

SPONSORED PROGRAMS APPROVAL FORM

RESEARCH
 INSTRUCTION
 OUTREACH
 EXTENSION

PROPOSAL INFORMATION

Lead Investigator _____ Phone _____ Fax _____ E-mail Address _____

Address: Department / Center _____ Dept / Ctr Org _____

Sponsor/Agency (*NIH Proposals require submission of the [Compliance Form](#)*) _____

Due Date _____	<input type="checkbox"/> Receipt <input type="checkbox"/> Postmark
2 DAY ADVANCE RECEIPT BY OSP REQUIRED	

Proposal Title _____

Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal of _____ <input type="checkbox"/> Continuation _____	<input type="checkbox"/> Pre-proposal <input type="checkbox"/> Revision of _____ <input type="checkbox"/> Supplement to _____	Select Type Below: <input type="checkbox"/> Basic or <input type="checkbox"/> Applied <input type="checkbox"/> Requested or <input type="checkbox"/> Unsolicited
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Where will the work be performed? _____
 Building where majority of work will be performed? _____
 Project related to a VT initiative: _____

Assistance received from the following: _____

Budget	_____		_____		_____	
	Begin	End	%	Indirect Rate	<input type="checkbox"/> Subcontract(s) will be issued	
	Year One	Year Two	Year Three	Year Four	Year Five	Total
Direct						\$0.00
Indirect						\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Cost Share*						\$0.00

* If cost sharing is involved, [A – COST SHARING REQUEST](http://www.osp.vt.edu/forms/Form A/Form A - Cost Share.doc) must be completed and submitted with this form.

PERCENT CREDIT

Investigator(s)	Banner ID	Department / Center	Dept Code	Credit %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Summation of all credit should equal 100%				0%

SPONSOR / AGENCY

Contact _____ Phone _____ Address _____

Email Address _____ Fax _____ _____

Overnight Address (street name) _____ City _____ State _____ Zip Code _____

MAILING INSTRUCTIONS

No. of Copies (original plus)	<input type="checkbox"/> Express Mail <input type="checkbox"/> Digital (OSP PDF) <input type="checkbox"/> Digital PI Provided (2 DAY ADVANCE RECEIPT BY OSP REQUIRED)	<input type="checkbox"/> Dept to Mail upon Approval Call: _____
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DISCOVERY DOMAIN

Discovery Domains Proposal Relates To:

- Energy, Materials, and Environment (EME)
- Social and Individual Transformation (SIT)
- Innovative Technologies and Complex Systems (ITS)
- Health, Food, and Nutrition (HFN)
- None of the Above

The Discovery Domains are explained within the [Approval Instructions](#) or at the OSP web site ([://www.osp.vt.edu/various_information/discovery_domains.php](http://www.osp.vt.edu/various_information/discovery_domains.php)).

COMPLIANCE DATA

- | Yes | No | | |
|--------------------------|--------------------------|---|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does this project involve the use of Human Subjects ? Provide the IRB # if available. | * IRB # _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does this project involve the use of Vertebrate Animals ? Provide the ACC # if available. | * ACC# _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is this project subject to Export Control (ITAR / EAR) ? | |
- * Compliance control numbers are not required at time of submission but must be provided to OSP prior to award.

If any of the following categories are checked, additional clearances or approvals may be required prior to project initiation.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Recombinant DNA/RNA | <input type="checkbox"/> Biohazards | <input type="checkbox"/> Patents/Copyrights | <input type="checkbox"/> Proprietary Data |
| <input type="checkbox"/> Hazardous Chemicals / Waste | <input type="checkbox"/> Radioactive Materials | <input type="checkbox"/> Good Lab Practices | <input type="checkbox"/> International |

ADDITIONAL COORDINATION

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Will administrative expenses or supplies be charged to a federal project?
(If yes, submit OSP ://www.osp.vt.edu/forms/form_b/form_b_-_cost_acct_exception_(3-31-05).doc). |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Will this project require a special agreement regarding the distribution of overhead?
(If yes, submit OSP ://www.osp.vt.edu/forms/form_c/form_c_revised.pdf). |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is this proposal subject to a limited submission? (If yes, coordinate with V.P. for Research prior to submission to OSP). |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is this work to perform testing services? (If yes, the Academic Research Services Agreement may be appropriate). |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Does the project involve classified documents and/or industrial security clearance? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is a special statement required in the transmittal letter? (If yes, attach statement). |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Does the proposal involve a graduate course? (If yes, Graduate School coordination is required). |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the proposal involve either a non-credit course or conference? (If yes, Continuing Ed signature is required). |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Is University or Continuing Education housing or food services involved? (If yes, Continuing Ed signature is required). |

CONFLICT OF INTEREST CERTIFICATION

Do any participating faculty, staff, or students (or their spouse or dependent children) have significant financial interests (\$10K or 3% ownership, or \$10K income per annum) that would reasonably appear to be affected by the activities to be funded by this proposal?

- Yes No (If yes, please explain below and submit VT Policy 13010 disclosure forms to reviewing officials.)

- Yes No Is the sponsor a Virginia Tech employee-owned business?

REQUIRED SIGNATURES

By signing, the Dean / Director confirm that adequate space, faculty time, and equipment are available.

Lead Investigator Date

Director / Dean Date

NOTES

OSP Use Only

Revised 03-23-09

Reviewed / Date

Entered / Date

Proposal No.

