

Institutional Authorization Form

for the Submission of Proposals for External Support

College Hall Room 150, MSC 201 Tel: (361) 593-3344 Email: osr@tamuk.edu

RESEARCH AND INNOVATION				1 1			
1. PI, Sponsor and Grant Information			4. Research Compliance: Check appropriate boxes if the Proposal contains the following, additional documentation must be attached.				
Project Title:			Human Subjects (IRB)	No □Yes	Copy of Application for Approval of Investigation:	Attached	Pending
PI / PD:			Animal Welfare (IACUC)		IACUC Review Form:	Attached	Pending
Co-PI/Co-PD :			Renovation /	NI- 1/	Cost estimate from Facilities, Planning & Construction Office:	Attached	Pending
Dept:	College:		Potential Patents	: □ _{No} □ _{Yes}	Patent Description:	Attached	Pending
PI Email:	PI Phone:		Collaborators Partners Sub-recipients	No Dyes	Written Authorization by Signatory Authority:	Attached	Pending
Sponsor: Mailing Address	Phone:		Risk	No Dyes	Confirmation of Approval by Enterprise Risk management	Attached	Pending
Due Date:	Postmarked Date		Institutional Bio-safety Committee (IBC)		Institutional Bio-safety (IBC) Form:	Attached	Pending
Check one on each line			Export Contro	□ No □ Yes	Confirmation of approval from Export Control Official	Attached	Pending
2. Budget Information Award Period Total Support Requ	uested from Sponsor \$	5. PI / Co-PI Assurance As a principal or co-principal investigator/project director, I certify that I have no potential conflict of interest involved in this proposal that may affect, or be perceived to affect, the results of the research proposed, that I am not delinquent on any Federal debt, such as student loans, etc. (this does not include income taxes), that I am not currently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from current transactions by a Federal department or agency, and that I accept responsibility for the scientific conduct of the project and will provide the required reports if an award is made as a result of this application.					
Base Amount for Indirect Costs Calculation \$ as			PI / PD:			Date:	
Is Cost-Sharing Included?			Co-PI/Co-PD:			Date:	
Is Release Time Requested? No Yes / Funded Cost Shared 3. Reviewed and approved by:			Co-PI/Co-PD:			Date:	
		6. Supervisor Assurance I have reviewed the attached proposal and find it in accord with the capabilities and priorities of my area. By my signature I am committing the resources under my control as specified in the proposal.					
	Proposal Administrator	Date	Chair:			Date:	
Director	, Contracts & Grants (Pre-Award)	Date	Chair:			Date:	
Director, contracts & Grants (Fre Award)			Dean/VP:			Date:	
ORI Use:			Dean			Date:	
☐ Submitted without ORI Review							1