**PROPOSAL ENDORSEMENT FORM (RSP #100 v19)***This form must be completed and submitted (please scan and email) to* *RSP.admin@utoledo.edu* *before a proposal is submitted to an external sponsor. An RSP-approved final budget must be attached to the form before presenting for approval signatures by the dean and chair of each represented department. Click the first space of each field to select or use the tab-key to move between fields.*

RSP Proposal #:       Proposal Title:

Sponsor/Agency Name:       Sponsor RFA/PA #:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personnel** | **Name** | **Academic Title** | **Department/ Center** | **Project Location** | **% Credit\*** |
| **P****rincipal Investigator/Project Director** |       |       |       |       |       |
| **Co-PI/Co-PD,Co-Investigator** |       |       |       |       |       |
| **Co-PI / Co-PD / Co-I** |       |       |       |       |       |
| **Co-PI / Co-PD / Co-I** |       |       |       |       |       |
| **Co-PI / Co-PD / Co-I** |       |       |       |       |       |

**\*Percent Credit must total 100% and is determined by consensus of the investigators.** % Credit is used to calculate **award recognition $** to the investigators, departments, and colleges in award reports, and is displayed in Faculty180. If the PI claims 100% credit, reports indicate no credit ($0) to Co-PIs or Co-Is. % Credit is not the same as % effort (effort specifies portion or academic or calendar year workload dedicated to the project).

|  |  |
| --- | --- |
| **Departments** | **F&A Allocation (increments of 10%)\*\*** |
|  |  |
|  |  |
| **3.** |  |
| **4.** |  |

\*\*Facilities and Administrative Costs Recovery (aka Indirect Costs) will be distributed to the departments and colleges. **Percentages must total 100%; no more than four departments may be indicated, and percent increments must be multiples of 10 or equal divisions, e.g., 34/33/33, 25/25/25/25.** NOTE: % Credit is NO LONGER used by Grants Accounting to **determine department and college portions of F&A on new grants!**

|  |  |  |
| --- | --- | --- |
| **Class** (mark **one**) | **Activity Type** (mark **all** that apply) | **Involves** (mark **all** that apply) |
| [ ]  | New | [ ]  | Basic Research | [ ]  | Intellectual Property/Tech Transfer |
| [ ]  | Competing Renewal | [ ]  | Instructional | [ ]  | Proprietary Information |
| [ ]  | Noncompeting Renewal | [ ]  | Applied Research | [ ]  | Multiple Indirect Cost Rates |
| [ ]  | Continuation | [ ]  | Fellowship | [ ]  | Work at a Non-UT Institution, not involving a subcontract |
| [ ]  | Supplemental | [ ]  | Clinical Trial |
| [ ]  | Transfer | [ ]  | Service | [ ]  | Controlled Substances |
| [ ]  | Revision | [ ]  | Equipment/Infrastructure | [ ]  | Custom Antibody Production |
|  |  | [ ]  | Other       | [ ]  | COVID-19 |

|  |  |
| --- | --- |
| **Requires** (mark **all** that apply) | **Includes** (mark **all** that apply) |
| [ ]  | Requires Equipment Match | [ ]  | Faculty Release |
| [ ]  | UT Tuition Waiver/Fee | [ ]  | Summer Salary |
| [ ]  | Sponsor Requires Cost Share | [ ]  | Sponsor-Paid Tuition |
| [ ]  | Space Renovations Enter Campus Bldg/Room # | [ ]  | Equipment >$25,000 (single item)Identify name and cost, if known |
| [ ]  | Added Space on Campus Enter Campus Bldg/Room # | [ ]  | Consultant(s) Identify consultant(s), if known |
| [ ]  | Off Campus Location Enter Location Address | [ ]  | Subcontract(s) List all subcontractor(s), if known |

 [ ]  International Funding

 List funding source(s) and country

**Proposed Budget (Must Complete)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Budget Requested from Sponsor** | **Start Date** | **End Date** | **Direct Costs ($)** | **F&A Costs ($)** | **Total Budget ($)** |
| Initial Budget Period |       |       | $      | $      | **$** |
| Cumulative Budget |       |       | $      | $      | **$** |

**Cost Sharing** **[ ]** No [ ]  Yes **(See Below)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source of Cost Share** | **$ In Kind** | **Banner Index # Cash Only** | **$ Amount Cash Only** | **Budget Period** |
| Instructional Fees (GRA Tuition) | $       |       | $       |       -       |
| Under-recovery of Indirect Costs | $       |       | $       |       -       |
|       | $       |       | $       |       -       |
|       | $       |       | $       |       -       |
|       | $       |       | $       |       -       |
| F&A/Indirects (UT Portion) | $       |       | $       |       -       |
| **TOTAL** | **$**  |  | **$** |       -       |

**REGULATORY COMPLIANCE (must answer all)**

**1. Yes** **[ ]  No** **[ ]  Human Research Subjects**

 (for advice/to secure approval contact: Biomedical & Cancer IRB: 419.383.6796, SBE-IRB: 419.530.6167)

 If Yes – Are all required Institutional Review Board (IRB) oversight protocols approved?

 [ ]  Yes – UToledo IRB Protocol #(s)       Signature of Protocol PI(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Protocol Core # only, leave off prefix/suffix.

 [ ]  No – Protocol Approval Pending

 PI must check to ensure that the sponsor permits oversight protocol approval to be pending at the time of proposal submission.

 If Yes – Does, the study involve transfer of recombinant or synthetic nucleic acid molecules into human subjects?

 [ ]  Yes – Complete Section 3 Biohazards below

 [ ]  No

**2. Yes [ ]  No [ ]  Vertebrate or Higher Invertebrate Animal Research Subjects**

(for advice/to secure approval contact: 419.383.4251 or 419.530.6226)

 If Yes – Are all required Institutional Animal Care and Use Committee (IACUC) oversight protocols approved?

 [ ]  Yes – UToledo IACUC Protocol #(s)      Signature of Protocol PI(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Protocol Core # only, leave off prefix/suffix.

 [ ]  No – Protocol Approval Pending

 PI must check to ensure that the sponsor permits oversight protocol approval to be pending at the time of proposal submission.

**3. Yes [ ]  No [ ]  Does this work require IRB or IACUC oversight at another institution?**

 If Yes – Name of Institution:

**[ ]  IRB:** UToledo PI must notify the UT IRB office before submitting to the other institution. If already submitted, UToledo IRB must be informed immediately and provided with submission documents.

 **[ ]  IACUC:** UToledo PI must provide the UT IACUC with other institution’s IACUC approval letter and OLAW

 Assurance #.

**4. Yes [ ]  No [ ]  Biohazards (Recombinant DNA, Infectious Agents)**

(for advice/to secure approval contact: 419.383.4251 or 419.530.6226)

 If Yes – Are all required Institutional Biosafety Committee (IBC) oversight protocols approved?

 Biosafety Containment Level: [ ]  BSL/ABSL/PBSL 1 [ ]  BSL/ABSL/PBSL 2 [ ]  BSL/ABSL/PBSL 3

 [ ]  Yes – UToledo IBC Protocol #(s)      Signature of Protocol PI(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Protocol Core # only, leave off prefix/suffix.

 [ ]  No – Protocol Approval Pending

 PI must check to ensure that the sponsor permits oversight protocol approval to be pending at the time of proposal submission.

**5. Yes [ ]  No [ ]  Select Agents or Toxins –** [**http://www.cdc.gov/od/sap/docs/salist.pdf**](http://www.cdc.gov/od/sap/docs/salist.pdf)

(for advice/to secure approval contact: 419.383.4251 or 419.530.6226)

**6. Yes [ ]  No [ ]  Do Not Know [ ]  Subject to U.S. Export Control Laws (ITAR, EAR, OFAC)**

 (for advice/to secure approval contact: 419.530.2227 or 419.530.6226)

 If Yes – Is a Technology Control Plan approved?

 [ ]  Yes – Technology Control Plan Approved Signature of Protocol PI(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 [ ]  No – Technology Control Plan Pending

**7. Yes [ ]  No [ ]  Is a Material Transfer Agreement needed?**

 If Yes – Please contact the Office of Technology Transfer for assistance at 419.530.6224.

**Proceed to Next Page for Certifications and Signatures**

**Project Director(s)/ Co-PD(s)/ Principal Investigator(s)/Co-Investigator(s) Certifications**

***I/We certify by signing below that:***

* I/We have read and agree to abide by current University policies on conflicts of interest ([3364-70-01](https://www.utoledo.edu/policies/academic/research/pdfs/3364_70_01.pdf)), patents ([3364-70-04](https://www.utoledo.edu/med/gme/pdfs/33647004patentpolicy.pdf)), biohazardous materials ([3364-70-06](https://www.utoledo.edu/policies/academic/research/pdfs/3364-70-06.pdf)), and the use of human subjects ([3364-70-05](https://www.utoledo.edu/policies/academic/research/pdfs/3364_70_05.pdf))/vertebrate animals ([3364-70-10](https://www.utoledo.edu/policies/academic/research/pdfs/3364-70-10.pdf)) in research, cost-sharing, and other University research policies as appropriate. I/We certify that the required actions regarding compliance with these policies have been taken.
* I/We have read and agree to abide by the University Policy on Integrity in Research and Scholarship and Procedures for Investigating Allegations of Misconduct in Research and Scholarship ([3364-70-21](https://www.utoledo.edu/policies/academic/research/pdfs/3364_70_21.pdf)).
* I/We will refrain from knowingly conducting activities that may constitute or result in the infringement of any patent, copyright, or other legal right during the project.
* I/We agree to provide a complete, accurate and truthful disclosure for this project as required by current UToledo policy and/or other regulations. I/We agree to disclose promptly to the Research and Sponsored Programs Office (i) any significant financial interest, as defined in chapter 510 of the National Science Foundation Grant Policy Manual, that would reasonably appear to be affected by the sponsored research and/or (ii) any significant financial interest in an entity whose financial interest would reasonably appear to be affected by the sponsored research.
* I/We agree to disclose promptly to the Research and Sponsored Programs Office and my/our immediate manager, department head, or chair any existing or new situations in which there is a divergence between my/our private interests and my/our professional obligations to UToledo or its students.
* I/ We acknowledge Article 6.0 of the Collective Bargaining Agreement, The University of Toledo Conflict of Interest patents ([3364-70-04](https://www.utoledo.edu/med/gme/pdfs/33647004patentpolicy.pdf)) and verify that the proposed project is in accordance with the applicable provisions of Chapter 102 of the Ohio Revised Code (Public Officers-Ethics), [§2921.42](http://codes.ohio.gov/orc/2921.42) and [§2921.43](http://codes.ohio.gov/orc/2921.43) of the Ohio Revised Code (Offenses Against Justice and Public Administration) and all other local, state, and federal laws.
* The statements contained herein are accurate, complete, and truthful to the best of my/our knowledge and belief.
* I/We certify that all proposed experiments, procedures, etc. involving human/animal subjects, recombinant DNA, or biohazards are contained in the regulatory protocols listed above OR that NO Regulatory Protocol is required. I/we will not seek a spending account until protocol approvals are secured. I/we acknowledge responsibility for acquiring and maintaining required regulatory compliance oversight for all aspects of the proposed work.

**ALL SIGNERS MUST INITIAL AND DATE THE ATTACHED DETAILED BUDGET SHEET(S)**

|  |  |  |
| --- | --- | --- |
| **PI/PD & Co-I ENDORSEMENT*****(Please print name then sign)*** |  | **AUTHORIZATION*****(Please print name then sign)*** |
| All Investigators and their academic unit Chairs/Deans must sign | All Investigators and their academic unit Chairs/Deans must sign |
|  **Signature** |  **Department Chair6** | **Date** |
|  **Project Director/Principal Investigator** | **Date** |  **Dean** | **Date** |
|  **Signature** |  **Department Chair6** | **Date** |
|  **Co-PI / Co-PD / Co-I** | **Date** |  **Dean** | **Date** |
|  **Signature** |  **Department Chair6** | **Date** |
|  **Co-PI / Co-PD / Co-I** | **Date** |  **Dean** | **Date** |
|  **Signature** |  **Department Chair6** | **Date** |
|  **Co-PI / Co-PD / Co-I** | **Date** |  **Dean** | **Date** |
|  **Signature** |  **Department Chair6** | **Date** |
|  **Co-PI / Co-PD / Co-I** | **Date** |  **Dean** | **Date** |
|  **Signature** |  **Senior Associate Vice President for Development** (as needed) Cheryl Zwyer | **Date** |
|  **Co-PI / Co-PD / Co-I** | **Date** |  |  |
|  **Vice President for Research** (as needed) Connie Schall, PhD | **Date** |  |  |

6NOTE: Signature by Authorized signatory confirms approval of space/resource allocation, salary arrangements, instructional reassignments and cost-share commitment.