

University of Arkansas at Pine Bluff
Office of Research and Sponsored Programs
Internal Proposal Application Cover Sheet

Proposal Number

Will be entered by ORSP

DEADLINE: _____

- ☐ Receipt Date ☐ Postmark
☐ E-submission

Grant Information Source: ☐ ORSP email ☐ Other

APPLICATION DATA

Title of Proposal:

Sponsor Name:

Sponsor Mailing Address:

Phone:

CFDA #:

Project Beginning Date:

Project Ending Date:

ABSTRACT

PRINCIPAL INVESTIGATOR DATA

Principal Investigator:

Email:

Phone:

Dept:

School:

PROPOSAL DATA

Type of Project

- ☐ New ☐ Grant
☐ Continuation ☐ Cooperative Agreement
☐ Contract

Category of Project

- ☐ Research
☐ Instruction
☐ Public Service

Type of Agency

- ☐ Federal
☐ State
☐ Other

COMPLIANCE DATA

Human Subjects

- ☐ Yes ☐ No

IRB Approval Date: _____

(Attach a copy of the approval letter)

- ☐ Approval Pending

Laboratory Safety

- ☐ Yes ☐ No

Animal Subjects

- ☐ Yes ☐ No

IACUC Approval Date: _____

(Attach a copy of the approval letter)

- ☐ Approval Pending

Hazardous Materials

- ☐ Yes ☐ No

Recombinant DNA

- ☐ Yes ☐ No

Biosafety Approval Date: _____

(Attach a copy of the approval letter)

- ☐ Approval Pending

INTELLECTUAL PROPERTY

Involves Patent or Copyrights

- ☐ Yes ☐ No

ACADEMIC AND ADMINISTRATION PROGRAM CHANGES

Will this project involve the development and implementation of a new academic major, new academic degree, or new interdisciplinary arrangement? ☐ Yes* ☐ No

Does this proposed project envision an advising or governing role for a project committee? ☐ Yes* ☐ No

Is it anticipated that this project will create a new administrative unit? ☐ Yes* ☐ No

***If Yes, attach a letter of explanation.**

CONFLICT OF INTEREST CERTIFICATION

NEEDS AND OBLIGATIONS

Based on the UAPB's Conflict of Interest policy, do you or any members of your family have external relationships that have the potential for a conflict of interest?

PI ☐ Yes* ☐ No
Other ☐ Yes* ☐ No

* If Yes, please contact ORSP.

Space and Equipment Needs

Will space be required or altered for offices or equipment? ☐ Yes* ☐ No

Institutional Obligations

After expiration, will UAPB be responsible for continuation of project?

☐ Yes* ☐ No

*If Yes to either question, please identify the University Officer responsible with a supporting letter from that officer.

REQUESTED FUNDS FOR YEARS

COST CATEGORY	1	2	3	4	5	Total
Salaries and Wages						
Fringe Benefits						
Travel						
Equipment						
Supplies						
Contractual						
Construction						
Participant Costs						
Other						
Total Direct Costs						
Indirect Costs						
TOTAL REQUESTED FUNDS						

DETAILED COST SHARE/MATCH (Cash and in-kind)

Cost Category	Account #	1	2	3	4	5	Total
TOTAL COST SHARING							

Explain if UAPB's approved indirect cost rate is not used:

Indirect Cost Rate:

On campus - 59.4% of Salaries & Wages
Off campus - 19.6% of salaries and wages

Fringe Benefit Rates:

27% regular salaries Graduate 15%
15% extra help

SIGNATURES

COMMITMENTS OF RESOURCES MUST BE APPROVED BY ALL COGNIZANT UNIT HEADS.

Principal Investigator _____ Date _____

Vice Chancellor for Academic Affairs _____ Date _____

Department Head _____ Date _____

Vice Chancellor for Finance and Administration _____ Date _____

Dean of School _____ Date _____

Chancellor _____ Date _____

Associate Director of Research and Sponsored Programs _____ Date _____