



OFFICE OF RESEARCH & SPONSORED PROGRAMS

PROPOSAL INITIATION/APPROVAL FORM

Date: \_\_\_\_\_

Investigator Data

Project Director/ Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency/ Program Data

Agency Type:  Federal  State of GA  Private  Other (specify) \_\_\_\_\_

Agency Name: \_\_\_\_\_ Submission Deadline: \_\_\_\_\_ Time: \_\_\_\_\_

Program Name: \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Program No./ Web Link: \_\_\_\_\_

Will this proposal be submitted electronically?  Yes (specify) \_\_\_\_\_

No (specify) \_\_\_\_\_

Proposal Data

Title of Proposal: \_\_\_\_\_

Proposed Start Date: (mm/dd/yyyy) \_\_\_\_\_ Proposed End Date: (mm/dd/yyyy) \_\_\_\_\_

Proposal Type: Choose an item. Proposal Class: Choose an item. Project Type: Choose an item.

Project Location:  On Campus  Other (specify) \_\_\_\_\_

Where will the project be conducted? Bldg: \_\_\_\_\_ Room: \_\_\_\_\_ Other: \_\_\_\_\_

Will additional space or renovation be required?  Yes  No

Will this project generate program income?  Yes  No

Will there be fabrications of equipment on this project?  Yes  No

Budget Data

Requested Direct Cost: \$ \_\_\_\_\_ Requested Indirect Cost: \$ \_\_\_\_\_

Total Amount Requested: (Direct Costs + F&A Costs) \$ \_\_\_\_\_ F&A Rate % \_\_\_\_\_

F&A Base:  MTDC (Modified Total Direct Costs)  TDC (Total Direct Costs)  S&W (Salary & Wages)  Other (Specify) \_\_\_\_\_

Will there be Cost Sharing or Matching Funds?  Yes  No

Cost Sharing/Matching Source Account Name(s)	Source Account Number(s)	Amount(s)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Key Personnel Data

Name	Title	Department/Unit	Release Time %	Salary Requested	Fringes Requested
_____	_____	_____	%	\$ _____	\$ _____
_____	_____	_____	%	\$ _____	\$ _____
_____	_____	_____	%	\$ _____	\$ _____
_____	_____	_____	%	\$ _____	\$ _____
_____	_____	_____	%	\$ _____	\$ _____

			%	\$	\$
			%	\$	\$

**Compliance and Certifications Data**

- Yes  No Have all investigators completed training and submitted to ORSP the required disclosure form(s) pertaining to Significant Financial Conflict of Interests?
- Yes  No Is this project likely to result in Intellectual Property?
- Yes  No Are any of the investigators currently debarred, suspended or ineligible to receive federal or non-federal funds? (to search, please visit <https://www.sam.gov> )
- Yes  No Have any funds (federal or non-federal) been used to influence an officer or employee of any agency, a member of Congress, an officer of Congress or any other person with regard to this contract/proposal?

**Does the proposed work include and of the following?**

- Yes  No Human Subjects Research\*  Yes  No Hazardous Chemicals\*
- Yes  No Vertebrate Animals\*  Yes  No Radiation \*
- Yes  No Invertebrate Animals\*  Yes  No Bloodborne Pathogens\*
- Yes  No Recombinant DNA\*  Yes  No FDA/EPA GLP Compliance\*
- Yes  No Cancer Related Research  Yes  No RCR Training Required
- Yes  No Collaboration with Foreign Nationals; If yes, list nation(s) \*\*: \_\_\_\_\_

**Does the proposed work include possible export controls? (OFAC license may be required or prohibited based on answers)**

- Yes  No  TBD Will there be foreign national project personnel (including ASU personnel)?
- Yes  No Will there be shipping or travel to foreign nation(s)\*\* If yes, list nation(s): \_\_\_\_\_
- Yes  No Will any equipment (including laptops and/or smartphones), technology, or software be taken outside the U.S.?
- Yes  No Will you be working on a U.S. military base abroad?

\*No project activity is allowed without protocol review approval and/or registration and training.  
 \*\*Foreign nation(s) must be listed if "yes" is marked by collaboration with and/or travel to foreign nation(s).

As the Project Director/ Principal Investigator or Co-Investigator of this proposed project, I acknowledge the responsibility associated with my role and agree to comply with the sponsoring agency's terms and conditions for awards. I approve the proposed project's technical content and budget. I also certify that the information submitted within the application is true, complete and accurate to the best of my knowledge. I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific/programmatic conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

**Principal Investigator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval Signatures**

**Department Chair/Unit Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office of Research Sponsored Programs:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vice President for Academic Affairs:** \_\_\_\_\_ **Date:** \_\_\_\_\_