

THE UNIVERSITY OF MICHIGAN

Proposal Approval Form

(see back of form for instructions or Web Site)

www.research.PAF.umich.edu

DRDA #
Rec'd Date
Mail Date
DRDA Use Only

PROPOSAL TYPE /CLASS CODE

- General Academic Instruction (11000)
Research Training Grant (16000)
On-Campus Organized Research (22000)
Off-Campus Organized Research (22100)
Clinical Trial (22200)
Other Sponsored Activity (31000)

Date Prepared Sponsor Deadline

Receipt Date or Postmark Date

If Continuation or Supplemental request, current Project/Grant No.

Sponsor Solicitation No. (If appropriate)

1. DIRECT SPONSOR (see instructions)

PRIME SPONSOR (if any) (see instructions)

Exact address to which proposal should be sent:

Attach sponsor guidelines or specify the URL:

Direct Sponsor Contact Person Contact Phone Contact Fax Contact Email

2. PROJECT TITLE

3. KEY TERMS THAT DESCRIBE THE PROJECT (list three keywords not contained in the Project Title)

4. KEY PERSONNEL

Table with columns: PRINCIPAL INVESTIGATOR, Uniqname, Department/Unit, Dept ID, Telephone, Fax. Includes rows for PI Rank and Participating Investigator.

List additional Participating Investigators under Notes (page 3)

5. ADMINISTRATIVE CONTACT (person other than the Principal Investigator, to whom questions about this project can be addressed and to whom correspondence should be sent)

Proposal:

Name Uniqname Room / Building / Campus Zip Telephone Fax

Award (if different):

Name Uniqname Room / Building / Campus Zip Telephone Fax

6. DOES THE PROPOSED ACTIVITY INVOLVE:

DRDA # _____

The following activities, if marked YES, may require further registration/inspection/approvals by appropriate institutional committees. Establishment of a Project/Grant Number may be delayed until approvals are granted.

- Use of human subjects/patients ___ No ___ Yes If yes, IRB approval number _____ date _____
- Use of vertebrate animals ___ No ___ Yes If yes, IACUC approval number _____ date _____
If yes, specify Exempt, Biosafety Level I, II, III or human gene transfer
- Use of recombinant DNA ___ No ___ Yes _____
- Restrictions on openness of research ___ No ___ Yes If yes, contact DRDA project representative
- Classified Research ___ No ___ Yes If yes, contact DRDA project representative
- Use of Select Agents (Biological / Toxin) ___ No ___ Yes
- Use of Human Embryonic Stem Cells ___ No ___ Yes If yes, date of ESCRO approval _____

Do you (or your family members) or any of the key investigators (or their family members) have a conflict of interest with the sponsor or any entity related to this project (e.g. equipment vendor, subcontractor, vendor of a product being evaluated by the project)? Conflicts occur when the investigators have stock or other financial interest in, receive income from, consult with, or serve as an officer, director, or advisor to the sponsor or project-related entities.

___ No ___ Yes

Please follow instructions at:

www.umich.edu/research/policies/um/conflict_procedures.html

Signature of Principal Investigator _____

NOTE: If this information changes during the term of the project, you must disclose such interests by following instructions at:
<http://www.research.umich.edu/policies/um/coi>

- Use of radioisotopes in or on humans ___ No ___ Yes If yes, date of committee approval _____
- Use of radioactive materials ___ No ___ Yes If yes, date of RPC approval _____
- Use of human body substances ___ No ___ Yes If yes, specify _____
- Use of infectious agents ___ No ___ Yes If yes, specify _____
- Will students work on this project? ___ No ___ Yes
- Is a subcontract contemplated? ___ No ___ Yes
- Work off University property ___ No ___ Yes If yes, identify location _____

Is an intellectual property disclosure related to this proposal on file in the Technology Transfer Office? ___ No ___ Yes

Are there any materials transfer or nondisclosure agreements in place regarding this proposal? ___ No ___ Yes

7. UNIVERSITY SPACE TO BE USED

Room	Building	Bldg. Zip	Approved by
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(List additional space under NOTES)

If insufficient space is available, indicate square feet required _____

Approved by _____

8. PROPOSED PROJECT BUDGET AND TIME PERIOD

	U-M Cost Sharing	Start Date	Sponsor	End Date	Total
Total Direct Costs	_____	_____	_____	_____	_____
Indirect Costs	_____ % Indirect Cost Rate	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____

_____ Check here if an indirect cost waiver is requested (please attach relevant documentation).

9. DETAILS OF UNIVERSITY DIRECT COST SHARING:

Line Item	Amount	Source	Dept ID	Approved by
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Imputed Indirect Costs _____

If there is non-University cost sharing please describe:

10. NOTES

The undersigned certify, to the best of their knowledge and belief, that no Federal appropriated funds have been or will be paid to influence or attempt to influence the granting of this award. We certify the proposed work is consistent with University unit objectives and all faculty involved in the proposal have agreed to participate. We accept the obligations and commitments described, and agree to perform the work in accordance with University and sponsor policies.

Additional certification for DHHS funds: The PI assures that (1) that the information submitted within the application is true, complete and accurate to the best of the PI's knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; and (3) that the PI 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 the application.

Requested by: Principal Investigator (also sign page 2 certification)	Dept ID#	Approved for School/College by: Dean	Dept ID#
Approved by: Dept or Unit Head	Dept ID#	Dearborn & Flint Campuses Only: Director of Research	Dept ID#
Additional signatures, if required:			
_____	Dept ID#	_____	Dept ID#
_____	Dept ID#	_____	Dept ID#

DRDA Use Only

Approved for DRDA by: Project Representative _____ Approved for the University _____

**THE UNIVERSITY OF MICHIGAN
Anticipated Subaccount Distribution - PAF Supplement**

To the extent possible, sections of this form should be completed by the project director and acknowledged by the department chair and dean for each unit that is party to the proposal. Its purpose is to assist in identifying and estimating sub-accounts which will be associated with each unit. These budget arrangements are subject to the actual award and subsequent negotiations and are not considered final.

Department: _____ Department ID: _____

For this unit: UM Cost Sharing Sponsor Total

Total Direct Costs _____ _____ _____

Indirect Costs _____ _____ _____

Indirect Cost Rate _____

Approved by Department or Unit Head Date Approved for School / College by Dean Date

Department: _____ Department ID: _____

For this unit: UM Cost Sharing Sponsor Total

Total Direct Costs _____ _____ _____

Indirect Costs _____ _____ _____

Indirect Cost Rate _____

Approved by Department or Unit Head Date Approved for School / College by Dean Date

Department: _____ Department ID: _____

For this unit: UM Cost Sharing Sponsor Total

Total Direct Costs _____ _____ _____

Indirect Costs _____ _____ _____

Indirect Cost Rate _____

Approved by Department or Unit Head Date Approved for School / College by Dean Date