

Fayetteville Campus
PROPOSAL ROUTING FORM
 A Research and Sponsored Program Proposal
 Requesting External Funds

Log-In Date _____
 RSSP Proposal # _____
 INFOED Record # _____

PI Name _____	Department _____	Rank _____	5-Phone _____	@uark.edu e-mail _____
Co-PI Name _____	Department _____	Rank _____	Phone _____	e-mail _____
Co-PI Name _____	Department _____	Rank _____	Phone _____	e-mail _____

PROPOSAL TITLE: _____

SPONSOR AGENCY NAME AND CORRECT MAILING ADDRESS:
 PH # if Express Delivery: _____

PROPOSAL TYPE: <input type="checkbox"/> Preliminary <input type="checkbox"/> New <input type="checkbox"/> *Basic _____ <input type="checkbox"/> *Applied _____ <input type="checkbox"/> Continuation <input type="checkbox"/> Grant # _____ <input type="checkbox"/> Supplement <input type="checkbox"/> Grant # _____	PROJECT CATEGORY <input type="checkbox"/> Research: <input type="checkbox"/> Instruction/Training <input type="checkbox"/> Other Sponsored Projects <input type="checkbox"/> Agriculture <input type="checkbox"/> Other:	FACILITIES & ADMINISTRATIVE COSTS (CIRCLE RATE) On-Campus 42.0% Off-Campus 24.0% On-Campus 45.0% Off-Campus 24.0% On-Campus 35.0% Off-Campus 24.0% 42.0% %	METHOD OF TRANSMISSION (MUST BE COMPLETED) <input type="checkbox"/> Electronic Submission _____ <input type="checkbox"/> Regular Mail <input type="checkbox"/> Fax # _____ <input type="checkbox"/> Federal Express # _____ <input type="checkbox"/> UPS Express # _____ DEADLINE: Date Due in Sponsor Hands _____ NUMBER OF COPIES: _____ Original +
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This proposal does _____ does not _____ contain continuing commitments of personnel past the proposed duration of the project.
SIGNATURES: PI: _____ Dept. Head: _____ Dean: _____

PROPOSED YEAR ONE BUDGET PERIOD:			PROPOSED TOTAL BUDGET PERIOD:		
LINE ITEM	SPONSOR	UA COST-SHARING	LINE ITEM	SPONSOR	UA COST-SHARING
Salaries & Wages			Salaries & Wages		
PI:	\$	\$	PI:	\$	\$
Co-PI:	\$	\$	Co-PI:	\$	\$
	\$	\$		\$	\$
Secretarial	\$	\$	Secretarial	\$	\$
GRA(s) No.	\$	\$	GRA(s) No.	\$	\$
Other	\$	\$	Other	\$	\$
Total Salaries & Wages	\$	\$	Total Salaries & Wages	\$	\$
Fringe Benefits:	\$	\$	Fringe Benefits:	\$	\$
Employees:	\$	\$	Employees:	\$	\$
Hourly:	\$	\$	Hourly:	\$	\$
Students:	\$	\$	Students:	\$	\$
Grad. Asst:	\$	\$	Grad. Asst.:	\$	\$
Materials & Supplies	\$	\$	Materials & Supplies	\$	\$
Travel: Domestic	\$	\$	Travel: Domestic	\$	\$
Foreign	\$	\$	Foreign	\$	\$
Subcontracts	\$	\$	Subcontracts	\$	\$
Other Direct Costs less Tuition	\$	\$	Other Direct Costs less Tuition	\$	\$
Modified Total Direct Costs	\$	\$	Modified Total Direct Costs	\$	\$
Facilities & Administrative	\$	\$	Facilities & Administrative	\$	\$
Tuition	\$	\$	Tuition	\$	\$
Equipment (\$2500 or more)	\$	\$	Equipment (\$2500 or more)	\$	\$
Participant support	\$	\$	Participant support	\$	\$
Total Project Costs	\$	\$	Total Project Costs	\$	\$
Cost Share CCN#:			Cost Share CCN#:		

SPECIAL REVIEW CHECKLIST

The proposal submitted herewith involves the following **(check all applicable items)**:

() Human Subjects Chairperson Signature: _____	() Chemical Carcinogens, Biohazardous Agents, Infectious Agents, or Recombinant DNA Techniques	() Restrictions on University/Investigator Publication or Intellectual Property Rights
() Animal Use Chairperson Signature: _____	() Medical Surveillance or Biological Monitoring Required	() Commitment of University/Investigator Intellectual Property or "Background" Rights
() Radioactive Materials Chairperson Signature: _____	() Subcontracts or Subrecipients are proposed	() Company Confidential Information will be provided to University
() Sponsor is Foreign-Owned Company or Foreign Government	() Security Classification will be Imposed	() Water Resources Center Related

INVESTIGATOR(S)/PROJECT DIRECTOR(S) DISCLOSURES AND ASSURANCES

APPROVALS:

By signing below, I certify that I have read the following statements and those contained on the Proposal Routing Form, and I further certify that the statements contained therein are accurate and truthful to the best of my knowledge and belief:

*All investigators have read and understood UA's conflict of interest policies and the University's *Disclosure of Financial Interests Related to Sponsored Projects*, have made all financial disclosures required by them, and prior to the expenditures of any award funds, shall have reached an agreement with the University which provides for conditions or restrictions necessary to manage, reduce, or eliminate conflicts of interest under University policy.

*The proposal submitted herewith is (1) complete in its technical content, (2) adheres to the rules of proper scholarship, including specifically the proper attribution and citation for all text and graphics, (3) complies with federal standards for the integrity of research (e.g., NSF Misconduct in Science Policy, see University policy), and (4) is in accordance with specifications established by the sponsoring agency.

*The facilities/space and other University resources necessary to complete the proposed project are available to the project, or provisions have been arranged with Department/College to make such space or other University resources available in the event an award is made.

*If the proposal submitted herewith is funded and accepted by the University, I will conduct the project in accordance with the terms and conditions of the sponsoring agency and the policies of the University, and I will be fully responsible for meeting the requirements of the award, including providing the proper stewardship of sponsored funds, submitting all required technical reports and deliverables on a timely basis, and properly disclosing all inventions to the University's Intellectual Property Office, in accordance with Federal and University policies.

*Each individual signing below is certifying to the best of their knowledge and belief that they have not defaulted on any federal debt nor are they currently prohibited through debarment, suspension, indictment or voluntary exclusion from receiving funds from any federal department or agency (Executive Order 12549). If you are unable to sign this statement please notify the Office of Research and Sponsored Programs.

SIGNATURES:

PI _____ Dept. _____ Date _____

Co-PI _____ Dept. _____ Date _____

Co-PI _____ Dept. _____ Date _____

Chairperson _____ Dept. _____ Date _____

Chairperson _____ Dept. _____ Date _____

Chairperson _____ Dept. _____ Date _____

Chairperson _____ Dept. _____ Date _____

Dean _____ Dept. _____ Date _____

Dean _____ Dept. _____ Date _____

Dean _____ Dept. _____ Date _____

*** Signatures of each Department Head and Dean are required if PI and Co-PI are in separate administrative units or if PI has dual appointment.**

NOTICE: Proposals are to be submitted to the Office of Research & Sponsored Programs at least five working days prior to agency deadlines. Failure to meet this deadline may jeopardize the on-time submission of the proposal. Proposals not meeting this deadline shall be submitted with conditional approval only. In these cases, the PI shall be responsible for making appropriate changes to the proposal or proposal will be withdrawn by RSSP, at a later date, if subsequent review reveals that the proposal is incomplete, contains errors, inaccuracies, misrepresentations, or does not conform with University or sponsoring agency requirements.

COMPLETE AND SUBMIT THIS FORM TO RSSP WITH THE PROPOSAL

NIH ONLY
COMPLIANCE ASSURANCE STATEMENT

Title of Proposal: _____

This statement is to be maintained in the proposal file and made available to the sponsoring agency or other HHS or Federal officials upon request.

The undersigned certifies the following:

1. That the information submitted within the application is true, complete and accurate to the best of the PI's knowledge
2. That any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties
3. That the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

PI/coPI Signature

Date

PI /coPI Signature

Date

PI/coPI Signature

Date

PI/coPI Signature

Date