

When this proposal has been signed, please call _____ Extension _____

UR-CTSI PROPOSAL SIGN-OFF FORM

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE UR-CTSI WITH THE PROPOSAL AFTER ALL NECESSARY SIGNATURES HAVE BEEN OBTAINED. THIS FORM DOES NOT GET SUBMITTED TO ORPA.

Principal Investigator (PI)/Contact PI _____
Please check if this is a Multiple PI project (as defined by NIH)
Other Multiple PIs/Co-PIs: _____ Project Sponsor __UR-CTSI_____
Project Title _____

CTSI Funding Program _____
Proposed Start Date _____ End Date _____ Total Project Budget Requested _____ Deadline _____

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

**NOTE: All Co-Investigators, and other named investigators, MUST complete Section A ("Additional Signatures Certification")
ADMINISTRATIVE AND POLICY CONSIDERATIONS (MUST BE COMPLETED BY PI) - Please explain "yes" responses on additional sheets**

- | | |
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| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> 1. Does this project contain a clinical research component with clinical procedures?</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. Does this proposal involve cost sharing or matching funds? If yes, complete below:
-Type of cost being shared _____</p> <p>3. Will research use human subjects?</p> <p>4. Is this an NIH funded multi-site study utilizing the UR's RSRB as the single IRB of record?</p> <p>5. Will research use animals?</p> <p>6. Will research use radioactive materials or isotopes?</p> <p>7. Will research use human embryonic stem cells?</p> <p>8. Will there be subcontracts to other institutions? Number? _____</p> <p>9. Have you submitted an annual conflict of interest disclosure Statement?</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> 10. Do all investigators agree to comply with the NIH Public Access Policy? Please see the NIH Policy for details.</p> <p>11. 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?</p> <p>12. If funded, will other individuals be authorized to sign for purchases necessary for the project? If yes, name authorized individuals:</p> <p>13. Does the project involve international partnerships or activities in foreign countries? Country name: _____</p> <p>14. Will the work involve the transfer of technology and/or materials overseas?</p> <p>REQUIRED 15. Identify the CLASP-certified individual(s) who will have functional responsibility for oversight of this project, should it be funded.</p> <p>(Name &Signature / initials of this individual recommended)</p> |
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PRINCIPAL INVESTIGATORS' CERTIFICATION

*In signing below the Principal Investigator(s) (PIs) certify that the above is accurate and complete to the best of the PIs' knowledge. **This certification must also include signatures of all investigators in Section A (page 2 of this form).** The PI certifies the proposal (including any subsequent supplemental material) is compliant with sponsor requirements. In addition, the PI(s) understand that any false, fictitious, or fraudulent statements or claims made in the accompanying submission may subject the PI(s) personally to criminal, civil, or administrative penalties. The PI(s) 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.*

REQUIRED SIGNATURES (PLEASE SEE PAGE 2 FOR ADDITIONAL SIGNATURES WHICH MAY BE REQUIRED).

Principal Investigator(s): _____ Date: _____

Dept Chair(s): _____ Date: _____

Yes No

Will faculty or staff from other University departments, divisions, or units participate in this project or will resources of another department, unit or office be used? If yes, obtain signature of Participating Department Chair(s) or Director(s):

Faculty and Dept. Name (printed)

Signature

Faculty and Dept. Name (printed)

Signature

Faculty and Dept. Name (printed)

Signature

DESCRIPTION OF PROPOSAL SIGN-OFF RESPONSIBILITIES

PRINCIPAL INVESTIGATOR/MULTIPLE PI: The PI/Multiple PI is the initiator and director of the proposed program. The PI's/Multiple's PIs' signature(s) indicates that he/she/they 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.

Section A: Additional Signatures Certification

In signing below the following Investigators certify that:

- they have submitted an annual conflict of interest disclosure statement;
- there are no new financial interests to report (if there are new financial interests that have not been disclosed, the investigator must report these prior to proposal submission); and
- they are not currently debarred or suspended from doing business with the federal government or excluded from Medicare or other federal/state health care programs, or that they are not currently in default on any federal student Loans.
- In addition, the Investigators understand that any false, fictitious, or fraudulent statements or claims made in the accompanying submission may subject the Investigators personally to criminal, civil, or administrative penalties. The Investigators agree 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.

Name	Signature	Role on Project (e.g. PI, Res. Assoc)
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