

Institutional Authorization Form for the Submission of Proposals for External Support

1. PI, Sponsor and Grant Information

Project Title:		
PI / PD:		
Co-PI/Co-PD :		
Co-PI/Co-PD :		
Dept:	College:	
PI Email:	PI Phone:	
Sponsor:	Phone:	
Mailing Address		
Due Date:	Postmarked Date	

Check one on each line

1. New Continuation Resubmission Transfer
 2. Research Instruction Other

2. Budget Information

Award Period _____ to _____
 Total Support Requested from Sponsor \$ _____
 Base Amount for Indirect Costs Calculation \$ _____ as _____ %
 Direct Costs (DC) or _____ % of Salaries & Wages (S&W)
 Is Cost-Sharing Included? No Yes (Attach Cost Sharing Form)
 Is Release Time Requested? No Yes / Funded Cost Shared

3. Reviewed and approved by:

Proposal Administrator	Date
Director, Pre-Award:	Date

ORGS Use: Fed Fed/PT State State P/T PP PNP
 Submitted without ORSP Review

4. Research Compliance: Check appropriate boxes if the Proposal contains the following, additional documentation must be attached.

Human Subjects (IRB):	<input type="checkbox"/> No <input type="checkbox"/> Yes	Copy of Application for Approval of Investigation:	<input type="checkbox"/> Attached <input type="checkbox"/> Pending
Animal Welfare (IACUC):	<input type="checkbox"/> No <input type="checkbox"/> Yes	IACUC Review Form:	<input type="checkbox"/> Attached <input type="checkbox"/> Pending
Renovation / Construction:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Cost estimate from Facilities, Planning & Construction Office:	<input type="checkbox"/> Attached <input type="checkbox"/> Pending
Potential Patents:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Patent Description:	<input type="checkbox"/> Attached <input type="checkbox"/> Pending
Collaborators, Partners, Sub-recipients:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Written Authorization by Signatory Authority:	<input type="checkbox"/> Attached <input type="checkbox"/> Pending
Risk	<input type="checkbox"/> No <input type="checkbox"/> Yes	Confirmation of Approval by Enterprise Risk management	<input type="checkbox"/> Attached <input type="checkbox"/> Pending
Institutional Bio-safety Committee (IBC):	<input type="checkbox"/> No <input type="checkbox"/> Yes	Institutional Bio-safety (IBC) Form:	<input type="checkbox"/> Attached <input type="checkbox"/> Pending
Export Control	<input type="checkbox"/> No <input type="checkbox"/> Yes	Confirmation of approval from Export Control Official	<input type="checkbox"/> Attached <input type="checkbox"/> Pending

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.

PI / PD:	Date:
Co-PI/Co-PD :	Date:
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.

Chair:	Date:
Chair :	Date:
Dean/VP:	Date:
Dean	Date: