

Proposal Approval Form

Submit completed and signed form to the Office of Research, Scholarship, and Sponsored Programs (ORSSP). Questions? Contact ORSSP at research@uttyler.edu or 903-565-5858.

## Project Title: Click or tap here to enter text.

## Project Director/Investigator(s**)**: Click or tap here to enter text.

## Sponsor Name**:** Click or tap here to enter text.

Funding Opportunity Announcement Number or Name: Click or tap here to enter text.

Link to Funding Opportunity Announcement: Click or tap here to enter text.

## Proposal Due Date: Click or tap here to enter text.

Time that proposal is due on Due Date: Click or tap here to enter text.

## Project Description: (provide a brief abstract or attach proposal details): Click or tap here to enter text.

Project Period Begin Date: Click or tap here to enter text.

Project Period End Date: Click or tap here to enter text.

# Collaborations with other Institutions:

Is this proposal a subaward or collaboration with another institution? If yes, please list the institution(s) you are collaborating with. If another institution will be submitting the main proposal, ORS will need an email contact from that institution’s grants office.

[ ] No

[ ] Yes: Click or tap here to enter text.

Does this proposal contain a subaward for another institution? If yes, please list the institution(s) that will have subawards. ORS will need an email contact from that institution’s grants office.

[ ] No

[ ] Yes: Click or tap here to enter text.

*Please answer the following questions and if the answer is “Yes”, then provide an explanation in the space provided after the question*.

Would the project involve foreign nationals as employees?

[ ] No

[ ] Yes: Click or tap here to enter text.

Would any part of the proposed project have potential for future commercialization (patents, copyrights, technology rights or other intellectual property)?

[ ] No

[ ] Yes: Click or tap here to enter text.

## **Key Personnel**

| Name | Position (PI, Co-PI, staff, etc.) | Department | College |
| --- | --- | --- | --- |
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## **Institutional Compliance**

Would the proposed project involve the use of any of the following (please check all that apply)? (Note: if you get a grant award, you must have approval from the appropriate committee before beginning work.)

[ ]  Human Subjects

[ ]  Animal Subjects

[ ]  Recombinant nucleic acids, e.g., rDNA

[ ]  Radiation

[ ]  Hazardous or controlled chemicals

[ ]  Infectious agents

**Conflict of Interest**: Does the PI or Co-PI have any significant financial interests in entities related to this research project as described in the HOP Section 2.5.5? If yes, they must be disclosed in the UT System Outside Activity Portal at <http://outsideactivity.utsystem.edu>.

 [ ] No

[ ] Yes: Click or tap here to enter text.

**Export Control:** Does this project involve any risks related to export control (exporting certain technologies to other countries)? (See the policy at the UT Tyler Compliance Office [website](https://www.uttyler.edu/compliance/) if you are not sure.) If yes, please contact the ORSSP.

[ ] No

[ ] Yes: Click or tap here to enter text.

## **Project Budget**

Please attach a proposed project budget in the format acceptable by the sponsor or contact Dr. Carla Reichard at creichard@uttyler.edu for a budget template.

Does the sponsor require cost-sharing commitments (often referred to as “matching funds” or “university share”) from applicants? If “Yes”, please explain the amount or percentage of the project budget that must be provided as cost-share from the University.

[ ] No

[ ] Yes: Click or tap here to enter text.

*UT Tyler recovers indirect costs from sponsored research and externally funded programs by requesting 47% of sponsor funds (direct funds) for on campus projects and 13% for off campus projects.*

Does the sponsor limit indirect cost recovery, and if so, to what rate?

[ ] No

[ ] Yes: Click or tap here to enter text.

## **Project Approvals:**

Proposals must include signatures of the key personnel in the table below and their Department Chairs and College Deans, when applicable, indicating their approval of the proposed project and the attached project budget.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Key Personnel | Signature | Department Chair Signature | Dean Signature | Date |
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## **University Approval:**

|  |  |
| --- | --- |
| Associate Vice President for Research | Date:  |

Grant Checklist (For ORSSP Personnel Only):

[ ] If awarded, would this proposal require:

[ ] Significant additional personnel to be hired? (notify Human Resources)

[ ] Significant new IT equipment or software? (notify IT)

[ ] Scholarships for students? (notify Financial Aid)

[ ] Hazardous materials? (notify IBC Chair)

[ ] Additional building/lab space? (notify Provost)

[ ] Human Subjects Research? (notify IRB Chair)

[ ] Vertebrate Animal Research? (notify IACUC Chair)

[ ] Involvement of children under the age of 18? (notify Compliance)

[ ] An Audit? (notify Internal Audit)

[ ] Use of Longview or Palestine campus? (notify individual campus director(s))