

**UNIVERSITY OF NORTH CAROLINA WILMINGTON
OFFICE OF RESEARCH SERVICES AND SPONSORED PROGRAMS**

PROPOSAL # _____

Principal Investigator(s)	Dept/Ctr	School	Email @uncw.edu	Ext.	%Effort
1.					
2.					
3.					
4.					
5.					

Project Title: _____

Agency Deadline Date: <input type="checkbox"/> Receipt <input type="checkbox"/> Postmark	# of Copies to be mailed:	Electronic Submission: <input type="checkbox"/> Yes <input type="checkbox"/> No OSP to mail Proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Department to Administer Award: _____

Banner ORG: _____

Sponsor Name, Address & Phone:	Agency Program/Announcement/Opportunity #
Funding Requested: Direct Amount F&A/IDC Amount Total Requested Cost Share \$ \$ \$ \$	Proposal Start Date: End Date:

TYPE OF PROJECT: RESEARCH EDUCATION TRAINING EQUIPMENT COMMUNITY

STATUS: NEW PROJECT CONTINUATION RENEWAL SUPPLEMENT

If Continuation, Renewal or Supplement, provide UNCW fund number of existing award: _____

CHECK if any of the following are involved:

HUMAN SUBJECTS Yes No **VERTEBRATE ANIMALS** Yes No

NOTE: See instructions for more information. If "yes" human subject or animal use protocol approval will be required prior to assignment of fund number.

BIOLOGICAL HAZARD Yes No **CHEMICAL HAZARD** Yes No **RADIATION** Yes No

CONFLICT OF INTEREST: Does this proposal present a potential conflict of interest? (Faculty Handbook)

http://www.uncw.edu/fac_handbook/ Yes No

PI Sign here: _____

INTELLECTUAL PROPERTY: Does this proposal have the potential to result in a patentable invention or item of technology?

Yes No If yes, page #s

1. Does this proposal affect the economic development in North Carolina? Yes No

2. Does this proposal provide community services? Yes No

3. Does this proposal address the general education, health or welfare of NC citizens? Yes No

DEPARTMENTAL RESOURCES:

Does this proposal require use of facilities or equipment that is managed by another department or center? Yes No

If Yes, specify:

If the proposal purchases equipment, have you determined that such equipment is not available elsewhere on campus?

Yes No

UNDERGRADUATE/INSTITUTIONAL IMPACT

1. This project will employ _____ undergraduate students per semester/summer.
2. This project will employ _____ graduate students per semester/summer.
3. If this proposal is funded, will the university be committed to continuing the project after sponsor support ends?
 Yes No
4. Does the proposal involve creation of a new organizational unit within the institution? Yes No
5. Does the proposal involve the creation or planning for a new degree program or program track? (degree program = courses of study leading to a degree or to professional certification at a specific level within a given discipline specialty of the HEGIS taxonomy; program track = course of study within a program which leads to degree or professional certification.) Yes No
6. Does this proposal involve one or more institution, agency, business or organization (**not** an individual) unaffiliated with this institution? Yes No If yes, list all collaborators. _____
7. Will this collaboration result in UNCW issued subcontracts? Yes No
 If yes, list _____
8. Does this proposal require personnel, space or equipment in addition to that presently available for the project, or does it require alterations to physical plant or installation or maintenance of equipment? (check as applicable) or none of the above.

COST SHARE: Cost Share represents value portion of proposal to be assumed by UNCW; complete only if this applies to your proposal. Required Voluntary (If yes, Attach a copy of the agency's policy.)

Cash \$ _____ In-Kind \$ _____ Release time: _____ % / _____ yrs.

Equipment _____

Total Amount of Cost Share \$ _____

Explanation of how Cost Share will be met:

F&A WAIVER (Facilities and Administration): Complete if your proposal seeks to waive **any portion** of F&A (aka IDC) costs. If funding agency's policy is to NOT pay F&A costs or pay an amount lower than UNCW's current rate, attach a copy of the agency's policy.

F&A: Reduction \$ _____ Waiver \$ _____

Justification of F&A Waiver:

Special Conditions / Requirements:

SUPPORT SIGNATURES: All proposals are reported to the UNC-Office of the President and available for public review. Indicate any special requirements and supply an abstract. If an abstract is not supplied, OSP will create one for reporting and public review.

1. The undersigned Principal Investigator(s)/Project Director(s), **certify** that (a) they are aware of, and will comply with, OMB A-110 for the purpose of avoiding duplicate & unnecessary equipment purchases; (b) they are in compliance with UNCW's Drug-Free Workplace policy on alcohol & drugs; (c) they are aware of, and will comply with, UNCW policy and procedures for dealing with and reporting possible misconduct in research; and (d) they will comply with University and Sponsoring Agency policy during the term of the award.
2. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals: (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from a covered transaction by any Federal department or agency; (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission or embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2)(b) of this certification; and (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause of default.
3. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall include an explanation with this proposal.
4. The undersigned Department Chair/Director certifies that this proposal has been reviewed, and that it is consistent with the mission of the respective Department/Program; that all space requirements have been addressed and approved; and that the appropriate committee approvals have been/will be obtained by the Principal Investigator.

DON'T FORGET TO ATTACH YOUR PROJECT SUMMARY!!!

Signature(s) of **ALL** PI's:

_____ Date

Department Chair(s): _____ Date

Director(s): _____ Date

Director, OSP: _____ Date

Dean(s): _____ Date

Chief Finance Officer or Designee: _____ Date

Chancellor or Designee: _____ Date