

**University of Arkansas at Pine Bluff
Office of Research and Sponsored Programs
Internal Proposal Application Cover Sheet**

Proposal Number
Will be entered by ORSP

DEADLINE: _____
<input type="checkbox"/> Receipt Date <input type="checkbox"/> Postmark
<input type="checkbox"/> E-submission

Grant Information Source: ORSP email Other

APPLICATION DATA

Title of Proposal: _____

Sponsor Name: _____

Sponsor Mailing Address: _____

Phone: _____ **CFDA #:** _____

Project Beginning Date: _____ **Project Ending Date:** _____

ABSTRACT

PRINCIPAL INVESTIGATOR DATA

Principal Investigator: _____

Email: _____ **Phone:** _____

Dept: _____ **School:** _____

PROPOSAL DATA

<p>Type of Project</p> <input type="checkbox"/> New <input type="checkbox"/> Grant <input type="checkbox"/> Continuation <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Contract	<p>Category of Project</p> <input type="checkbox"/> Research <input type="checkbox"/> Instruction <input type="checkbox"/> Public Service	<p>Type of Agency</p> <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other
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COMPLIANCE DATA

<p>Human Subjects</p> <input type="checkbox"/> Yes <input type="checkbox"/> No IRB Approval Date: _____ (Attach a copy of the approval letter) <input type="checkbox"/> Approval Pending <p align="center">Laboratory Safety</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Animal Subjects</p> <input type="checkbox"/> Yes <input type="checkbox"/> No IACUC Approval Date: _____ (Attach a copy of the approval letter) <input type="checkbox"/> Approval Pending <p align="center">Hazardous Materials</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Recombinant DNA</p> <input type="checkbox"/> Yes <input type="checkbox"/> No Biosafety Approval Date: _____ (Attach a copy of the approval letter) <input type="checkbox"/> Approval Pending
INTELLECTUAL PROPERTY		
Involves Patent or Copyrights <input type="checkbox"/> Yes <input type="checkbox"/> No		

ACADEMIC AND ADMINISTRATION PROGRAM CHANGES

Will this project involve the development and implementation of a new academic major, new academic degree, or new interdisciplinary arrangement? Yes* No

Does this proposed project envision an advising or governing role for a project committee? Yes* No

Is it anticipated that this project will create a new administrative unit? Yes* No

*If Yes, attach a letter of explanation.

CONFLICT OF INTEREST CERTIFICATION

NEEDS AND OBLIGATIONS

Based on the UAPB's Conflict of Interest policy, do you or any members of your family have external relationships that have the potential for a conflict of interest?

PI Yes* No
 Other Yes* No

* If Yes, please contact ORSP.

Space and Equipment Needs

Will space be required or altered for offices or equipment? Yes* No

Institutional Obligations

After expiration, will UAPB be responsible for continuation of project?

Yes* No

*If Yes to either question, please identify the University Officer responsible with a supporting letter from that officer.

REQUESTED FUNDS FOR YEARS

COST CATEGORY	1	2	3	4	5	Total
Salaries and Wages						
Fringe Benefits						
Travel						
Equipment						
Supplies						
Contractual						
Construction						
Participant Costs						
Other						
Total Direct Costs						
Indirect Costs						
TOTAL REQUESTED FUNDS						

DETAILED COST SHARE/MATCH (Cash and in-kind)

Cost Category	Account #	1	2	3	4	5	Total
TOTAL COST SHARING							

Explain if UAPB's approved indirect cost rate is not used:

Indirect Cost Rate:

On campus - 59.4% of Salaries & Wages
 Off campus - 19.6% of salaries and wages

Fringe Benefit Rates:

31% regular salaries Graduate 31%
 31% extra help

SIGNATURES

COMMITMENTS OF RESOURCES MUST BE APPROVED BY ALL COGNIZANT UNIT HEADS.

Principal Investigator _____ Date _____

Vice Chancellor for Research and Innovation _____ Date _____

Department Head _____ Date _____

Vice Chancellor for Finance and Administration _____ Date _____

Dean of School _____ Date _____

Chancellor _____ Date _____

Director, Office of Research and Sponsored Programs _____ Date _____