



University Review Form

(All questions must be answered and all required signatures obtained before request will be processed.)

SECTION A: GENERAL INFORMATION

Administrative Dept.: _____ Dept. Contact: _____ CWRUNetID*: _____

Dept. Contact's Phone: _____ Fax: _____ Email: _____

Proj. Dir.: _____ Phone: _____ Email: _____ CWRUNetID*: _____

Proj. Co-Dir.: _____ Phone: _____ Email: _____ CWRUNetID*: _____

* Use CWRUNetID or PeopleSoft EMPLID

Project Title: _____

Immediate Sponsor(s): _____

(If submitting to more than one sponsor, please name the other sponsors):

Primary Sponsor(s): _____

(flow through sponsor: list original sponsor here if the institution providing funds is getting them from elsewhere):

Proposal Type	Project Type	Project Location	Fund Category	Special Requirements
New	Research	On Campus	Grant	Cost Sharing
Non-Competing Continuation*	Training	UHHS	Co-op Agreement	Space
Competing Renewal*	Service	MHMC	Contract	Subaccounts
Supplemental*	Special	VAMC	Sub-Contract	
Resubmission**	Discretionary	CCF	Other Mechanism	
Other (specify) _____		Off Campus		

* Speed Type or Current Account #: _____ and Agency Award #: _____

** Please indicate previous submission date: _____ and status (e.g., not funded, withdrawn, etc.): _____

Contract Number: _____

Does this project include Clinical Trials? Yes No

Is the Case Comprehensive Cancer Center Involved? Yes No

Does this project utilize the General Clinical Research Center? Yes No

For continuation or renewal applications, have invention disclosures resulted from this project? Yes No

Please enter the number of graduate/postdoctoral students supported by this project in the current year and in total, across all years:

Graduate: Current: _____ Total: _____

Postdoctoral: Current: _____ Total: _____

SECTION B: BUDGET

Sponsor Deadline Date: ____/____/____ Proposed Start Date: ____/____/____

Indirect Cost Rate (please indicate percentage): Federal Negotiated Rate: _____ Other: _____

IDC Base:	Salaries and Wages	Salaries, Wages and Benefits	Total Direct Cost
	Direct Less Tuition and Fees	Modified Total Direct Cost	

	Direct Costs	Indirect Costs	Total Costs	Cost Sharing	Project Duration (Yrs)_____
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Budget Year (): _____

Total Project Budget: _____

(new and renewals only)

Does this project involve more than one management center? Yes No If yes, please specify: _____

Does this project request support for international activities? Yes No If yes, list countries: _____

Space: Is space other than the investigator's current office and/or lab necessary for the completion of this project? Yes No

If yes, has the space been identified and committed? Yes No

If yes, please identify the location committed _____

Will renovations be needed for completion of the project? Yes No

Will funds from sponsor be used for renovations/construction? Yes No

SECTION C: RESEARCH COMPLIANCE (Please attach a copy of all approval letters, when applicable)

Human Subjects Yes No If yes, check where subjects will be recruited:

UHC UHC IRB Expiration Date ____/____/____ Protocol #(s)_____ Pending

MHMC MHMC IRB Expiration Date ____/____/____ Protocol #(s)_____ Pending

CDVAMC CDVAMC IRB Expiration Date ____/____/____ Protocol #(s)_____ Pending

On Campus Case IRB Expiration Date ____/____/____ Protocol #(s)_____ Pending

CCF CCF IRB Expiration Date ____/____/____ Protocol #(s)_____ Pending

Other or Additional _____ IRB Expiration Date ____/____/____ Protocol #(s)_____ Pending

If yes checked above, please check other options as applicable:

Training grant

(45 CFR 46.118) No definite plans, will obtain approval before involving subjects.

Animal Subjects Yes No Expiration Date ____/____/____ Protocol # _____ Pending

Recombinant DNA Yes No If yes, check one of the following or enter an IBC Expiration Date:

Exempt

Institutional Biosafety Committee (IBC) Approval Pending

IBC Expiration Date ____/____/____ IBC Protocol # _____

Any special hazards that apply to this project? Yes No

Please check any **special hazards** that apply to this project:

For guidelines in completing this section, please see <http://www.cwru.edu/finadmin/does/oes.html>

Radioisotopes Carcinogens Reproductive Toxins Infectious Agents Extremely Hazardous Chemicals

Select Agents, please see: <http://www.cdc.gov/od/sap/>

Controlled Substances

Export Control Issues (check all that apply): Does the project involve:

Shipping equipment or software to a foreign country?

Collaborating with foreign colleagues in foreign countries?

Training foreign persons* in using equipment? (*whether in the US or outside the US)

Working with a country subject to a US boycott? (includes conducting surveys, interviews, & providing training) See current list of embargoed countries at <http://www.treas.gov/offices/eotffc/ofac/sanctions/index.html>

Key Personnel: Please list all **key personnel**¹ (or attach a separate sheet as necessary this includes the PIs themselves)

Name	CWRUNetID or PeopleSoft EMPLID	Status ²				Financial COI with this project ³		Involved with Human Subject Research?	
_____	_____	F	S	Std	N	Yes	No	Yes	No
_____	_____	F	S	Std	N	Yes	No	Yes	No
_____	_____	F	S	Std	N	Yes	No	Yes	No
_____	_____	F	S	Std	N	Yes	No	Yes	No
_____	_____	F	S	Std	N	Yes	No	Yes	No
_____	_____	F	S	Std	N	Yes	No	Yes	No
_____	_____	F	S	Std	N	Yes	No	Yes	No

¹ Key personnel are those involved in a substantive and meaningful way in the design, conduct or reporting of the research.

² F=Faculty; S=Staff (e.g., research asst., research nurse); Std=Student; N=Non-affiliated (e.g., consultant from another institution).

³ Financial interests that could reasonably appear to affect or be affected by this sponsored project. Financial interests include salary or other payments (when aggregated to immediate family) that are expected to exceed \$10,000 in next twelve months from a single outside entity, or an equity interest valued at greater than \$10,000 or representing more than 5% ownership, or any equity interest in a privately held company, or an officer in a company, or intellectual property rights that have been licensed to an outside entity.

Key Words Associated With This Project: _____
(Please enter words that reflect the nature of this project)

Please add any additional comments that you have regarding this project:

SECTION D: REQUIRED SIGNATURES

Signature of Proj. Dir. (or PI) certifies accuracy of proposal, responsibility for its scientific conduct, and agreement to perform the work according to University and sponsor guidelines; other signatures certify that the proposal has been reviewed for compatibility with departmental objectives and capabilities, and school and University research policies.

For Proposals to Corporations or Foundations:

(Not for contracts or to disease/health specific associations)

Office of Corporate & Foundation Relations _____ Date: ____/____/____

Mgmt. Center Development Office _____ Date: ____/____/____

For all Proposals and Contracts:

Proj. Dir. (or PI): _____ Date: ____/____/____

Department Chair: _____ Date: ____/____/____

Management Center: _____ Date: ____/____/____

Institutional Signature: _____ Date: ____/____/____