

University at Buffalo

Request for Approval of Sponsored Program

SPA Use Only	
Proposal #:	_____
Rec'd by SPA	____/____/____
Date Submitted	____/____/____

1. Principal Investigator

Name _____
 Social Security # _____
 Title _____
 Dept. _____
 Campus Address _____
 Campus Phone ___ Extension _____
 Fax ___ E-mail _____
 Credit as indicated in Item 28

2. Type of Proposed Activity

- Research
- Instruction/Training
- Public Service
- Conference
- Fellowship
- Educational Support

3. Type of Submission

- New
- Cont. of Acct. # _____
- Renl. of Acct. # _____
- Supl. to Acct. # _____
- Transfer

4. Title of Project _____

5a. Sponsor Type

- Federal Foreign
- State Local Gov't
- Non-Profit Other
- Industrial

5b. Fiscal Administrator

- Research Foundation
- UB Foundation Services, Inc.

6. Check One:

- This proposal has not been submitted to any other sponsor
- This proposal is substantially the same as
 Proposal number _____
 Submitted to _____

7. This proposal is:

- Unsolicited
- In response to **attached**
 RFP/RFA

8. Proposed Start Date

Start Date _____
 Duration in months _____

9a. Is there a sponsor deadline for submission?

- None
- Postmark Date _____
- Receipt Date _____

9b. Number of copies required by Sponsor _____

*Two (2) copies without appendices
 Required by SPA.*

10. Indirect costs have been calculated at ___% of

- Total Direct Costs (TDC)
- Modified TDC Other

11a. Funds requested from sponsor for initial year of this proposal:

Direct Costs _____
 Indirect Costs _____
 Total _____

11b. Funds requested from sponsor for all years of this proposal:

Direct Costs _____
 Indirect Costs _____
 Total _____

12. PI effort on project:

_____ Academic Year
 _____ Summer Month(s)
OR
 _____ Calendar Year

13. Sponsor _____

Mailing Address _____

 _____ Phone _____

14a. Performance Site(s) (On-campus buildings, affiliated hospitals, and/or off-campus locations):

b. % On Campus _____

For Items 15-27 check the appropriate box, and for each YES provide the additional information requested

Are the following involved in the proposed project? NO YES and

- | | | | | | |
|---|--------------------------|--------------------------|----------------------------|---|---|
| 15. Human subjects? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved HS form or exempt form is attached.
<input type="checkbox"/> Protocol pending approval, was submitted to _____
_____ committee on _____. | |
| 16. Laboratory animals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | IACUC approval attached.
<input type="checkbox"/> IACUC approval requested on _____ | |
| 17. Investigational new drugs? | <input type="checkbox"/> | <input type="checkbox"/> | | Contact Sponsored Programs Associate. | |
| 18. Biohazardous Materials? | | | A B C | | |
| A. Recombinant DNA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved UBC letter or |
| B. Infectious Agents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Registration (exempt) letter attached. |
| C. Hazardous Chemicals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exempt or non-exempt protocol pending approval,
submitted to UBC on _____ |
| 19. Waiver of indirect costs? | <input type="checkbox"/> | <input type="checkbox"/> | | | Submit Request for Indirect Cost Waiver. |
| 20. Will any portion of the project be subcontracted? | <input type="checkbox"/> | <input type="checkbox"/> | | | Subcontractor _____
Written commitments to perform have been obtained and are attached?
<input type="checkbox"/> Yes <input type="checkbox"/> No |

NO YES

21. **Cost-Sharing:** Is a contribution of University resources (either cash or in-kind) included in the budget? NO YES
 a. Cost-sharing required by sponsor? No Yes
 b. Total value of contributed resources:
 First Year ___ All Years ___
 c. _____ Initials confirm commitment of resources by University official responsible for managing contributed resources.
22. Is support for **Graduate Research Assistants** requested? NO YES
 a. If yes, amount of tuition requested \$ _____
 b. If yes and tuition is not requested, Dean's commitment to remit tuition is attached.
23. **University support of personnel or equipment** beyond the period of external support? NO YES
 a. Period of continuing obligation: ___ years
 b. Estimated cost per year ___
 c. Source of funds to meet continuing obligation:

24. **Space and/or facilities** beyond those presently available will be required and costs for these facilities are not included in the project budget? NO YES
 On an attached sheet describe additional requirements and their estimated costs. Outline plan for meeting those requirements.
25. Establishment of a **new academic program**? NO YES
 Review and approval by University Provost required.
26. **Proprietary information** provided by sponsor (e.g., proprietary technical data, confidential marketing information, etc.) NO YES
 Discussion with Sponsored Programs Associate required.
27. **Are there Investigators in addition to those identified in items 1 and 28?** NO YES
 If yes, attach a list of all Investigators not named in items 1 and 28.

NOTE: Signature of the PI in Item 29 and initials of Co-I's in Item 28 certify that s/he (they) are not, to the best of knowledge, presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transactions by any Federal department or agency and that s/he (they) have on file with the cognizant dean(s) current and complete Form SUNY-2-UB financial disclosure.

- | 28. Distribution of credit for proposal/award: | b. Co-I's
Initials | c. Department(s)/Unit(s)
to be Credited | d. % of Credit
(must total 100%) |
|---|-----------------------|--|-------------------------------------|
| Principal Investigator _____ | | _____ | _____ |
| Co-I: _____ | _____ | _____ | _____ |
| Co-I: _____ | _____ | _____ | _____ |
29. **Principal Investigator's Signature:** _____ Date: ____/____/____
30. **Department/Unit Approval(s): Approval by the Chair/Director of each department/unit named in items 1 and 28 is required.** The attached proposal and additional information provided in response to Items 15-27 have been reviewed. The proposal and supporting information are consistent with the programs, objectives, and resources of the department/unit.
- _____ Date: ____/____/____
 _____ Date: ____/____/____
 _____ Date: ____/____/____
31. **Faculty/School Approval(s): Approval by the cognizant Dean of each department/unit named in items 1 and 28 is required.** The attached proposal and additional information provided in response to Items 15-28 have been reviewed. The proposal and supporting information are consistent with the programs, objectives, and resources of the Faculty/School. SUNY-2-UB financial disclosure forms have been filed by all Investigators.
- _____ Date: ____/____/____
 _____ Date: ____/____/____
 _____ Date: ____/____/____
32. **Provost's Approval** (if required or requested by Dean(s) or SPA): _____ Date: ____/____/____
33. **Sponsored Programs Approval:** _____ Date: ____/____/____