

For Internal Use Only	
Institution Number: _____	Date/Time In: _____ Reviewer Initials: _____
Previous PAF # or Institution #: _____	Method of Submission: ORS / PI / Electronic
<input type="checkbox"/> Full Proposal	Sponsor/UIC Contract included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Incomplete Proposal:	Award Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Full Research Plan	Department Copy via email? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____	Electronic Submissions ONLY:
<b>Note: Full Research Proposal required before final set-up of grant/fund account</b>	Grants.gov Tracking

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

- A. Sponsor Deadline: \_\_\_\_\_ Date of:  Postmark  Receipt
- B. Electronic Submission:  Yes  No If yes, please specify:  Grants.gov  Fastlane  NIH eSNAP  DOD  
 Other: \_\_\_\_\_ If Other, has the proposal been electronically transmitted to sponsor?  Yes  No
- C. Have you used any services provided by the UIC Center for Clinical and Translational Science (CTS) on this proposal  Yes  No

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

Name: \_\_\_\_\_ Mail Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**III. Do any investigators on this proposal have a joint appointment with the Jesse Brown VA Medical Center?**

- Yes  If yes, and submitting to NIH, complete and attach the supplemental Joint UIC/VA Appointment form, [click here](#).  
No

**IV. Principal Investigator:**

1. \_\_\_\_\_  
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 \_\_\_\_\_

**Investigators (For Multiple Principal Investigators, please check PI box below)**

2.  PI  Co-Investigator \_\_\_\_\_  
Name UIN Number Home Unit Name and Org Code

3.  PI  Co-Investigator \_\_\_\_\_  
Name UIN Number Home Unit Name and Org Code

4.  PI  Co-Investigator \_\_\_\_\_  
Name UIN Number Home Unit Name and Org Code

5.  PI  Co-Investigator \_\_\_\_\_  
Name UIN Number Home Unit Name and Org Code

6.  PI  Co-Investigator \_\_\_\_\_  
Name UIN Number Home Unit Name and Org Code

**V. Project Title:** \_\_\_\_\_

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

**VI. 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 Federal Agency Name/CFDA Number: \_\_\_\_\_

- Check here if Small Business Subcontracting Plan is required
- Check here if data will be available through NIH Genome-Wide Association Studies (GWAS) Policy For more information on NIH GWAS Policy, [click here](#).

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

Yes  No If yes, specify federal agency name : \_\_\_\_\_ and CFDA Number: \_\_\_\_\_

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

**A. Type of Proposal:**  New  Continuation/ Amendment\*  Renewal  Supplement\*  
 Revision\* (ie budget, PI, org. code): \_\_\_\_\_

**Is this application in response to American Recovery & Reinvestment Act (Federal Stimulus Package)**  Yes  No

*\*If selecting one of these categories you must provide your previous PAF/Institutional number:*

(If related to a previously submitted Master Agreement/Confidentiality/Non-Disclosure/Data-Use/MTA Agreement, please provide PAF#: \_\_\_\_\_ )

**B. Type of Award:**  Grant  Contract\*  Cooperative Agreement\*

*\*IP Disclosure Form Required  Attached*

**C. Type of Activity:**

Research*	Instruction	Public Service
<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) <input type="checkbox"/> Memorandum of Understanding No Money (also includes Non-Disclosure Agreement and Confidentiality Disclosure Agreement) <small>*NOTE: Any inventions resulting from the research covered by this project must be disclosed to the Office of Technology Management (OTM)</small>	<input type="checkbox"/> Instruction <input type="checkbox"/> †Training <input type="checkbox"/> †Fellowship  †Non-research Only	<input type="checkbox"/> Public Service <input type="checkbox"/> †Fellowship  †Non-research Only

**D. Campus:**  On-Site  Off-Site (All IPA's should be designated as off site)

**VIII. Budget**

**A. Year one or current year** (mm/dd/yy format):

From: \_\_\_\_\_ To: \_\_\_\_\_

**Total Project Period** (mm/dd/yy format):

From: \_\_\_\_\_ To: \_\_\_\_\_

**B. Budget** **Year 1 or Current Year**

Direct Cost	\$ _____		
Facilities & Admin.	\$ _____	_____ %*	
<b>Total Request</b>	<b>\$ _____</b>		

**Total for Entire Project**

\$ _____	
\$ _____	_____ %*
\$ _____	

**Does budget include tuition remission?**  Yes  No

If yes \$ \_\_\_\_\_/per Year 1 or current Year

\*Is the F&A rate used is other than [UIC Federally Negotiated Rates](#)?

Yes  No If Yes, complete a F&A Waiver Form or provide sponsor documentation supporting reduced rate

**IX. Cost Sharing**  Yes  No

All cost sharing committed in the proposal must be documented. Committed cost-sharing is tracked in accordance with OMB Circular A-21.

**A. Required by Sponsor?**  Yes (Mandatory Committed)  No (Voluntarily Committed)

**B. Cost Sharing Other Than Academic Contributed Effort:**

- \$ \_\_\_\_\_ / FOPAL \_\_\_\_\_ from College
- \$ \_\_\_\_\_ / FOPAL \_\_\_\_\_ from Department
- \$ \_\_\_\_\_ / FOPAL \_\_\_\_\_ from other campus sources, (specify) \_\_\_\_\_
- \$ \_\_\_\_\_ / FOPAL \_\_\_\_\_ from off-campus sources (specify) \_\_\_\_\_

**C. Are you as Principal Investigator and /or any other Investigator(s) named in this application contributing effort which is not reimbursed by sponsor?**  Yes  No

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

Complete this section only when two or more units are involved in the project. Signature(s) in Proposal Approval section certifies that the below Distributions of Intellectual Credit and College and Department F&A Allocation are true, accurate, and complete.

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

College/Unit Name	Org. Code	%CREDIT
1. _____	_____	____%
2. _____	_____	____%
3. _____	_____	____%
4. _____	_____	____%
5. _____	_____	____%
6. _____	_____	____%

*100% (Total must equal 100%)*

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

College/Unit Name	Org. Code	%F&A
1. _____	_____	____%
2. _____	_____	____%
3. _____	_____	____%
4. _____	_____	____%
5. _____	_____	____%
6. _____	_____	____%

*100% (Total must equal 100%)*

**XI. 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.

If the sponsor restricts the number of applications UIC can submit to this program, please attach RDS authorization for this specific application. For information regarding limited submission opportunities contact Research Development Services (RDS) at [rds@uic.edu](mailto:rds@uic.edu) or call 312-996-4995.

<b>This project uses or involves:</b>	<b>Clearance required:</b>
Human subjects or tissues <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending (For all New and Competitive Renewal Applications) <input type="checkbox"/> IRB #: _____ ATTACH OPRS Approval Notice. (For all applications that require approval at time of submission)
Animals <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending (For all New and Competitive Renewal Applications) <input type="checkbox"/> ACC #: _____ ATTACH OACIB Approval Notice. (For all applications that require approval at time of submission)
Recombinant DNA or Infectious Agents/Toxins <input type="checkbox"/> Yes <input type="checkbox"/> No	Institutional Biosafety Committee Protocol No. _____
Human Embryonic Stem Cells <input type="checkbox"/> Yes <input type="checkbox"/> No	Embryonic Stem Cell Research Oversight Committee Application No. _____
UIC hospital, clinics or MRI center <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospital/Clinic/MRI Center Approval: Signature _____ Date _____
Limited Submission <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Attach a copy of authorization received from RDS. Sponsor Program Number or Name: _____

*Note: Investigators doing research on human subjects / specimens may wish to call the Clinical Research Center at 312-996-3322 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	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 ( <a href="http://www.rrc.uic.edu/fees.html">http://www.rrc.uic.edu/fees.html</a> ) for fee schedules.
<input type="checkbox"/> Proprietary or confidential information or requires confidentiality	

**XII.Space**

**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.

**XIII.Approval**

**A. Conflict of Interest Certification**

**Signatures in the “Proposal Approval” section of this PAF certify that your responses to the following Conflict of Interest screening questions are true, accurate and complete to the best of your knowledge.**

All investigators must respond to these questions and check the “Yes” or “No” boxes by their names. *All “yes” responses must be clarified using the COI Statement of Explanation and Management (SEAM) form that describes the conflict and presents a plan for managing the conflict in order to minimize the effect on the design, conduct, or reporting of the research. For “yes” responses, attach the COI-SEAM to the PAF.* The form and guidelines on how to write the COI-SEAM are available in the “Managing Conflicts” section on the COI website at [www.research.uic.edu/conflict](http://www.research.uic.edu/conflict), or you may contact the COI Office at [COI@uic.edu](mailto:COI@uic.edu) or 312/996-4070.

1. Do you, or your family members (spouse, children), serve as major officers of, hold a managerial role in, or otherwise have a significant financial relationship (including consulting) with the research sponsor or any subcontract recipient? *“Significant” means financial interests in business enterprises or entities that (when aggregated for the individual, spouse, and children) exceed \$10,000 or represent more than 5% ownership*



as a result of the application. When multiple PIs are proposed in an application, this assurance must be retained for all named PIs.

1.	Typed Name <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator	Signature	Date
2.	Typed Name <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator	Signature	Date
3.	Typed Name <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator	Signature	Date
4.	Typed Name <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator	Signature	Date
5.	Typed Name <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator	Signature	Date
6.	Typed Name <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator	Signature	Date

**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

**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

**For Internal Use only**  
**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 \_\_\_\_\_

The proposal has been reviewed and approved pending conflict of interest review. Contract execution will be delayed until of interest has been managed.  Yes  No