ROUTING NUMBER (DEPT USE ONLY)



***Western University of Health Sciences***

**INSTITUTIONAL APPROVAL FORM FOR EXTRAMURAL APPLICATIONS**

This form is to be completed by the Principal Investigator/Project Director, or his/her designee, for each (and every) grant and/or contract application and then returned to the Offices of Sponsored Programs and Contract Management (OSR), x5458.

**Submit form to OSR for signatures a minimum of 10 Business days before mailing date.**

1. Project Director/Principal Investigator:       Ext.:
2. College:       Department:       University Institute:
3. Have you completed your Conflict of Interest Certification  Attach copy of certificate
4. **Proposal Title**:
5. DUE DATE
6. Funding Entity:

6A. Primary Site (include the institution that is submitting if not WesternU):­­­­­­

1. Sponsor’s Application Identification (ie: R01, R03):
2. RFA/PA/PAR Number:
3. Funding/Contracting Entity Address, Contact Name, and Phone Number:­

9A. **FOR CONTRACTS**: Company Tax Identification Number:

1. Funding Agency’s Website:

10A. Application Guideline’s weblink:

1. Investigator’s % Of Effort On Project:­­­
2. Type of Proposal:
3. Type of grant/contract:
4. Purpose of Project:
5. Agency type:
6. PROJECT PERIOD: First Year: From Click here to enter a date. To Click here to enter a date.
7. TOTAL PROJECT PERIOD: From Click here to enter a date. To Click here to enter a date.
8. Will this project involve the use of **radioactive isotopes**?  Yes  No
9. If the project does involve the use of radioactive isotopes, **please list those specific isotopes to be used**:
10. Will this project involve the use of a **controlled substance**?  Yes  No
11. If this project involves the use of a controlled substance, do you have a **current DEA license**?

Yes ; License number

No Do you have a pending license application?  Yes  No

**Investigators performing research on the following must have protocols approved by the Institutional Biosafety Committee (IBC):**

1. Recombinant DNA
2. Infectious agents
3. Explicit use of infectious agents
4. Research involving human blood or tissue (potentially infected)
5. Research involving human cells or cell lines in culture (potentially infected)

22. A. **COMPLIANCE COMMITTEE APPROVALS:** (**ATTACH COPY OF ALL APPROVAL LETTERS**)

**Please Mark**

**No/Yes/Pending Approval Dates Protocol Numbers**

**List ALL Protocols that apply**

Human Subjects      

**Title of IRB Protocol**:

Animals      

**Title of IACUC Protocol:**

Biohazards

**Title of Biohazard Protocol:**

**ATTACH SEPARATE SHEET OF PAPER WITH TITLES OF ADDITIONAL PROTOCOLS IF ANY**

C. For animal use, please fill out: (All per diem costs must be included in the budget!)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Animal Species | Number of Cages | # of Days | Daily Per Diem Rate Per Cage | Total Per Diem Cost |
|  |  |  |  |  |
|  |  |  |  |  |

23. **Space and Facilities:** Are existing allotments adequate?  Yes  No

(If yes, state the location and rooms to be used).

24. Does the proposal obligate the University and/or College to expenses beyond the terms of the project period?

Yes  No If yes, please describe what the proposed obligation entails:

25. **OTHER PERSONNEL:**

**LIST THE NAMES, DEPARTMENTS AND COLLEGE OF EVERYONE WORKING ON THIS PROJECT. INCLUDE THEIR PERCENT (%) EFFORT ON THE PROJECT REGARDLESS OF WHETHER OR NOT THE GRANT IS PAYING FOR THEIR TIME. THESE NAMES MUST MATCH YOUR FINAL APPLICATION.**

**FOR PEOPLE AND/OR ORGANIZATIONS FROM OUTSIDE THE UNIVERSITY, PLEASE ATTACH LETTERS OF AGREEMENTS AND/OR SUPPORT**.

26. **OTHER FACULTY/STAFF ASSURANCE AND APPROVAL (see #30: PI Assurance):**

**PLEASE OBTAIN SIGNATURE OF ALL OTHER PARTICIPATING FACULTY/STAFF AND THEIR DEPT CHAIRS AND/OR DEANS**

**THE PROJECT DIRECTOR/PRINCIPLE INVESTIGATOR AND THEIR SUPERVISOR SIGNS AT SECTION 30**

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Participating WesternU faculty or staff member Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor (Dept Chair/Program Head or Dean) Date

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Participating WesternU Faculty or staff member Date

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Participating WesternU Faculty or staff member Date

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Supervisor (Dept Chair/Program Head or Dean) Date

27. **DOES PROJECT REQUIRE IN-KIND CONTRIBUTIONS?**  Yes  No ; If yes, attach list.

**On the budget form:**

**IMPORTANT INSTRUCTIONS:**  Please complete the detailed budget with as much information as you can provide, include types of supplies and/or pieces of equipment to be bought.

**Please include the NAME of EVERY FACULTY MEMBER AND STAFF MEMBER who will be working on the project and THEIR PERCENTAGE OF EFFORT that will be devoted to the project for each year, REGARDLESS of no funds are being requested for that person. THESE MUST MATCH YOUR FINAL APPLICATION.**

**UNDER CONTRACT SERVICE/CONSULTANT, LIST THE NAME OF EACH CONSULTANT AND/OR THE NAME OF ANY COMPANIES WITH WHOM WE WILL CONTRACT.**

**UNDER CONSORTIUM, LIST THE NAME OF THE COLLABORATING INSTITUITON OR UNIVERSITY.**

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YOU WILL NEED TO **JUSTIFY** WHY THERE WILL BE NO **SALARY CHARGES** AND NO **INDIRECT COSTS** EG: THE SPONSOR DOES NOT ALLOW, AND **ATTACH** THE JUSTIFICATION TO THIS FORM.

28: **COST SHARING OR MATCHING REQUIREMENT**

If the Sponsor requires a **MATCH**  or **COST-SHARING**, please provide that information below.

### **YEAR 1** **TOTAL PROJECT**

### University Match Cost-Sharing $       $

% University Match  % Cost-Sharing %       %

**Please list those expenses which will be Cost-Shared (those expenses that will NOT be paid by the grant eg: PI’s Salary plus Fringe Benefits, un-recovered Indirect Costs):**

**Definitions:** ***University Match*** *–* Those funds that the University must have on hand to meet a percentage of the actual costs of doing the proposed project, as identified by the sponsoring agency. For example: if it is proposed to purchase a piece of equipment costing $100,000, the sponsoring agency may ask for a 50% match so that the University must have $50,000 to meet the agency’s $50,000.

***Cost-Sharing***– Those direct cost expenses, though while identified as part of the cost of doing the project, the University agrees to share in the paying of said costs. Typically seen in cases of faculty time and effort. For example: if faculty member “A” proposes to work 50% on a protocol but only requests the sponsoring agency pay for 25% of his time, the remaining 25% balance would be paid for by the University. This is COST-SHARING.

**When calculating COST-SHARING of faculty time and effort, be sure to include FRINGE BENEFITS as part of the total cost-sharing expense.**

29: **PLEASE PROVIDE A 1-2 PARAGRAPH PROJECT ABSTRACT IN LAYMAN’S TERMS:**

30. **PRINCIPAL INVESTIGATOR ASSURANCE**

My signature below certifies that: 1) that the information submitted within the application is true, complete and accurate to the best of my knowledge; 2) any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and 3) I agree to accept responsibility for scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application. In addition, I am familiar with the conflict of interest policy and I have notified the appropriate office in writing of all possible conflicts of interest, as defined in Western University policies, as they may relate to this proposal or contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter a date.

Project Director or Principal Investigator Date

**Approval (REQUIRED SIGNATURES TO BE SECURED BY PROJECT DIRECTOR):**

I have read and I am familiar with the attached application and with all cost-sharing and/or matching obligations shown in section 21 of this form, and I am satisfied with and responsible for all commitments in the proposal as they relate to my area (facilities/personnel/financial/programmatic).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­ Click here to enter a date.

Supervisor (Department Chair/Program Head) Date

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Dean of College or Vice President (for non-teaching unit) Date

**University Approval (**SIGNATURES TO BE SECURED BY SPONSORED RESEARCH**):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter a date.

Application Review (Sponsored Research) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­ Click here to enter a date.

Vice President of Research or designee Date

***ONLY IF REQUIRED BY THE SPONSOR***

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Chief Financial Officer/Treasurer or designee Date

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Provost or designee Date

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President Date