

Complete and send this form and attachments to the Office of Research a minimum of 15 working days before the grant submission deadline.

The RFP may also be attached. After the proposal has been approved, the final application will need to be sent to the OR to complete the file. Send all documentation to research@fhsu.edu

Attach: Budget and budget narrative. If this is a contract or other agreement, attach relevant documents.

Please complete the fields to the best of your ability

PERSONAL INFORMATION	
Name of Principal Investigator (PI) (If subrecipient, use FHSU PI)	
College/Department	
Name(s) of Co-PI(s) (only FHSU Co-PIs)	
Title of Grant	
Description (1-2 brief sentences)	
Submission Type (select best fit)	
CFDA Number (if known)	
CFDA Description (if known)	
Proposal Award Type (select best fit)	
Proposal Code (select best fit)	
Related Proposal?	
Schedule type (When will research occur)	
<input type="checkbox"/> The time commitment of this grant will not go over my contractually allotted research time.	

SPONSOR INFORMATION	
Full Name of Sponsor (Funding Agency)	
Sub-Proposal	<input type="checkbox"/> (Check if we are a subrecipient)
If yes, provide sponsor (primary awardee)	
Sponsor Type, (select one)	
Electronic Submission Required? (select one)	
Link to grant guidelines (if available)	
Due date of proposal	

PROPOSAL AMOUNTS (Multi Year Grants Should Use The Total For All Years If The Funds Carry Over)	
Sponsor Direct Cost	
Sponsor Facilities Administration (Indirect)	
F&A% (indirect) rate used	<input type="checkbox"/> 32% (on campus) <input type="checkbox"/> 14 % (off campus)
Sponsor Total (\$)	
Cost Share Total	
Proposal Total	
Cost Share Required by Sponsor	<input type="checkbox"/> (Check if required)

PROPOSAL CALENDAR	
Number of Years for Grant	
Award Proposal Start Date	
Award Proposal End Date	

SPECIAL CONSIDERATIONS (Select Yes/No)			
Does this project involve the following:		Approved by:	
Human subjects research?		Approved by:	
HIPAA covered data?		Approved by:	
Animal care or use?		Approved by:	
Radioactive substances?		Approved by:	
Hazardous materials?		Approved by:	
Controlled substances?		Approved by:	
Remodeling or construction?		Approved by:	
Faculty Reassigned Time?		Approved by:	
University commitments after the grant period?		Approved by:	
Support from other departments (i.e. Tech Services, Student Affairs, etc)?		Approved by:	

Intellectual property (publication restrictions, controlled use of data, ownership)?

If Yes, Explain:

Proprietary information?

If Yes, Explain:

To the best of your knowledge does this project pose a conflict of interest for you or any anticipated project member?

If Yes, Explain:

Is international travel involved?

If Yes, Explain:

To the best of your knowledge, have you or any anticipated project member been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transactions by a federal department or agency?

If Yes, Explain:

To the best of your knowledge, are you or any anticipated project member currently delinquent on any federal debts?

If Yes, Explain:

Will any export-controlled items be transported outside the United States in connection with this project?

If Yes, Explain:

Will any export-controlled technology be shared with or transferred to foreign people (including FHSU employees and students), on or off campus?

If Yes, Explain:

Will this project potentially involve restrictions on participation, restrictions on access to research facilities, or restrictions on publication?

If Yes, Explain:

Will this project potentially involve access to classified national security information?

If Yes, Explain:

ADDITIONAL EXPLANATION/OTHER:

CERTIFICATIONS AND ASSURANCES

By submitting this form, the Principal Investigator/Project Director certifies the following:

1. The information provided on this form and within the application is true, complete, and accurate to the best of a submitter's knowledge.
2. Agrees to accept responsibility for the scientific/contractual conduct of the project, and to provide the required reports if the grant is awarded.
3. Will notify the Office of Scholarship and Sponsored Projects if an award is made or declined.
4. All faculty and unclassified staff participating in this project will comply within the conflict of Interest and Conflict of Time Polices.
5. A Declaration for Conflict of Interest and Conflict of Time Form are on file (check with the Office of Provost if need to update).
6. If awarded, I agree to manage the externally sponsored project in accordance with FHSU policies and procedures.
7. If awarded, I agree that all expenditure made under an externally sponsored activity under my direction will be in accordance with the terms of the award document and consistent with federal cost principles summarized in the federal Office of Management and Budget Uniform Guidance.

Submitting this form indicates acknowledgement of the Principal Investigator/Project Director responsibility to be aware of and adhere to all requirements and published regulations that apply to externally sponsored activities at FHSU.