

**Case Western Reserve University (CWRU)  
Instructions for Completing the University Review Form**

The University Review Form only needs to be completed for an application (either grant or contract) that may result in sponsored project funding to the university (whether new, continuing, or matching). A University Review Form need not be submitted for projects where CWRU is the sponsor to an outside entity (e.g., subcontract, independent contractor agreement) or for changes to existing sponsored projects (e.g., budget revisions, change of principal investigator, no cost extension).

**Note: Filling out all applicable blanks, i.e., providing all requested information, even small details, will help speed up the administrative process.**

**Section A: General Information**

- Dept. Contact:** Provide the name, phone number, fax number and e-mail address of the person within the department who should be contacted for assistance in the administration of the sponsored project (this person is usually the department administrator).
- Proj. PI:** Provide the name, phone number, administering department name and e-mail address of the person who is ultimately responsible for the conduct of the project. **Please note that the administering department may not be the same as the individual's home department.**
- Proj. Co-PI:** Provide the name, phone number, administering department name and e-mail address of the person who shares the ultimate responsibility for the conduct of the project with the Project PI. **Please note that the administering department may not be the same as the individual's home department.**
- Project Title:** Please provide the title of the sponsored project. If applicable, it should be the same as the one used for the proposal that is submitted to the sponsor.
- Sponsor:** Please identify the name of the entity that is providing the funds for the project. In the case of a subcontract, please name the institution that is the immediate source of funds (e.g., if a NIH grant is awarded to another university that will be subcontracting with CWRU, the sponsor name should be that of the other university).
- Proposal Type:** Please check the box (only one) that best describes the type of proposal that is being submitted. For those marked with an asterisk, please complete the relevant information in the box below.
- Project Type:** Please check the box (only one) that best describes the project type.
- Project Location:** Please check all the locations that apply to the project. UHHS stands for University Hospitals Health System, MHMC stands for MetroHealth Medical Center, and VAMC stands for the Veterans Affairs Medical Center.
- Fund Category:** Please check the box (one only) that best describes the funding category for the sponsored project. Please check "sub-contract" if CWRU will be a subcontractor on a sponsored project where the prime award has been made to another institution.
- Special Requirements:** Please check all the special requirements that apply to the project. For those projects that involve more than one management center, subaccounts should

usually be specified such that direct and indirect costs can be allocated appropriately.

**Section B: Budget**

- Sponsor Deadline:** Please specify the date when the proposal either needs to be received by the sponsor or postmarked by.
- Proposed Start Date:** Please indicate when the project is likely to begin.
- Indirect Cost Rate:** Please indicate the percentage of direct costs (i.e., percentage of either total direct costs or modified total direct costs) that represents the overhead rate for the project. If the federal negotiated rate is being used, please list the appropriate percentage as it applies to research or training projects, either on or off campus. If another rate is being used, please list it as "Other".
- Budget Year Costs:** Please list in dollar amounts the direct, indirect and total costs and the amount of cost sharing for the specific budget year that is currently being applied for. For new proposals this would be year 1, for non-competing continuations it would be the budget year represented by the non-competing application. Please insert the budget year in parentheses next to "Budget Year".
- Total Project Budget:** Please list in dollar amounts the direct, indirect and total costs and the amount of cost sharing that is budgeted for the entire project. These amounts should only be listed for new and competing renewal applications.
- Management Center:** Please indicate whether more than one management center is involved in the project and specify which ones. For the purposes of the University Review Form, management centers are defined as the various schools or colleges of the university. If more than one management center is involved, please make sure that the administrative representative for each management center has signed the University Review Form.
- International Activities:** Please indicate whether the project involves support for international activities. If so, please list the countries involved.
- Space:** Please indicate whether space other than the investigators' offices and/or labs is necessary to complete the project. For example, will new space that currently doesn't exist be needed? Will space that belongs to another individual who is not part of the project team be needed? Please indicate, as applicable, whether new or currently unassigned space has been identified and committed and specify the location of this space. Also, please indicate whether renovations will be needed to complete the project whether in currently assigned space or in new or currently unassigned space.

**Section C: Research Compliance**

**Human Subjects:** Please indicate whether human subjects will be involved in the project. Human subject means a living individual about whom an investigator (whether professional or student) conducting research obtains 1) data through intervention or interaction with the individual or 2) identifiable private information.

If human subjects will be involved, please indicate the location of where they will be recruited and either the date of the respective IRB approval or, if not approved yet, please check "Pending". Other options that can be checked if the

details of the recruitment have not been defined include “Training grant” and “No definite plans”.

**Animal Subjects:** Please indicate whether animals will be used in the sponsored project. If so, please indicate the Institutional Animal Care and Use Approval date, or, if not approved yet, please check “Pending”.

**Recombinant DNA:** Please indicate whether recombinant DNA will be used in the sponsored project. For information about whether the agent of interest is considered recombinant DNA, please consult the Institutional Biosafety Committee web site at: [http://ora.ra.cwru.edu/main\\_institutional\\_biosafety\\_committee\\_page.htm](http://ora.ra.cwru.edu/main_institutional_biosafety_committee_page.htm) If recombinant DNA will be used, please indicate whether its use is exempt from IBC review, pending IBC review, has been approved by the IBC (please specify the date) or involves gene therapy. If the project involves gene therapy, please indicate whether it has been approved by RAC or is pending RAC approval and the specific IRB and IBC approval dates or pending status for each.

**Special Hazards:** Please indicate whether the project involves any special hazards. Assistance in completing this section can be provided by consulting the following web-site: <http://www.cwru.edu/finadmin/does/oes.html>.

**Conflict of Interest:** Please list the key personnel involved in the project. Key personnel are those who are involved in a substantive and meaningful way in the design, conduct or reporting of the research. **For new NIH applications, the names listed on the University Review Form should match the names of key personnel provided in the NIH application (usually found on page 2, beneath the abstract section).** For each person listed, please specify his/her status, i.e., faculty, staff, student or non-affiliated. Non-affiliated individuals are those who are not considered faculty, staff (either of CWRU or its affiliates), or students. For each person listed, also indicate whether a current Conflict of Interest Disclosure Form is on file. That is, the person has completed a form in response to or since the most recent request for an annual conflict of interest disclosure. Lastly, for each person listed, please indicate whether that person has a financial conflict of interest with the project. That is, he/she has significant financial interests that could appear to affect or be affected by the sponsored project.

**Section D: Required Signatures**

Please make sure that all required signatures are obtained. If more than one management center is involved, then the administrative representative from each management center needs to sign the University Review Form. Foundation Relations needs to sign for all sponsored projects that involve foundation funding. Additionally, the University Budget Director needs to review all budgets and sign the University Review Form for all University General accounts, i.e., all central administration departments.