

CLARK UNIVERSITY PROPOSAL SUMMARY AND APPROVAL FORM

See instructions at

<http://www.clark.edu/offices/research/prpoprep/index.shtml>

OSPR Use Only: Proposal ID # _____ Date Logged: _____ Logged by: _____

**Office of Sponsored Programs
and Research**

PART I: PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR INFORMATION

Principal Investigator/Project Director	Phone	E-Mail	Department/Institute/Center
Co-Principal Investigator/Project Director	Phone	E-Mail	Department/Institute/Center
PI/PD Funded Effort on Project		Co-PI/Co-PD Funded Effort on Project:	
Academic Year (%)	Summer (%)	Academic Year (%)	Summer (%)

PART II: PROJECT AND AGENCY INFORMATION

Project Title	Project Duration
	From: _____ To: _____
Primary Sponsor	Subcontracting Sponsor (if Clark is the recipient)
Sponsor Type (Check One)	<input type="checkbox"/> Federal <input type="checkbox"/> Foundation/Corporation <input type="checkbox"/> Non-Fed Public <input type="checkbox"/> Other(specify)
Agreement Type (Check One)	<input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Subcontract
Project Purpose (Check One)	<input type="checkbox"/> Research <input type="checkbox"/> Education <input type="checkbox"/> Training <input type="checkbox"/> Other (specify)
Award Type (Check One)	<input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Amendment
Project Location (Check One)	<input type="checkbox"/> On-Campus <input type="checkbox"/> Off-Campus

PART III: PROJECT BUDGET INFORMATION

	First Year Sponsor Budget request	Cost Sharing for First Year	Total Project Sponsor Budget Request	Total Cost Sharing
C. Capital Equipment > \$5000				
D. Total Direct Costs(A+B+C)				
E. F&A (Indirect Costs) % ___				
F. Total Project Costs (D+E)				

PART IV: COMPLIANCE CONSIDERATIONS (Check all that apply.)

<input type="checkbox"/> Human Subjects	<input type="checkbox"/> Animal Use	<input type="checkbox"/> Recombinant DNA	<input type="checkbox"/> Select Agents
<input type="checkbox"/> Biohazards	<input type="checkbox"/> Radioactive Materials	<input type="checkbox"/> Toxic/Hazardous Materials	

PART V: INSTITUTIONAL CONSIDERATIONS (Check all that apply.)

<input type="checkbox"/> Conflict of Interest	<input type="checkbox"/> Subcontracts	<input type="checkbox"/> Consultants	<input type="checkbox"/> Leave or Sabbatical
<input type="checkbox"/> Capital Equipment	<input type="checkbox"/> Course Release	<input type="checkbox"/> Patentable/Proprietary Information	<input type="checkbox"/> Additional Non-Student Personnel
<input type="checkbox"/> Space/Renovations	<input type="checkbox"/> International Project	<input type="checkbox"/> Matching Funds	

PART VI: APPROVALS (Signatures must be obtained in order listed below)

In signing this, the Principal Investigator/Program Director agrees to comply with Institutional and Funding Agency policies and procedures which may apply as a result of an award, and certifies that the Clark University Conflict of Interest Policy has been read.

	Signature	Date
Principal Investigator/Program Director		
Co-PI/Co-PD		
Department Chair/Institute Director		
Director of Corporate/Foundation Relations*		
Coordinator of Sponsored Programs and Research		
Dean of Graduate Studies and Research		

* Required of all foundation and corporate sponsored programs.

Rev. 9/02/04