

FORM – Proposal Approval (PAF)

Version 2.8 (2/27/09)

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/Time In: ____ / ____ / 20____ Reviewer Initials: _____

Previous PAF # or Institution #: _____

Mail: ORS / PI / Electronic

Full Proposal

Incomplete Proposal:

Full Research Plan

Other: _____

Sponsor/UIC Contract included? Yes No

Award Enclosed? Yes No

Department Copy via email? Yes No

Electronic Submissions ONLY:

Grants.gov Tracking #: _____

Note: Full Research Proposal required before final set-up of grant/fund account

Agency Specific Tracking #:

- Sponsor Program Announcement (PA)/ Request for Proposal (RFP) # _____
- Is this application in response to a limited submission opportunity? Yes No
If yes, attach copy of authorization received from Research Development Service (RDS@uic.edu).

I. General Information - [Instructions](#) (Please be sure to type and complete all applicable information)

A. Sponsor Deadline (mm/dd/yy): _____ Date of: Postmark Receipt

Are you requesting ORS to mail proposal to sponsor? No Yes (If yes, be sure to provide the number of copies required by sponsor)

B. Electronic Submission: Yes No

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

If yes, please specify: Grants.gov Fastlane NIH eSNAP DOD Other: _____

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 _____

CHECK IF THE UNIT ADMINISTERING FUNDS IS DIFFERENT FROM PI'S HOME UNIT

Administering Unit Name _____ Org. Code _____

Co-Investigators For more Co-Investigators, [click here](#).

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 _____

IV. Project Title:

(If this project is a Task Order/Protocol related to a Master Agreement, provide PAF#: _____)

V. Sponsor Information - (No acronyms or abbreviations)

Full Name of Sponsoring Organization _____ Sponsor Contact Name _____

Street Mailing Address Suite/Room (No PO Box) _____ Phone _____ Fax _____

City _____ State _____ Zip _____ Email _____

Is Sponsor a federal agency? Yes No

If yes, please provide CFDA Number: _____, and check here if Small Business Subcontracting Plan is required?

If no, is "Sponsor's" originating source of funds from a federal agency (federal flow-through)?

No Yes If yes, specify federal agency and CFDA Number: _____

VI. Proposal Categories - Check ONLY one item in EACH section - [Instructions](#)

Type of Proposal:	<input type="checkbox"/> New <input type="checkbox"/> Continuation/ Amendment* <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement* <input type="checkbox"/> Revision* (ie budget, PI, org. code): _____ Is this application in response to American Recovery & Reinvestment Act (Federal Stimulus Package) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If selecting one of these categories you must provide your previous PAF/Institutional number: _____</i> <i>(If related to a previously submitted Confidentiality/Non-Disclosure/Data-Use/MTA Agreement, please provide PAF#: _____)</i>		
Type of Award:	<input type="checkbox"/> Grant <input type="checkbox"/> Contract* <input type="checkbox"/> Cooperative Agreement* <i>*IP Disclosure Form Required <input type="checkbox"/> Attached</i>		
Type of Activity:	Research* <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 <input type="checkbox"/> Equipment <input type="checkbox"/> Conference (research only) <i>*NOTE: Any inventions resulting from the research covered by this project must be disclosed to the Office of Technology Management (OTM)</i>	Instruction <input type="checkbox"/> Instruction <input type="checkbox"/> †Training <input type="checkbox"/> †Fellowship †Non-research Only	Public Service <input type="checkbox"/> Public Service <input type="checkbox"/> †Fellowship †Non-research Only
Campus:	<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/> Both		

VII. Budget

A. Year one or current year (mm/dd/yy format):		Total Project Period (mm/dd/yy format):		
From: _____ To: _____		From: _____ To: _____		
Budget	Year 1 or Current Year	Total for Entire Project		Does budget include tuition remission?
Direct Cost	\$ _____	\$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Facilities & Admin. (ICR)	\$ _____ %	\$ _____ %		If yes \$ _____ /per Year 1 or current Year
Total Request	\$ _____	\$ _____		

VIII. Cost Sharing

1. Required by Sponsor? Yes (Mandatory/Committed) No (Voluntary Committed/Uncommitted) None
Note: All Cost Sharing, whether committed or uncommitted, must be documented. Committed cost-sharing is tracked in accordance with OMB Circular-21.

a. From Department	\$ _____	_____ %	c. Other (Third Party)	\$ _____	_____ %
b. From College	\$ _____	_____ %			

Important: If this project is funded, the unit must establish a separate account(s) in which to record these cost sharing commitments.

IX. Distribution of Credit and Facilities and Administration (F&A) Allocation

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. *Note: Failure to complete this section will result in all credit going to home unit.*

1. Distribution of Intellectual Credit (College/Unit Name is required, code # is optional.)

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

2. Distribution of College and Department F&A Allocation (College/Unit Name required. Code # optional)

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

X. Checklist

Check all applicable boxes in the following list, and obtain appropriate clearances where required.

A. Special Clearances

If IRB and/or IACUC approval is required at time of submission, please attach OPRS/OACIB documentation of approval for this specific proposal. All other proposals will be considered "pending" as per the [Vice Chancellor for Research](#). Due to legal and regulatory requirements applicable to research conducted at UIC, failure to obtain special clearances may delay submission of a proposal and/or processing of the award.

For information regarding regulatory clearances human subjects, call 312-996-1711(OPRS), for human embryonic stem cells call 312-355-5288(OPRS), and for animals and/or recombinant DNA call 312-996-1972 or 312-996-1974(OACIB).

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	PENDING unless documentation of approval is required at time of submission. If required, attach OPRS approval.	
<input type="checkbox"/> Animals	PENDING unless documentation of approval is required at time of submission. If required, attach OACIB approval.	
<input type="checkbox"/> Recombinant DNA or Infectious Agents/Toxins	Institutional Biosafety Committee Protocol No.	
<input type="checkbox"/> Human Embryonic Stem Cells	Embryonic Stem Cell Research Oversight Committee Application No.	E
<input type="checkbox"/> UIC hospital, clinics or MRI center	Hospital/Clinic/MRI Center Approval:	Signature
		Date

Note: Investigators doing research on human subjects / specimens may wish to call the Clinical Research Center at 996-6060 for information on CRC facilities.

B. Additional Project Information (check all that apply)

<input type="checkbox"/> For Biosafety concerns other than rDNA or Infectious Agents/Toxins	Contact EHSO- Health and Safety Section at 312-996-7411
<input type="checkbox"/> Select Agents	Contact EHSO - Health and Safety Section 312-996-7411
<input type="checkbox"/> Radiation or radioisotopes	Contact EHSO – Radiation Safety Section 312-996-7429
<input type="checkbox"/> Environmental Research (Science, Engineering or Policy)	See PAF Instructions
<input type="checkbox"/> Classified Research	See PAF Instructions
<input type="checkbox"/> Research Resources Center (RRC) facilities	To schedule access time or for help in preparing a budget related to RRC expenditures, call 312-996-7600 or visit the RRC website (http://www.rrc.uic.edu/fees.html) for fee schedules.
<input type="checkbox"/> Proprietary or confidential information or requires confidentiality	
<input type="checkbox"/> Potentially commercializable or patentable	Any inventions resulting from the research covered by this project must be disclosed to the Office of Technology Management (OTM)
<input type="checkbox"/> International component (travel, exchange, collaboration, etc. - not 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): ____	

XI. 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.

XII. Approval

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

All investigators must respond to these 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.** [For conflict of interest guidance](#) and information, please email COI@uic.edu or call 312/996-4070.

1. Are you or your immediate family members (spouse, children) major officers of, hold a managerial role in, or otherwise have a [significant financial relationship](#) with the research sponsor or any subcontract recipient (subcontractee)?
2. Do you or your immediate family members have a consulting relationship with this sponsor or any subcontractee?
3. To your knowledge, has this sponsor/subcontractee provided you or your department/unit with any gift funds?
4. Do you or your immediate family members 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?
5. Will any other people, in addition to those already listed on this form, function as investigators in this research? (*This question is for the UIC PI only, only applies to federally-funded research, and does not extend to individuals identified as investigators in UIC Subcontract Agreements processed under this PAF. UIC Subcontract Agreements contain their own COI certification section.*)

For federally funded research, we define "Investigators" as the principal investigator, co-investigators, and any other person who is responsible for the design, conduct, or reporting of research.

If additional investigators have been identified, the PI should check "yes" on question 5 and attach a document listing the names of investigators not already listed as PI or Co-Is on this form. The PI must ask each investigator to complete the COI Certification and append it to the PAF.

If you have checked "yes" to questions 1-4, then you need to attach a statement to the PAF. For additional guidance on writing a PAF statement [click here](#).

For completion by PI:

- Questions 1 – 4: No Yes/Question(s) # , , , , *(attach explanation)*
- Question 5: No Yes *(attach names and COI Certification of other investigators)*
 N/A, not federally funded

Signature (Principal Investigator)

Date

All yes responses required explanation, please attach. For additional guidance on writing a PAF statement [click here](#).

For completion by Co-Investigators:

Questions 1 – 4 *(all yes responses require explanation, please attach):*

- No Yes/Question(s) # , , , ,

Signature, Co-Investigator

Date

- No Yes/Question(s) # , , , ,

Signature, Co-Investigator

Date

- No Yes/Question(s) # , , , ,

Signature, Co-Investigator

Date

B. Proposal Approval

Submit this original PAF and the original(s) 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 Principal Investigator (PI) certifies the following: (1) that the information submitted within the application is true, complete and accurate to the best of the PI’s knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; and (3) that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application. When multiple PIs are proposed in an application, this assurance must be retained for all named PIs. For MTAs, only a PI’s signature is required; Department/Unit Head(s) and Schools or College Dean(s) signatures are NOT required.

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

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

_____	_____	_____
Typed Name (Dean)	Signature	Date
_____	_____	_____
Typed Name (Dean)	Signature	Date

4. Office of the Vice Chancellor for Research Review and Approval for Submission

Budget Review Yes No

Initials

Date

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

Date

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The proposal has been reviewed and approved pending conflict of interest review. Contract execution will be delayed until the conflict of interest has been managed.

Yes No