UofL e-PROPOSAL CLEARANCE FORM

INSTRUCTIONS for filling out this form are available on our web page.
If problems filling out this form, call Sponsored Programs (852-3788), Industry Engagement (852-7253) or Clinical Contracts (852-8359) for assistance.

Revised 11/10/2015

Office Use Only:
PCF#
Date

DEPARTMENT CONTACT:
1. Enter information first. 2. Digitally sign below (form will no longer be editable). 3. Distribute for remaining signatures.

NAME _____
EMPLID _____
PHONE _____
E-MAIL _____

Sponsor's Deadline Date: _____ ☐ Target ☐ Receipt ☐ Postmark ☐ Electronic

NOTE: SIGNED PCF REQUIRED PRIOR TO ELECTRONIC SUBMISSION

ALLOW 5 FULL BUSINESS DAYS FOR PROCESSING OF ALL PROPOSALS

All grant/contract proposals must be approved by Sponsored Programs Administration, Industry Engagement or Clinical Contracts **before submission** to outside entities and are to be received by SPA/OIE/CCD **5 full business days prior to the sponsor's submission deadline date**. **Complete all sections** except areas marked "Office Use Only." **Include completed additional forms as required. Obtain signatures** of appropriate department chair(s), dean(s), or unit head(s). For proposals not required to be submitted by the institutional signing official, **the PRINCIPAL INVESTIGATOR is responsible for sending the proposal** to the sponsor by the deadline unless prior arrangements have been made.

1. PROJECT TITLE: _____

2. UofL PERSONNEL ONLY:

	PRINCIPAL INVESTIGATOR	CO-INVESTIGATOR
Name:		
Employee ID Number:		
ACAP Department Name:		
ACAP Department Number:		
Division:		
E-Mail:		
Phone:		
% Effort on Project:		
% Collaboration (for RIF/unit reporting):		
US Dept Veterans Affairs/VA Hosp appt amt / %		

Click here to list all other UofL participants on the grant.

3. a. PEOPLESOFT SPONSOR (Payments directly from this entity): Federal ☐ State ☐
Peer Reviewed: Yes ☐ No ☐

Organization Name _____
URL _____
Address _____
City _____ State _____ Zip _____

Complete sponsor contact's information for non-governmental entities.

Contact's Name _____
Contact's Title _____
Contact's E-mail Address _____
Contact's Telephone Number _____ Fax Number _____

b. PRIMARY SPONSOR IF FLOW-THROUGH (No direct payments from this entity):
Check if not applicable ☐

Organization Name _____
URL _____
Address _____
City _____ State _____ Zip _____

Contact's Name _____
Contact's Title _____
Contact's E-mail Address _____
Contact's Telephone Number _____ Fax Number _____

4. NAME OF PROGRAM TO WHICH YOU ARE APPLYING: _____

Agency Program No.: _____ CFDA No., if applicable: _____

*Click here for UofL definition of CLINICAL TRIAL. **Click here for Clinical Attachment.

5. a. Is this proposal for a CLINICAL TRIAL/DEVICE/DRUG STUDY*? ☐No ☐Yes (attach Clinical Attachment**)
   b. Will this proposal involve any affiliated hospital site (ULH, NHC, JHSMH, OMHS, VAMC)? ☐No ☐Yes (attach Clinical Attachment**)
   c. Will this proposal involve specimens, tissues or personally identifiable (not de-identified as defined by HIPAA) data/information (human materials) ☐No ☐Yes (attach Clinical Attachment**)
   d. Will this proposal involve human materials or other biological/chemical materials?
   ☐ Yes—being received from others ☐ Yes—being sent to others ☐ No—not being sent or received
6. Award type is: ☐ Grant ☐ Subgrant/subcontract ☐ Co-op agreement ☐ Contract
7. Submission version is: ☐ New ☐ Competitive renewal*** ☐ Continuation*** ☐ Supplemental***
   ☐ SBIR Phase 1 ☐ STTR Phase 1 ☐ Transfer ☐ Other: _____
   ***Please indicate previous GRNT/OGM/OIC Tracking No. in 18a.
8. Project purpose is: ☐ Research ☐ Training/education ☐ Public service ☐ Other sponsored activity
   ☐ Clinical trial* ☐ Clinical research ☐ Other: _____
9. Was the Development Office involved in the preparation of the proposal? ☐ No ☐ Yes My contact was: _____
10. Is this research being conducted through a Board of Trustees approved center/institute?
    ☐ No ☐ Yes If yes, please identify: _____
11. Will this project utilize a UofL Service Center?
    ☐ No ☐ Yes If yes, specify the center, amount and time period: _____
12. Will equipment be provided by the sponsor? ☐ No ☐ Yes If yes, please notify Risk Management.
13. Will project use software provided by the sponsor or obtained from a third party? ☐ No ☐ Yes

14. FOS—The University needs to report expenditures using the federal government Field of Science (FOS) categories listed below. Please **indicate ONE area** that most closely represents the work in this project.

Engineering:
- ☐ A1 Aeronautical & Astronautical
- ☐ A2 Bioengineering/ Biomedical
- ☐ A3 Chemical
- ☐ A4 Civil
- ☐ A5 Electrical
- ☐ A6 Mechanical
- ☐ A7 Metallurgical & Materials
- ☐ A8 Other: _____

Physical Sciences:
- ☐ B1 Astronomy
- ☐ B2 Chemistry
- ☐ B3 Physics
- ☐ B4 Other: _____

Environmental Sciences:
- ☐ C1 Atmospheric
- ☐ C2 Earth Sciences
- ☐ C3 Oceanography
- ☐ C4 Other: _____

- ☐ D1 **Mathematical Sciences**
- ☐ E1 **Computer Sciences**

Life Sciences:
- ☐ F1 Agricultural
- ☐ F2 Biological
- ☐ F3 Medical
- ☐ F4 Other: _____

- ☐ G1 **Psychology**

Social Sciences:
- ☐ H1 Economics
- ☐ H2 Political Sciences
- ☐ H3 Sociology
- ☐ H4 Other: _____

- ☐ I1 **Other Sciences**

Non-Sciences Areas:
- ☐ J1 Education
- ☐ J2 Law
- ☐ J3 Humanities
- ☐ J4 Visual and performing arts
- ☐ J5 Business and management
- ☐ J6 Communications, journalism and library science
- ☐ J7 Social work
- ☐ J8 Other: _____

15. LIST KEYWORDS: _____

16. WILL ANY UofL PARTICIPANT HANDLE: (Click here for corresponding web address)

	Yes	No	Committee Approval No.	Approval Date or Status (Submitted, Pending)	UofL Training Course Required
a. Humans as subjects?	☐	☐	IRB		HIPAA/Human Subjects
b. Experimental animals?	☐	☐	IACUC		RRF Level II Training
c. Radioisotopes?	☐	☐	RSO		Radiation Orientation
d. Recombinant DNA?	☐	☐	IBC		
e. Pathogenic organisms?	☐	☐	IBC		
f. CDC/USDA select agents?	☐	☐	IBC		
g. Human blood, tissues, cell lines, OPIM?	☐	☐	IBC		Bloodborne Pathogens
h. Highly toxic, carcinogenic, mutagenic agents?	☐	☐	DEHS		Lab Safety/Haz Waste

NOTE: YOU ARE RESPONSIBLE FOR COMPLYING WITH UNIVERSITY SAFETY RULES, POLICIES AND PROCEDURES. DOCUMENTATION OF INSTITUTIONAL APPROVAL FOR ACTIONS PENDING AT TIME OF PROPOSAL MUST BE PROVIDED PRIOR TO ACTIVATION OF AWARD.

17. ITEMS TO BE CONSIDERED FOR PROPOSAL REVIEW THAT INVOLVE UNIVERSITY RESOURCES:

	Yes	No
a. Any faculty release from work plan responsibilities?	☐	☐
b. Any faculty salary recovery?	☐	☐
c. Supplemental base or approved additional non-base pay?	☐	☐
d. Sponsor-required cost share? If yes, fill in details in budget section.	☐	☐
e. Does project require University commitments after extramural support is terminated?	☐	☐
f. New credit courses, degree programs, centers or institutes?	☐	☐
g. Additional space or facilities needed?	☐	☐
h. Will installation☐, equipment maintenance☐, space renovation☐ or building modification☐ be required?	☐	☐
i. Are there other special requirements of department and unit? If yes, attach requirements.	☐	☐
j. Major equipment/technology system/single equipment item over $200,000 (see instructions)?	☐	☐

Contact person _____ Phone _____

k. Majority of project (50% or more) will be performed (excludes subcontracts):
Mark one: ☐ Belknap ☐ HSC (UofL bldgs) ☐ Shelby ☐ Off Campus (includes affiliated hosp)

Bldg-Rm No. _____

18. BUDGET a. If a renewal, continuation or supplement of an existing grant or contract, please indicate previous PCF number: _____

b. Department ID for budgeting/expending if awarded: _____

c. Entire Proposed Budget Period (Month/Day/Year): From: _____ To: _____

d. Requested from Sponsor (list ALL direct costs)	Budget Pool	f. UofL Cost Share	Speed Type
	Salary & Wages 511000		
	Fringe Benefits 512000		
	Equip ≥$5K per item.....190000		
	Alteration/Renovation ≥$100K..... 190000		
	Subcontracts 519000		
	Supplies & Expense 519000		
	Travel 535000		
	Tuition 520000		
e. 0	Total Direct Costs	0	

g. EXCLUSIONS to TDC Base (direct costs included in 18d above that are not subject to F&A)

_____ Equipment ≥$5K per item (190000)
_____ Alteration/Renovation ≥$100K (190000)
_____ Off-Site Rental (519000)
_____ Patient Care (519000)
_____ Subcontract amounts in excess of first $25K on each (519000)
_____ Tuition (520000)
_____ Other _____

h. 0 Total Exclusions

i. 0 Modified TDC Base (18e TDC minus 18h exclusions)

j. F&A (Indirect Costs) *Select standard or enter custom rate:*

0 F&A Rate 54.00 %..... 577000

k. Total Cost of Project (sum of direct costs on 18e plus F&A costs on 18j)

0 TOTAL Costs 0

☐ Check here if line item budget not required by sponsor (see instructions).

l. Budget Remarks (include explanation of cost share/third-party match/non-standard F&A items if applicable):

19. SUBCONTRACTS TO BE ISSUED: List below any organizations—including Professional Services Corporations (PSC) or Private Practice Plans—that will provide services or receive payments from ULRF for this project. Include cumulative costs in budget. With proposal submission, include a statement of work for each subcontractor.

Organization Name	Subcontractor PI/Contact Name	Requested Cost for Current Year	Anticipated Cost for Remaining Years	Services to be Provided
				(attach scope of work)
				(attach scope of work)
				(attach scope of work)
				(attach scope of work)

20. RESPONSIBLE SIGNATORY:

By signing this PCF, the undersigned certify that

1) the listed effort is consistent with University policies and procedures and any applicable sponsor/funding agency requirements, current workload assignments, and current (or active) grants and contracts (or that they will revise their respective effort on other projects such that this listed effort is consistent with the preceding);
2) they will abide by the terms and commitments of the award/contract/agreement resulting from this PCF submission;
3) they have read, understand, and are bound by the University of Louisville's Conflict of Interest Policies, located at http://louisville.edu/conflictofinterest/policies/policies-and-procedures.html and that they have made all disclosures required by it, if any, and will comply with any conditions or restrictions imposed by the Institution to manage, reduce, or eliminate actual or potential conflicts of interest; further, they certify that they will comply with the University of Louisville's Conflict of Interest Policies throughout the life of this project and will update the Attestation and Disclosure Form (ADF) whenever new reportable interests occur;
4) they are currently eligible to participate in governmental programs as outlined at http://purchasing.louisville.edu/policies/purchasing-35.00.html and the associated Sanctions Check Policy and should their eligibility change that they will notify Clinical Contracts/Industry Engagement/Sponsored Programs Administration of such;
5) all project participants represent and warrant that they have never been (a) debarred or threatened to be debarred or (b) convicted or indicted of a crime or otherwise engaged in conduct for which a person can be debarred under Section 306(a) or 306(b) of the Federal Food Drug and Cosmetic Act of 1992 and further agree to promptly notify Clinical Contracts/Industry Engagement/Sponsored Programs Administration upon becoming aware of any debarment, conviction, threat of such, or indictment against themselves or any affiliated individuals providing services for this project.

The appropriateness of this submission is the responsibility of the PIs, departmental units and academic units (college or school). If an electronic version of the signed PCF is submitted, it is understood that the PCF with original signatures (which was scanned and sent electronically) will be maintained by the respective department(s) of academic appointment, college(s) or institutional office(s) that obtained the signatures.

PRINCIPAL INVESTIGATOR ATTESTATION

1) I certify that, to the best of my knowledge, the project described in this submission is scientifically sound, ethical, and respects and protects the rights and welfare of human participants in research.
2) I certify the information contained in this application is true, complete and accurate, to the best of my knowledge, and acknowledge that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.
3) I agree to adhere to the credential requirements of the respective site(s) at which the research will be conducted (as applicable).
4) I agree to adhere to the compliance policies and procedures and all billing practices of the respective site(s) where the project is being conducted, to comply with all regulations, not to bill any third-party payer for items specifically reimbursed by the sponsor, and to conduct study within guidelines of good clinical practice (as applicable).
5) I understand that I am responsible for the budget specified in this submission and any deficits or uncollectible costs per the Research Handbook.
6) I agree to accept responsibility for the scientific conduct of the project.
7) I agree to provide required progress reports and/or other deliverables as specified in any award/contract/agreement that results from this PCF submission.
8) I agree to notify Clinical Contracts/Industry Engagement/Sponsored Programs Administration should any external governmental regulatory entity notify me of an investigation/audit or other inspection/review of the project described in this PCF submission.

The term affiliated persons includes, but is not limited to, clinical investigators, nurses, technicians and other individuals or parties working on the project or involved with the development or submission of data related to the research study/project.

UofL PI'S DEPARTMENT CHAIR APPROVAL

1) I certify for those individuals in my department that the proposed listed effort is consistent with University policies and procedures and the individuals' work plan assignments within my department.
2) I certify that resources (funding, space, faculty/staff members) are adequate to support or supplement this project.

Note: A single signature is sufficient for an individual listed multiple times for multiple approvals.

☐ I acknowledge that I am in compliance with the UofL Conflict of Interest Policy and have a current Attestation & Disclosure Form (ADF) on file with the COI Program.

	Investigator	Department Chair or Appropriate Unit Head	Dean or Appropriate Unit Head	SPA/OIE/CCD
Signature/Date				
Typed Name				

Multiple PI or Co-Investigator

☐ I acknowledge that I am in compliance with the UofL Conflict of Interest Policy and have a current Attestation & Disclosure Form (ADF) on file with the COI Program.

Signature/Date			
Typed Name			

Additional Signature Form

Additional comments/clarification:

Office Use Only:
EVPRI TUITION COMMITMENT REAL $ CS COMMITMENT