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| **Project Information** | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  |  | | | |  |  | |  |  | | |
| Principal Investigator / Program Director | | | | | | | | Phone | | | |  | Fax | |  | E-mail Address | | |
|  | | | | | | | | | | | | | | | | | | |
| Department & Campus | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Project Title | | | | | | | | | | | | | | | | | | |
| Project Info: | PA #: | |  | | | RFA #: | | |  | | Other: | | |  | | | | Unsolicited |
|  | | | | | | | | | | | | | | | | | | |
| Project Type: | | New | | | Letter of Intent / Pre Proposal | | | | | | | | | | | | Resubmission | |
| Continuation / Supplement (original grant no:      ) | | | | | | | | | | | | | | | Transfer to VCOM | |
| Activity: | Research  Instruction  Public Service | | | | | | | | | | | | | | | | | |
| Clinical Trial  Drug Study  Scholarship / Fellowship / Training | | | | | | | | | | | | | | | | | |
| Subcontractors or Consultants: | | | | No  Yes: | | | | | |  | | | | | | | | |

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| **Personnel and Departmental Information** | | | | | | |
| Name |  | Project Role |  | Department & Campus |  | Proposed Effort |
|  |  |  |  |  |  | % |
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| **Budget Information** | | | | | | | | | | |
| Period of Performance |  | | |  |  | | |  |  | |
| Begin | | |  | End | | |  | F&A Rate | |
|  | **Year One** | **Year Two** | **Year Three** | | | **Year Four** | **Year Five** | | | **Total** |
| Direct Cost |  |  |  | | |  |  | | | $0 |
| F&A Cost |  |  |  | | |  |  | | | $0 |
| **Total** | $0 | $0 | $0 | | | $0 | $0 | | | $0 |
| Cost Sharing\* |  |  |  | | |  |  | | | $0 |
| *\* Cost Sharing Request Form must be filled out and submitted with this form.* | | | | | | | | | | |

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| **Sponsor Information** | | | | | |
| Sponsor Type: | Federal /Federal Flow Through  State  Foundation/Non-Profit  Industry/Commercial | | | | |
| Project Sponsor | |  | | | |
| Program Name | |  | | | |
| Sponsor Contact Name: | |  | Contact Email/Phone: |  | |
| Sponsor Due Date: | |  | Submission Requirement: | | Electronic  Mail |

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| **Assurances & Compliance Information** | | | | |
| Yes | No |  | | |
|  |  | A **Research Financial Conflict of Interest Disclosure Form** (and Supplement Form if appropriate) has been completed by all members of the project team. | | |
|  |  | **Intellectual Property** such as ideas, proprietary data, computer software, inventions or patents is involved, or could potentially be developed from this project. | | |
|  |  | **Human Subjects** Research or Data involved. | | IRB approval pending  Approved (attach letter) |
|  |  | **Vertebrate Animals** are involved. | VT IACUC approval pending  Approved (attach letter) | |
|  |  | Commitment to **cost sharing or matching**? If yes, complete and attach Cost Share Approval Form. | | |
| Please check any of the following categories below if your project will involve them. Additional clearances or approvals may be required by the Institutional Biosafety Officer and/or the Radiation Safety Officer. | | | | |
| Radioactive Materials  Biohazards  Hazardous Chemicals/Wastes | | | | |

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| **Required Signatures** |
| As Principal Investigator, your signature below certifies the following:   1. The information submitted within the application is true, complete and accurate to the best of my knowledge; 2. Any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties; 3. I 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 the application; 4. I certify that all personnel involved in this project have received approval to participate from their discipline chairs and associate deans. 5. The proposal complies with federal regulations including standards for integrity of research, RFP/PA requirements and VCOM’s policies and procedures; and 6. I, and anyone else involved in the sponsored activity is not presently debarred, proposed for debarment, suspended, declared ineligible or voluntarily excluded from transactions by the federal department or agency, and are aware of no circumstances invalidating the legal certifications in the proposal to be made on behalf of VCOM. |

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| Principal Investigator Signature | | | |  | Date | | | |
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| By signing below, the Associate Dean certifies that:   1. The proposed activities are appropriate to the research, instruction or public service mission of VCOM; 2. The necessary resources for the project, including percent of investigator(s) effort and space and/or facilities are committed and/or budgeted; and 3. Any cost sharing obligations are understood and approved. | | | | | | | | |
|  | |  |  | | | |  |  |
| Associate Dean Signature | Printed Name | | |  | | Date | | |

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| **Research Administration Review** |

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| --- | --- | --- | --- |
| Name and Title | Greg S. Reaves, Director, Office of Research Administration |  | |
| Signature |  | Date: |  |