



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:		Phone Extension:	
2. College:		Department:	
University Institute:			
3. Credential e.g. Agency Login (eRA Commons User ID):			
4. Have you completed your Conflict of Interest Training: Yes ☐ No: ☐	Fed Security/Other Support Training: Yes ☐ No: ☐		
5. Application Due Date:		Have you completed the COI Disclosure Form: Yes ☐ No: ☐	
6. Proposal Title:			
7. Funding Agency:		Funding Agency's Application Identification (ie R01)	
8. RFA/PA/PAR Number:			
9. Funding Agency Address, Contact Name, and Phone Number:			
10. Funding Agency's Website:			
10a. Application Guideline's Weblink:			
11. If we are a sub-recipient on another institution's application, name of institution:			
11A. Other Institution's Contact and Phone Number:			
11B. For Contracts: Company Tax Identification Number:			
12. Principal Investigator's % of effort on project:			
13. Type of Proposal:			
14. Type of Grant/Contract:			
15. Purpose of Project:			
16. Agency Type			
17. Will this project involve the use of radioactive isotopes ?	☐ Yes ☐ No		
18. List the specific isotopes to be used:			
19. Will this project involve the use of controlled substance ?	☐ Yes ☐ No		

20. 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. Research involving human or primate blood or tissue
3. Research involving human or primate cells or cell lines in culture
4. Infectious agents
5. Viral Vectors

21. A. **Committee Approvals:** (Attach copy of **ALL** approval letters)

For EACH CATEGORY YES or No or Pending

Human Subjects: Yes ☐ No ☐ Pending ☐ Date: **Protocol #:**

Title of IRB
Protocol

Animals:

Yes ☐ No ☐ Pending ☐ Date: **Protocol #:**

Title of IACUC
Protocol

Biohazards:

Yes ☐ No ☐ Pending ☐ Date: **Protocol #:**

Title of IBC
Protocol

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

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

Animal Species:

Number of animals:

Number of days:

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

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

23. 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:

24. **OTHER PERSONNEL**: PROVIDE LIST OF NAMES OF OTHER WESTERNU PERSONNEL, DEPARTMENTS, AND/OR EXTERNAL ORGANIZATIONS INVOLVED IN THIS PROJECT. FOR EXTERNAL ORGANIZATIONS, PLEASE ATTACH LETTERS OF AGREEMENTS AND/OR SUPPORT

OTHER FACULTY/STAFF ASSURANCE AND APPROVAL (see #28: PI Assurance):

PLEASE OBTAIN SIGNATURE OF OTHER PARTICIPATING FACULTY/STAFF AND THEIR DEPT CHAIRS, DEANS OR DESIGNEE.

Participating WesternU faculty or staff member

Participating WesternU faculty or staff member

Supervisor (Dept Chair/Program Head, Dean or Designee)

Supervisor (Dept Chair/Program Head, Dean or Designee)

Participating WesternU Faculty or staff member

Participating WesternU faculty or staff member

Supervisor (Dept Chair/Program Head, Dean or Designee)

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25.PERFORMANCE PERIOD

First Year: From

To:

Total Project Period: From

To:

DOES PROJECT REQUIRE IN-KIND CONTRIBUTIONS? Yes ☐ No ☐

If yes, explain.

IMPORTANT INSTRUCTIONS:

Please complete the detailed budget with as much information as possible, including list of supplies and list of equipment that will be bought
On the budget form 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, even if no funds are being requested for that person. If you can't fit all their names, attach a separate sheet of paper.

BUDGET JUSTIFICATION

PROVIDE DETAILED JUSTIFICATION FOR ALL COSTS.

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.**

26: COST SHARING OR MATCHING REQUIREMENT

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

☐ University Match

YEAR 1 (\$):

TOTAL PROJECT(\$):

☐ 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.

27: PLEASE PROVIDE A 1-2 PARAGRAPH PROJECT ABSTRACT IN LAYMAN'S TERMS:

28. 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.

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

Supervisor (Department Chair/Program Head)

Date

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

Date

University Approval (SIGNATURES TO BE SECURED BY SPONSORED RESEARCH)

Application Review (Sponsored Research)

Date

Senior Vice President for Research

Date

ONLY IF REQUIRED BY THE SPONSOR

Chief Financial Officer/Treasurer or designee

Date

Provost or designee

Date

President

Date