

Proposal Clearance Forms (PCF)

Attach FINAL budget, complete proposal, other sponsor/university required forms
and a signed FCOI Disclosure/Certification Form for each PI/PD, Co PI/PD, and other Key Personnel (see p. 3)

**ORSP requires 5 business days prior to submission for review and administrative approval of competitive proposals.
Proposals not submitted to ORSP 5 business days prior to sponsor deadline may not be cleared for submission.**

SECTION 1 - PROJECT INFORMATION

To be completed by PI/PD and/or ORSP

Pre-proposal / Letter of Intent (preliminary submission)	Submission deadline				
Proposal or application	Select method/date:	Online	E/Mail	Received by	Posted by
Collaborative application (SFA not lead)				# of copies _____	
Contract or award document					
501(c)(3) SFA Foundation Submission Required	Mailing address/URL-Web/Email:	_____			

SFA PI/PD & co-PI(s)/PD(s)

Principal Investigator/Project Director: _____

Co-Investigator/Project Director: _____

Co-Investigator/Project Director: _____

Co-Investigator/Project Director: _____

Primarily Research	Yes	No	Type of Research	NA	Fundamental/Basic	Applied or R&D
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Associated SFA Center: _____

Project Title: _____

SPONSOR:

Prime (PT)

Sponsor: _____

Begin: _____

End: _____

CFDA # _____

Required for all Federal and Federal pass-through applications

SECTION 2: BUDGET SUMMARY

Attach detailed budget for grant and Cost Share Detail form (CSR) if cost share required

	Amount Requested from Sponsor	Required Cost-share	Total Budget	
Direct Cost				IDC rate - select from menu
Indirect Cost				IDC reduction requested (attach form)
TOTAL:				

SECTION 3 - SAFETY, COMPLIANCE and RESTRICTIONS

to be completed by the PI/PD; attach any approvals or other documentation.

1. Does the project involve Human Subjects (including surveys, focus groups, instructional interventions, etc)?			IRB Status	
2. Does the project involve Live Vertebrate Animals (including capture, captivity, and/or experimentation)?			IACUC Status	
3. Include Biohazards (including recombinant DNA, radioisotopes, hazardous substances, human blood, parasites, viruses, etc.)?			BSC Status	
4. Produce Hazardous Chemical Waste ?				<i>Include disposal provisions and costs in proposal or other documentation.</i>
5. Include a Foreign Component - non-US citizens; export control (collaborators, employees, students; delivery of materials, software, equipment, and/or information to a foreign entity; foreign travel)?			Country/ (ies):	
6. Have any Restrictions on Publications (including controlled use of data, ownership of products or discoveries, prior approval before publication, etc.)?				<i>Attach explanation.</i>
7. Include a subaward(s) to an external entity(ies)? If yes, contact ORSP 10 business days prior to submission as a separate certification form and documents are required from each potential subaward institution.				<i>Attach completed ORSP Subrecipient Certification Forms</i>
8. Request additional compensation above institutional base salary (IBS) in the proposal? (Other than reassigned time.)				<i>Review SFA policy 12.1 to ensure eligibility.</i>

SECTION 4 - PRIOR INSTITUTION APPROVALS

To be completed by the PI/PD with appropriate attachments; VP/Dean/Chair initials as needed

1. Does the project require alterations to existing space or new construction?			Attach Design Center approval or VP/Dean/or Chair approval initial here _____
2. Does the project require commitment to maintain equipment after the project ends? Or continue activities after funding ends?			Attach Chair/Dean commitment letter as applicable
3. Does the project require hiring of additional faculty or professional staff (new positions)?			Attach Human Resource approval of job descriptions as applicable
4. Does the project create a new certificate or degree program, or establish a new center or institute?			VP/Dean/or Chair approval initial here _____

SECTION 5 - APPROVAL SIGNATURES

Review to make sure all documents are attached before sending complete package to ORSP

Principal Investigator/Project Director:		Date
Co-Investigator/Project Director:		Date
Co-Investigator/Project Director:		Date
Co-Investigator/Project Director:		Date
Chair(s)/Director(s) <i>My signature confirms review of the complete application materials attached. I approve the institutional commitment to the following, as applicable: 1) faculty and/or staff time; 2) cost-share or matching (see budget); 3) use of university facilities; 4) required facility modification or remodeling; 5) overall cost of equipment to be purchased, including shipping, set-up, and maintenance; and 6) absorb any post grant maintenance, tracking and monitoring using non-grant staff and resources.</i>		Chair Signature(s) and Date
Dean(s) <i>My signature confirms my review of the complete application materials attached. I certify that the project's activities are consistent with the mission of the college, and commit to provide the support and resources as described in the application in the event of an award.</i>		Dean Signature(s) and Date
<i>If from a Federal source, complete page 4 to certify lobbying status with regard to this application or award.</i>		

SECTION 6 - ORSP/FOUNDATION USE ONLY

Reviewed by:		Date:
Comments:		
Director of Research:		Date:
VP for Advancement:		Date:
VP for Finance/Administration:		Date:
VP for University Affairs:		Date:
VP for Academic Affairs:		Date:
<i>If from a Federal source, complete page 4 to certify lobbying status with regard to this application or award.</i>		
President:		Date:

PCF received:	Completed packet received: _____
	Submitted by:
	Date:
	Method:
	Comments:

PI/PD/Key Personnel Conflict of Interest (FCOI) Disclosure and PI/PD (co-PI/PD) Certification Form for Sponsored Projects

Must be completed by all senior/key personnel and submitted with the Proposal Clearance Form

Faculty/Staff Name _____ Department _____

Telephone _____ Email _____

Title of Proposal _____

Sponsor _____

KEY PERSONNEL DISCLOSURES AND CERTIFICATIONS My signature as SFA key personnel certifies that:	
	Yes or No
1. I have read and understood the following policies: Financial Conflicts of Interest in Sponsored Activities (8.2) and Nepotism (11.16). Based on the definitions provided in these policies, (1) no significant financial interests can be reasonably expected by the conduct of this project or any potential product/project outcome and (2) there are no family relationships involved in the conduct of this project.	
2. I am disclosing a significant, related financial interest for this project and have attached an envelope marked "confidential" that identifies the business enterprise or entity involved and describes the nature and amount of the financial interest.	
3. I am acknowledging that the project may result in royalties or other remuneration paid by the university, exempt from COI disclosure, including intellectual property rights assigned to SFA and agreements to share in royalties to these rights.	
4. I am disclosing a familial relationship involved in the conduct of this project and have attached a separate page that identifies the individual, the relationship to myself, and explains why the person is more qualified to work on the project than other non-family members.	
5. If a conflict of interest was disclosed above, I agree to cooperate in the development of a management plan, if applicable, and to comply with any requirements imposed by the university and/or the funding agency to manage, reduce, or eliminate the conflict or terminate the award.	
6. I agree to complete FCOI training as required by the sponsoring agency.	
7. I am in compliance with federal and university requirements for a drug-free workplace.	
8. I am presently delinquent on any federal debt, including student loans.	
9. I am presently debarred, suspended, proposed for debarment, declared or ineligible or voluntarily excluded from current transactions by any federal/state department or agency?	
10. Within the three-year period preceding this application, I have had one or more public transactions (federal, state or local) terminated for cause or default.	
11. I agree to notify ORSP in writing if any of the circumstances on this certification page change during the term of the award.	
PD/PI/Key Personnel Signature	Date
→	

PROPOSAL CERTIFICATION My signature as PI/PD or Co-PI/PD certifies that:	
1. To the best of my knowledge, the information submitted within the submitted application is true, complete and accurate.	
2. I understand that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	
3. To the best of my knowledge, federal funds have not been used and federal funds will not be used to influence or attempt to influence members of Congress in the granting of this award.	
4. I am not delinquent in submitting final project reports to sponsors for previous awards.	
5. I agree to provide the required progress reports if a grant is awarded as a result of the application.	
6. If awarded, I agree to assume responsibility for the scientific conduct of this project and for ensuring project compliance with sponsor requirements and stipulations, as well as with university policies and procedures.	
7. I agree to notify ORSP in writing if any of the circumstances on this certification page change during the term of the award.	

PI/PD/co-PI/PD Signature	Date
→	

DUPLICATE THIS PAGE AS NEEDED

REQUIRED FOR FEDERAL APPLICATIONS OR AWARDS

Lobbying Certification Form

The Byrd Amendment, 31 U.S.C. 1352, provides the basis for requirements for certification regarding lobbying activities.

Lobbying is an attempt to influence a politician or public official on an issue. The federal definition of liaison is communication or cooperation that facilitates a close working relationship between people or organizations. Liaison activities are not considered lobbying and are exempt from disclosure. Federal funds can never be used to pay for lobbying activities.

If lobbying has occurred relative to this specific competition or award, including those that result from Federal earmarks, a Disclosure of Lobbying Activities form (SF LLL) is required if the contract, grant, or cooperative agreement exceeds \$100,000.

Check the appropriate box(es) and sign where indicated:

To the best of my knowledge no institutional funds or resources have been used to influence or attempt to influence members of Congress for the granting of this award.

Institutional funds or resources have been used to influence or attempt to influence members of Congress for the granting of this award. I am attaching a *Notification of Lobbying Activities* form.

Dean: _____ Date: _____

To the best of my knowledge no institutional funds or resources have been used to influence or attempt to influence members of Congress for the granting of this award.

Institutional funds or resources have been used to influence or attempt to influence members of Congress for the granting of this award. I am attaching a *Notification of Lobbying Activities* form.

Provost/VPAA: _____ Date: _____

President: _____ Date: _____