DEADLINE: _____

☐ Receipt Date ☐ Postmark

☐ E-submission

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

Proposal Number
Will be entered by ORSP

Grant Information Source: ☐ ORSP email ☐ Other

APPLICATION DATA

Title of Proposal:

Sponsor Name:

Sponsor Mailing Address:

Phone: **CFDA #:**

Project Begining Date: **Project Ending Date:**

ABSTRACT

PRINCIPAL INVESTIGATOR DATA

Principal Investigator:

Email: **Phone:**

Dept: **School:**

PROPOSAL DATA

Type of Project

☐ New ☐ Grant

☐ Continuation ☐ Cooperative Agreement

☐ Contract

Category of Project

☐ Research

☐ Instruction

☐ Public Service

Type of Agency

☐ Federal

☐ State

☐ Other

COMPLIANCE DATA

Human Subjects

☐ Yes ☐ No

IRB Approval Date: _____

(Attach a copy of the approval letter)

☐ Approval Pending

Animal Subjects

☐ Yes ☐ No

IACUC Approval Date: _____

(Attach a copy of the approval letter)

☐ Approval Pending

Recombinant DNA

☐ Yes ☐ No

Biosafety Approval Date: _____

(Attach a copy of the approval letter)

☐ Approval Pending

Laboratory Safety

☐ Yes ☐ No

Hazardous Materials

☐ Yes ☐ No

INTELLECTUAL PROPERTY

Involves Patent or Copyrights

☐ Yes ☐ 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 (included in IDC)						$0.00
Fringe Benefits (included in IDC)						$0.00
Travel (included in IDC)						$0.00
Equipment (Excluded from IDC)						$0.00
Supplies (included in IDC)						$0.00
Contractual (Excluded from IDC; check IDC document)						$0.00
Construction (Exclded from IDC; check IDC document						$0.00
Participant Costs (Depends; check IDC document)						$0.00
Other						$0.00
Total Direct Costs	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Indirect Costs						$0.00
TOTAL REQUESTED FUNDS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

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

Cost Category	Account #	1	2	3	4	5	Total
							$0.00
							$0.00
							$0.00
							$0.00
TOTAL COST SHARING		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

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

Explain if UAPB's approved indirect cost rate is not used:
Please review the UAPB IDC rate document for details)

Indirect Cost Rate:

On campus - 59.5% **MTDC:** including Salaries and wages,Fringe Benefits,materials,supplies,services,Travel, and up to the first $25,000 of each Sub award (check IDC doc)

Off Campus: 21% as above

Fringe Benefit Rates: 25% of regular salary

SIGNATURES

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

Principal Investigator Date

Department Head Date

Dean of School Date

Director, Office of Research and Sponsored Programs Date

Vice Chancellor, Research, Innovation, and Econ . Dev. Date

Grants Accounting Full Budget and Justification Review Date

Vice Chancellor for Finance and Administration Date

Chancellor Date

PRINT RESET

REV 3/27/2025 Ebo Tei