



Virginia Commonwealth University
Office of Sponsored Programs

Internal Approval Form

For OSP Office Use Only

Date & Time:
OSP#
Copy Received: Yes No
COI Form: Yes No
Reviewer:

PRINCIPAL INVESTIGATOR INFORMATION

Principal Investigator (PI Name as it exists in HRS)
Last Name First Name MI
E-mail: PI Phone # PI Fax #
PO Box Department

Note: This department will receive credit for the award unless alternate department is listed below.

FA Name FA E-mail FA Phone #
Contact for Proposal Pickup Contact E-mail Contact Phone #

Is the department listed above also managing the project's fiscal responsibilities? Yes: No: If no, please list the department responsible for fiscal management which will receive credit for award.

Dept. for Fiscal Administration FA Name
Fiscal FA E-mail FA Phone #
Study Coordinator Name E-mail
Study Coordinator Phone # Fax #
Distribution List - Indicate email addresses to distribute documentation related to this proposal:

SPONSOR/AGENCY INFORMATION

Sponsor Name Contact Name No Acronyms
Phone # E-mail: Due Date: Receipt Date Postmark E-Submission*
Research Clinical Trial Fellowship Training Other

Does the project involve Federal Funds? Yes: No: (Originating sponsor, if applicable)

Solicitation/RFA/RFP/Award Number:
*For proposals requiring Electronic Submission, the complete proposal needs to be in the OSP office no later than FIVE days before the due date.

PROPOSAL INFORMATION

Proposal Title: No Acronyms

New Preproposal Competing Renewal of OSP# Continuation of OSP#
Task Order of OSP# Revision of OSP# Supplement of OSP#

Table with 2 columns: Period (Project/Budget), Begin, End

Table with 2 columns: F&A Rate (%), Nature (CR, TFP, FUP)

Budget Information

Budget table with columns: Year One, Year Two, Year Three, Year Four, Year Five, Project Total and rows: Direct, Indirect, Subtotal Sponsor, Cost Share *, Total

*For Proposals with Cost Sharing, complete the Cost Share form at http://www.vcu.edu/finance/costsharingauthorization.pdf

*For Industry-Sponsored agreements, cost sharing of Principal Investigator's salary is not permitted without the approval of the V.P. for Research.

PI: _____ Title: _____ Sponsor: _____

Is this project being conducted through a Center or Institute? Yes: No:

If "YES", please indicate the Center or Institute: _____
 (The list of Centers and Institutes is available at www.research.vcu.edu/vpr/institutes.htm)

The proposed project will use the services of the following Service Areas or Core Facility*(attach a copy of approved pricing sheet from each area):

- Respiratory Care Radiology CCTR MCV Physicians Pathology
 In-Patient Beds Nursing Support Pulmonary/Bronchoscopy Investigational Pharmacy CRSO
 Health Information/Computing Survey Evaluation Research Lab Biostatistics Other: _____
 Core: _____

* Core facility listing can be found at www.research.vcu.edu/vpr/core_laboratory.htm

PERCENT EFFORT AND PERCENT RESPONSIBILITY ON PROJECT

Key Personnel and Faculty:

| Key | Name | Role on Project | CAL Mnth | ACAD Mnth | SUMR Mnth | % EFFORT | % RESP | COI Form | |
|--------------------------|------|-----------------|----------|-----------|-----------|----------|--------|---------------------------------|----------------------------------|
| <input type="checkbox"/> | | | | | | | | Signed <input type="checkbox"/> | Sal Esc <input type="checkbox"/> |
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*Please use the Continuation Page for additional Co PI listings (<http://www.research.vcu.edu/forms/ContinuationPageNov2010.doc>)

COMPLIANCE DATA

-If project is research or clinical trial, please indicate:

Basic Applied Developmental

The proposal enclosed involves the following:

| Yes | No | Maybe | | Yes | No | | Yes | No | |
|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | | Human Subjects Research ¹ (If yes, complete table below) | <input type="checkbox"/> | <input type="checkbox"/> | Radioactive Materials ^{4,5} | <input type="checkbox"/> | <input type="checkbox"/> | Clinical Trial |
| <input type="checkbox"/> | <input type="checkbox"/> | | Animal Use ² (If yes, complete table below) | <input type="checkbox"/> | <input type="checkbox"/> | Recombinant DNA, Select Agents or other biohazards ^{4,5} | <input type="checkbox"/> | <input type="checkbox"/> | Research is subject to export controls |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foreign Nationals | <input type="checkbox"/> | <input type="checkbox"/> | Company Confidential Information will be provided | <input type="checkbox"/> | <input type="checkbox"/> | Sponsor is foreign-owned company or foreign government |
| <input type="checkbox"/> | <input type="checkbox"/> | | Restrictions on Publication or Intellectual Property Rights | <input type="checkbox"/> | <input type="checkbox"/> | International Program | <input type="checkbox"/> | <input type="checkbox"/> | Program Income |
| <input type="checkbox"/> | <input type="checkbox"/> | | Retired faculty participation | <input type="checkbox"/> | <input type="checkbox"/> | Subcontracts or subrecipients ⁶ (external) | <input type="checkbox"/> | <input type="checkbox"/> | Wet lab space |
| <input type="checkbox"/> | <input type="checkbox"/> | | Rented off campus facility | <input type="checkbox"/> | <input type="checkbox"/> | Subaccounts (internal) ⁶ | <input type="checkbox"/> | <input type="checkbox"/> | Additional/New space |
| <input type="checkbox"/> | <input type="checkbox"/> | | Delivery of anything more than technical report | <input type="checkbox"/> | <input type="checkbox"/> | NSF Funds- RCR Training Required | <input type="checkbox"/> | <input type="checkbox"/> | NIH Funds- RCR Training Required |
| <input type="checkbox"/> | <input type="checkbox"/> | | HIPAA Covered Data ³ | | | | | | |

- For further information on human subjects research refer to: <http://www.research.vcu.edu/irb/activities.htm>
- For further information on animal research refer to: <http://www.research.vcu.edu/iacuc/index.htm>
- Contact contact VCUHS Compliance Services at <http://www.vcuhealth.org/?id=865&sid=1> or 828-0500
- For more information on environmental health requirements refer to <http://www.vcu.edu/oehs/>
- For more information on chemical and biosafety requirements refer to <http://www.vcu.edu/oehs/chemical/biosafe/IBChome.pdf>
- If Yes, complete Internal Approval Form Proposal Budget Detail, <http://www.research.vcu.edu/forms/IAFProposalBudgetDetail.xls>

PROTOCOLS: Principal Investigator / Co PI(s)

IRB/IACUC No.

Approval Date

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PRINCIPAL INVESTIGATOR CERTIFICATIONS, DISCLOSURES AND ASSURANCES

By signing below I certify that I have read and understand the statements below and those contained in this *Internal Approval Form* and further certify that the statements contained herein are accurate and truthful to the best of my knowledge and belief:

- Yes No
- All applicable items contained in the **Compliance Data** section have been identified. Investigator agrees to abide by any obligations applicable under VCU policies or other legal requirements (e.g., obtaining protocol approvals, adhering to export control laws, maintaining confidentiality, etc.).
 - Investigator has read and understands VCU's Conflict of Interest and Researcher Financial Conflict of Interest policies, has made any required disclosures, and prior to the expenditure of any awarded funds, if applicable, shall have reached an agreement with VCU for conditions or restrictions to reduce, manage or eliminate any conflicts of interest under University policy.
 - The enclosed proposal is complete in technical content, adheres to norms of proper scholarship and responsible conduct of research, including proper citation and attribution for all text and graphics, complies with federal guidance on research integrity (e.g., see VCU policy on responsible conduct in research), and is in accordance with all specifications from the sponsoring agency.
 - The space/facilities and other VCU resources necessary to conduct the proposed project are currently available to the investigators and if not currently available, arrangements will be made with the Department/School/Division to make all necessary resources available in the event an award is made by the sponsor.
 - If the proposal enclosed is funded and accepted by VCU, Investigator agrees to conduct the project in accordance with all terms and conditions stipulated by the sponsoring agency and all applicable VCU policies and procedures; furthermore, Investigator agrees to be fully responsible in meeting the requirements of the award, including but not limited to, proper and ethical stewardship of funds, timely submission of all required technical reports and deliverables, proper disclosure of all inventions to VCU's Technology Transfer Office, and also adhering to all federal compliance requirements (e.g., Export Control, HIPAA, IRB, IACUC, other Human Research protections, etc.).
 - Investigator acknowledges that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

PI Signature

Date

*The Conflict of Interest Disclosure form is available at <http://www.research.vcu.edu/forms/ConflictofInterestDisclosureForm.doc>.

REQUIRED SIGNATURES

We, the undersigned, do certify to the best of our knowledge and behalf that 1) the designated faculty will be released for the effort indicated; 2) personnel costs are correctly estimated; 3) adequate and suitable space is/will be provided for completion of the project; 4) no named participant is debarred from this application; and 5) this project is consistent with the educational and research objectives of the University. If applicable, signature of the Dean verifies that all joint VCU/VA appointees have a current Memo of Understanding (MOU) on file in their Dean's office. For additional signature areas, please see the Continuation Page (<http://www.research.vcu.edu/forms/ContinuationPageNov2010.doc>).

| | | |
|--|---|--------------------|
| _____ Principal Investigator/Date | <input type="checkbox"/> A copy of this proposal has been delivered to my Department Chair for review. (Check Box) | _____ Dean/Date |
| _____ Co-Investigator/Date | <input type="checkbox"/> A copy of this proposal has been delivered to my Department Chair for review. (Check Box) | _____ Dean/Date |
| _____ Co-Investigator/Date | <input type="checkbox"/> A copy of this proposal has been delivered to my Department Chair for review. (Check Box) | _____ Dean/Date |
| _____ Services Investigator/Date | <div style="border: 1px solid black; padding: 5px;"> Appropriate approvals obtained (see above). Approved on behalf of the University: </div> | _____ Dean/Date |
| _____ Clinical Trials Office/Date* (*Only if Clinical Trial) | <div style="border: 1px solid black; padding: 5px;"> University Official/Date </div> | |