

## INTERNAL PROPOSAL REVIEW FORM

Submission Date: Receipt	Postmark	Other
--------------------------	----------	-------

### PRINCIPAL INVESTIGATOR (PI) AND SPONSOR INFORMATION:

PI Name _____	Emp. # _____	Dept. Name _____
U-Box # _____	PI Tele # _____	Fax # _____
E-Mail Address _____		
Co-Investigator 1 Name _____	Emp. # _____	Co-Investigator 2 Name _____
Emp. # _____		
Sponsor _____		
Project Start Date _____	End Date _____	Total Request \$ _____
Title _____		

### PROJECT INFORMATION: Please indicate involvement with a check in all appropriate blocks

USE OF COST CENTERS AND OTHER SPECIAL CIRCUMSTANCES	SPECIAL CLEARANCES
Use of Cost Centers and Other UCONN Centers	If any box below is checked, see <a href="http://www.osp.uconn.edu/approval.html">http://www.osp.uconn.edu/approval.html</a>
<input type="checkbox"/> G. Institute of Materials Science <input type="checkbox"/> P. Booth Research Center <input type="checkbox"/> U. Biotechnology Center <input type="checkbox"/> X. Advanced Technology Institute <input type="checkbox"/> Other UCONN Center(s) <i>Check if PI is affiliated with a center and the proposed activity is related to that center. More than one center may be ID'd.</i>	<input type="checkbox"/> A. Human Subjects <input type="checkbox"/> B. Animal Subjects <input type="checkbox"/> C. Radioactive Substances <input type="checkbox"/> D. Controlled Substances
<input type="checkbox"/> Y. Environmental Research Inst. <input type="checkbox"/> Z. Photonics Center <input type="checkbox"/> AA. Ctr for Survey Res and Analysis	Protocol Appr. # _____ Protocol Appr. # _____ <input type="checkbox"/> E. Recombinant DNA <input type="checkbox"/> H. Biohazardous Substances
<b>Other Special Circumstances (Please check appropriate blocks)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No Financial Conflict of Interest; See <a href="http://www.rac.uconn.edu/conflict.html">http://www.rac.uconn.edu/conflict.html</a> for policy details and relevant forms.	
<input type="checkbox"/> Yes <input type="checkbox"/> No Service-For-A-Fee Agreement; See <a href="http://www.osp.uconn.edu/PDF/agreement_for_services.rtf">http://www.osp.uconn.edu/PDF/agreement_for_services.rtf</a> for details.	
<input type="checkbox"/> Yes <input type="checkbox"/> No International Activity; See <a href="http://www.ia.uconn.edu/proposals.html">http://www.ia.uconn.edu/proposals.html</a> for details.	
<input type="checkbox"/> S. Collaborators/Sub-Contractors: <i>If checked, a signed letter of intent to participate in the proposed project must be provided by the Collaborator/Contractor before the proposal can be submitted.</i> Name(s) _____	

### INSTITUTIONAL COST SHARE AND OTHER FINANCIAL COMMITMENTS: Detail here any and all commitments made on behalf of any entity of the University listed or described in the budget or described in the proposal narrative.

( % Academic Effort = % Cost Shared + % Recovered in Budget )

<b>Principal Investigator</b>	_____ % AY Effort:	Cost Shared _____ %,	Recovered in Budget _____ %
<b>Co-Investigator 1</b>	_____ % AY Effort:	Cost Shared _____ %,	Recovered in Budget _____ %
<b>Co-Investigator 2</b>	_____ % AY Effort:	Cost Shared _____ %,	Recovered in Budget _____ %

	Personnel	Equipment	Other	Signature (or initials, if signing below)
Dept. Head \$	_____ \$	_____ \$	_____ \$	_____
Dean	_____ \$	_____ \$	_____ \$	_____
Center	_____ \$	_____ \$	_____ \$	_____
Res. Found \$	_____ \$	_____ \$	_____ \$	_____
Other	_____ \$	_____ \$	_____ \$	_____

**APPROVALS:** We certify that we have reviewed the attached proposal and find that it is consistent with the policies and mission of the university and the sponsoring agency and that the information is accurate and complete. If funded, we will accept responsibility for the financial plan described, and will manage the project as proposed. **Separate signatures required above for cost sharing commitments.**

Pi _____	Date _____	Dept Head _____	Date _____	Dean _____	Date _____
CO-1 _____	Date _____	Dept Head _____	Date _____	Dean _____	Date _____
CO-I _____	Date _____	Dept Head _____	Date _____	Dean _____	Date _____

#### FOR OFFICE USE ONLY

TYPE		SOURCE OF FUNDING			STATUS OF PROJECT	
<input type="checkbox"/> A. Research	<input type="checkbox"/> D. Construction	<input type="checkbox"/> Federal	<input type="checkbox"/> Association	<input type="checkbox"/> New	<input type="checkbox"/> Revision	
<input type="checkbox"/> B. Fellowship	<input type="checkbox"/> E. Public Service	<input type="checkbox"/> State	<input type="checkbox"/> Corporate	<input type="checkbox"/> Continuation	<input type="checkbox"/> Renewal	
<input type="checkbox"/> C. Instruction	<input type="checkbox"/> G. Other	<input type="checkbox"/> Private Foundation	<input type="checkbox"/> Other	<input type="checkbox"/> Supplement		
Proposal # _____	PI # _____	Dept # _____	CFDA# _____	Direct _____	Indirect _____	
Co-investigator 1# _____	Co-Investigator 2 # _____	OSP Initials _____	Date _____	IDC Rate _____		