean)	_____ Date

4. Office of the Vice Chancellor for Research

_____ Signature (Office of Research Services - Pre-Award)	_____ Date
_____ Signature (Vice Chancellor for Research)	_____ Date

MAILING

If you wish the Office Research Services to mail your proposal, submit to ORS the number of copies of the complete proposal the sponsor requires, plus two (one for OVCR and one for OBA). No matter who mails your proposal, **you must** submit two copies of the complete proposal to ORS. If you do not submit two complete copies, OBA will not be able to set up an account if a grant is received.

Note: 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.