

# UNIVERSITY OF KENTUCKY

## Internal Approval Form

Revised 10/2009

UKRF # (entered by OSPA staff) \_\_\_\_\_

ONLY NOTED (●) ITEMS MUST BE COMPLETED FOR NONCOMPETING OR CONTINUATION PROPOSALS UNLESS THERE ARE CHANGES FROM THE ORIGINAL APPROVED PROPOSAL. Instructions for completing this form are on the OSPA website <http://www.research.uky.edu/ospa/forms.html>

1. ● Principal Investigator: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ UK Person ID.: \_\_\_\_\_

Dept # \_\_\_\_\_ College/Center or Institute: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Physical location of Proposed Activity (Building) \_\_\_\_\_ FAX: \_\_\_\_\_

If the unit primarily responsible for this proposal is other than the prime department of the PI, specify alternate unit: \_\_\_\_\_

Co-Investigator: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ UK Person ID.: \_\_\_\_\_

Dept #: \_\_\_\_\_ College/Center or Institute: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Co-Investigator: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ UK Person ID.: \_\_\_\_\_

Dept #: \_\_\_\_\_ College/Center or Institute: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Attach additional sheets if necessary

2. ● Title of Project: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_ FAX: \_\_\_\_\_

● Agency Deadline Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Postmark  Receipt/Paper  Receipt/ Electronic  No Specific Deadline

3. ● Current Budget Period from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Project Period from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

● Current Period Request: \$ \_\_\_\_\_ Total Project Request: \$ \_\_\_\_\_

<p><b>4. Check one box in each Section:</b></p> <p>● Proposal is:</p> <p>New Competing Renewal Noncompeting Renewal or Continuation of Project Acct _____ Supplemental Response to RFP/RFQ # _____</p>	<p>Activity is:</p> <table style="width: 100%;"> <tr> <td>Applied Research</td> <td>Conference</td> </tr> <tr> <td>Basic Research</td> <td>Equipment Request</td> </tr> <tr> <td>Clinical Research</td> <td>Patient Service</td> </tr> <tr> <td>Post Doc Research/Training</td> <td>International Develop.</td> </tr> <tr> <td>Graduate Training</td> <td>Multipurpose/Other</td> </tr> <tr> <td>Undergrad Training</td> <td>Specify _____</td> </tr> <tr> <td>Continuing Educ.</td> <td></td> </tr> </table>	Applied Research	Conference	Basic Research	Equipment Request	Clinical Research	Patient Service	Post Doc Research/Training	International Develop.	Graduate Training	Multipurpose/Other	Undergrad Training	Specify _____	Continuing Educ.		<p>Activity is:</p> <p>Instruction Research Public Service Other sponsored activity</p>
Applied Research	Conference															
Basic Research	Equipment Request															
Clinical Research	Patient Service															
Post Doc Research/Training	International Develop.															
Graduate Training	Multipurpose/Other															
Undergrad Training	Specify _____															
Continuing Educ.																

5. ● Does This Project Involve Any of the Following?

1. Human Subjects	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved: ____/____/____	IRB#: _____
2. Animal Subjects	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved: ____/____/____	IACUC #: _____
3. Biohazards/rDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved: ____/____/____	IBC #: _____
4. Radioactive Mat/Radiation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved: ____/____/____	RSC#: _____

**Will this project require any of the following?**

1. Purchase of Additional Equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has University inventory been screened for availability of existing equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Additional University Space?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation
Will any part of the project be conducted in non-University facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation
3. Alterations or Renovations of Existing Facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation
4. Faculty or Staff Overload?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation
5. Subrecipient or Outside Consultants?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation
6. Clinical Research Development and Operations Center (CR-DOC) Resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**6. List up to 5 keywords to describe this project Other Than words contained in the title**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**Check All areas which describe this project**

<input type="checkbox"/> Aging/Gerontology	<input type="checkbox"/> Cardiovascular/Respiratory	<input type="checkbox"/> Health Care Financing	<input type="checkbox"/> Population
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Cellular/Molecular Biology	<input type="checkbox"/> International	<input type="checkbox"/> Rehabilitation/Bioengineering
<input type="checkbox"/> Alcohol/Drug Abuse	<input type="checkbox"/> Coal	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Public Service
<input type="checkbox"/> Appalachia	<input type="checkbox"/> Crime/Justice	<input type="checkbox"/> Mining/Minerals	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Energy	<input type="checkbox"/> Minorities	<input type="checkbox"/> Toxicology
<input type="checkbox"/> Business/Industry Cooperation	<input type="checkbox"/> Environment	<input type="checkbox"/> Neuroscience	<input type="checkbox"/> Transportation
<input type="checkbox"/> Cancer	<input type="checkbox"/> Family	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Women

**7. PROPOSAL BUDGET SUMMARY**

ALL costs of a project are to be reimbursed by the sponsoring agency; all proposals must include a complete budget reflecting full costs of the project; any cost not reimbursed by the sponsor must be clearly indicated along with the internal source of funds to cover them. If it is known that this project will be funded by a fixed-price agreement, complete Column A of a **Fixed-Price Agreement Budget Form** in lieu of this budget summary, and attach the form.

● **BUDGET PROPOSED IN ATTACHED PROPOSAL**

	Sponsor	University	Total
Personnel	_____	_____	_____
Other Direct Costs	_____	_____	_____
Equipment	_____	_____	_____
Facilities & Admin Cost	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____

If any amounts appear in the "University" column explain why you are not requesting the sponsor to cover the full cost of the project. Attach commitment letters if applicable. If the sponsor will not pay full Facilities & Administrative costs attach a copy of their written policy. \_\_\_\_\_

Indicate the specific source of any University funds to be used to conduct this project \_\_\_\_\_

**8. Research Enrichment Program**

A portion of the Facilities & Administrative cost (F&A) income that is actually received in a fiscal year is returned to the participating units. At right indicate the proportion of the total to be allocated to each department or center/institute. Percentages should reflect the relative contributions (investigator time, facilities, etc.) of each unit involved. Attach additional sheets if needed.

More information: <http://www.research.uky.edu/vpresearch/guide/enrichment.html>

Dept/Unit # _____	_____ %
Dept/Unit # _____	_____ %
Dept/Unit # _____	_____ %
<b>TOTAL (Must Total 100%)</b>	<b>_____ %</b>

**9. CERTIFICATIONS AND SIGNATURES**

There must be signature approvals from all department chairs/center directors, deans or other unit heads whose personnel or facilities are involved in conducting the proposed work.

**PI CERTIFICATION:** The information submitted within the application is true, complete and accurate to the best of my knowledge; any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties and I agree to accept responsibility for the scientific conduct of the project and provide the required progress reports if a grant is awarded as a result of this application.

**ALL INVESTIGATORS' CERTIFICATION:** My signature below indicates that 1) I am not presently debarred or suspended from receiving federal funds, 2) no federal funds were used for lobbying activities in connection with this proposal, 3) I am not delinquent on any federal debt, 4) the budget above represents the best estimate of the full costs of the project and identifies all sources of funds to cover full costs, and 5) in the conduct of the proposed project I will adhere to University policies including conflict of interest, ethical standards in the conduct of research, intellectual properties and the use of humans and animals in research. **I have completed a "Research Financial Interest Disclosure Statement" <http://www.uky.edu/eForms/forms/discfin.pdf> and submitted it to my dean.**

**CHAIRS'/CENTER DIRECTORS' AND DEANS' CERTIFICATION:** We certify that we have reviewed the proposal, including the full cost budget and sources of internal funds, and that it is consistent with the educational and research objectives of the unit. We also agree with the above distribution of indirect cost. **I have received completed "Disclosure of Financial Interest" forms from each Investigator my college/center.** (Please attach signed form whenever possible.)

INVESTIGATOR (S)	CHAIR/Center Director	DEAN	RESEARCH
PI			
Date	Date	Date	Date
CO-I			
Date	Date	Date	Date
CO-I			
Date	Date	Date	Date