

UNIVERSITY OF ROCHESTER PROPOSAL SIGN-OFF FORM

THIS FORM SHOULD BE COMPLETED AND SUBMITTED WITH THE PROPOSAL TO ORPA AFTER ALL NECESSARY SIGNATURES HAVE BEEN OBTAINED.

Principal Investigator (PI) \_\_\_\_\_ School/College \_\_\_\_\_ Dept/Unit \_\_\_\_\_

Co-PI \_\_\_\_\_ Project Sponsor \_\_\_\_\_

Project Title \_\_\_\_\_

Program Announcement (Number and Title) \_\_\_\_\_

If NIH, award mechanism (R01, K08, etc.) \_\_\_\_\_ Deadline \_\_\_\_\_

Proposed Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Total Project Budget Requested \_\_\_\_\_

Proposal Type:  New  Continuation  Supplement  Resubmission  Renewal

Program Type:  Grant  Contract  Subcontract/subaward

F&A (Indirect) Rate \_\_\_\_\_ Purpose:  Research  Clinical Research  Training  Fellowship  Service  Other

Project Location:  On-Campus  Off-Campus If off-campus, location \_\_\_\_\_

If proposal has been submitted to other sponsors, please list \_\_\_\_\_

ADMINISTRATIVE AND POLICY CONSIDERATIONS (FILLED OUT BY PI) - Please explain "yes" responses on the reverse of this form

- Yes No 1. Does this project require additional/new space or renovation/modification of current space or facilities? Check all that apply: Equipment/Utility support \_\_\_\_\_ Additional, New or Renovated Space \_\_\_\_\_ If yes, include an explanation on amount of space needed, cost and source of funds.
2. Does this proposal involve cost sharing or matching funds? If yes, attach completed copy of Cost Sharing Commitment form.
3. Will research use human subjects?
4. Will research use animals?
5. Will research use radioactive materials or isotopes?
6. Will research use human embryonic stem cells?
7. Are you requesting less than the maximum F&A costs as allowed by the sponsor's written policy?
8. Will there be subcontracts to other institutions? Number ? \_\_\_\_\_
9. Is any program income anticipated under this project?
10. Do you or any of the involved investigators have consulting arrangements, line management responsibilities, substantial equity holdings with the sponsor, subcontractor, or potential vendor?
11. Have all investigators submitted an annual conflict of interest disclosure statement? State the names of all investigators: \_\_\_\_\_
12. For NIH proposals, do all investigators agree to comply with the NIH Public Access Policy? Please see the NIH Policy for details.
13. Is this an Individual NRSA (F-awards) Fellowship? If yes, complete the Individual Fellow and Faculty Mentor Certification for NIH F-awards Certification http://www.rochester.edu/ORPA/Forms/
14. For PHS or NSF proposals, do any of the investigators involved have significant financial interest related to the research proposal? If yes, that person must submit a completed conflict of interest disclosure to his/her Chair or Director.
15. Are you currently debarred or suspended from doing business with the federal government or excluded from Medicare or other federal/state health care programs, or are you currently in default on any federal student loans?
16. Have you engaged in lobbying activities using federal funds to influence any federal employee in connection with this proposal?
17. If funded, will other individuals be authorized to sign for purchases necessary for the project? If yes, name authorized individuals: \_\_\_\_\_
18. Is this proposal a collaborative inter-school/college program with sharing of indirect cost recovery? If yes, attach completed copy of Sharing of Indirect Cost Recovery form.
19. Does the project involve international partnerships or activities in foreign countries?
20. Will the work involve the transfer of technology and/or materials overseas?
21. Will the work conducted fall outside the fundamental research exclusion of the Export Control Laws?
22. Identify the CLASP-certified individual(s) who will have functional responsibility for oversight of this project, should it be funded. \_\_\_\_\_
(Signature or initials of this individual recommended)
23. Do you believe that the proposal contains ideas or processes that could be commercialized?

PRINCIPAL INVESTIGATOR'S CERTIFICATION

In signing below the Principal Investigator (PI) certifies that the above is accurate and complete to the best of the PI's knowledge. For PHS or NSF new, competing, and non-competing proposals, this certification must also include signatures of all investigators below or attached. In addition, the PI understands that any false, fictitious, or fraudulent statements or claims made in the accompanying submission may subject the PI personally to criminal, civil, or administrative penalties. 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 this application

Principal Investigator(s): \_\_\_\_\_ Date: \_\_\_\_\_

Other Investigator(s): \_\_\_\_\_ Date: \_\_\_\_\_

REQUIRED SIGNATURES: (PLEASE SEE REVERSE FOR ADDITIONAL SIGNATURES WHICH MAY BE REQUIRED)

Dept Chair: \_\_\_\_\_ Date: \_\_\_\_\_ Division/Unit Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_ Director of Medical Center \_\_\_\_\_

Space Planning: \_\_\_\_\_ Date: \_\_\_\_\_

(required for Medical Center if "Yes" has been checked on consideration 1 above)

**OBTAIN FOLLOWING SIGNATURES AS APPLICABLE TO THIS PROPOSAL:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | A. Is proposed project using space or facilities of Strong Memorial Hospital? If yes, obtain Signature of SMH Senior Director for Finance (x5-3033 – Room 1-2412):<br><br>_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Will project require resources of the University Vivarium? If yes, please list the animal species _____ and the estimated maximum number of each species housed at one time _____ and send a copy of the signoff form to the attention of the Vivarium Director, Box 674.   |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Will project require resources of the General Clinical Research Center? If yes, obtain Signature of GCRC Director:<br><br>_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Will project require services of the Department of Biostatistics? If yes, obtain Signature of Chair, Department of Biostatistics:<br><br>_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | E (a). Will this project include pathogens, recombinant DNA, human blood, body fluids or tissue, virus vectors, human cell lines or generation of transgenic animals via recombinant DNA technology or interbreeding? For additional information, consult the IBC web page at <a href="http://www.safety.rochester.edu/ibc">www.safety.rochester.edu/ibc</a>   |
| <input type="checkbox"/> | <input type="checkbox"/> | E (b). Will this project involve an OSHA recognized carcinogen? (2-Acetylaminofluorene, 4-Aminodiphenyl, Benzidine, bis-Chloromethyl ether, 3,3'-Dichlorobenzidine (and its salts), 4-Dimethylaminoazo-benezene, Ethyleneimine, methyl chloromethyl ether, alpha-Naphthylamine, beta-Naphthylamine, 4-Nitrophenyl, N-Nitrosodimethylamine, beta-Propiolactone)<br><br>If answer to question E(a) or E(b) is marked "Yes", please send a copy of this completed signoff form to the attention of the IBC Program Coordinator, Environmental Health & Safety, RC Box 278878. |
| <input type="checkbox"/> | <input type="checkbox"/> | F. Will faculty or staff from other University departments, divisions, or units participate in this project or will resources of another department, unit or office ( <b>see below</b> ) be used? If yes, obtain signature of Participating Department Chair(s), Dean(s), or Director(s):<br><br>_____   |

**DESCRIPTION OF PROPOSAL SIGN-OFF RESPONSIBILITIES**

**PRINCIPAL INVESTIGATOR:** The PI is the initiator and director of the proposed program. The PI's signature indicates that he/she will adhere to University and sponsor policies affecting the project, including completion of an Employee Intellectual Property Agreement and conflict of interest disclosure, monitoring of expenditures and the submission of reports required by the sponsor and the University.

**DEPARTMENT CHAIR, DIVISION/UNIT CHIEF:** These signatures mean that agreement has been reached regarding the amount and type of departmental resources that will be required to assist a PI in completing a project. If new space, personnel, or renovations are required, further discussion with the appropriate Dean's office will be necessary. This signature also confirms receipt of the annual conflict of interest disclosure and, where required, the supplemental disclosure and certifies that review will be complete and conflicts resolved, if any, prior to award.

**DEAN:** The Dean's signature means that agreement has been reached regarding the amount of School/College resources required to support the program. The Dean ensures that appropriate salary and pooled costs are requested in the proposal. As well, the Dean participates in discussions of new space or renovations required to complete a project.

**OFFICE OF RESEARCH AND PROJECT ADMINISTRATION:** ORPA reviews proposals to ensure compliance with sponsor guidelines and University policies. ORPA serves as the final "checkpoint" to ensure that all appropriate University officials have had an opportunity to review the proposal. (ORPA, 515 Hylan Building, River Campus, x5-4031.)

**OTHER SIGNATURES WHICH MAY BE REQUIRED DEPENDING UPON THE NATURE OF THE RESEARCH:**

**RESOURCES OF OTHER DEPARTMENTS, UNITS OR OFFICES:** Projects that require resources of other University departments or offices require approval of the appropriate signatory. At the Medical Center, examples include Curricular Affairs/Office of Medical Education, the Web Technology Group, etc.

**VIVARIUM:** All University projects using animals must be reviewed by the University Committee of Animal Resources (UCAR, x5-1693).

**BIOHAZARDS:** Projects which propose the use of potential biohazards, including recombinant DNA and carcinogens, must be reviewed by the Executive Secretary of the Biosafety Committee, 685 Mt HopeAve, x5-3241. This signature is required to comply with federal and state regulations covering biohazards.

**BIostatistics SERVICES:** Projects that involve biostatistics must be approved by the Department of Biostatistics, Room G11318H, Medical Center x5-2407. This signature ensures that adequate costs and professional effort have been included to support biostatistical studies.

**STRONG MEMORIAL HOSPITAL:** Projects which involve facilities, services, or training programs of Strong Memorial Hospital require the signature of the Senior Director for Finance, Room 1-2411, Medical Center, x5-3300.

**GENERAL CLINICAL RESEARCH CENTER:** Projects which will require beds, space, or staff of the General Clinical Research Center should be reviewed by the Director of the General Clinical Research Center. Room 4-4442, Medical Center, x5-5295.

**EXPLANATION OF THE ITEMS FROM FRONT (use additional sheets if required):** \_\_\_\_\_