



CLEMSON

SPONSORED PROGRAMS

Internal Processing Form

Submission Due Date: (mm/dd/yyyy)

Contact

Proposal Processing Number (OSP PPN)

The Office of Sponsored Programs is committed to providing prompt proposal review. However, due to increased federal compliance requirements, proposals cannot be processed if all issues listed on the following pages are not properly addressed prior to submission. All required supporting attachments must be included with the proposal.

Principal Investigator / Co-Investigator(s) [List PI First]
(Use supplement #1 for additional Co-Investigators)

Full Name - Last Name First	CUBS Assigned Dept. No.	CU User Name / Employee ID No.	% Credit to Project* (Must Total 100%)

* Indicate desired credit distribution for each investigator to be applied to fiscal year award dollars, project expenditures, and incentive return.

Dept. No. for Budget

If Applicable, unit number of Center(s) / Institute(s) to receive credit for project.

Center Director Signature / Date

Center Director Signature / Date

Proposal Title: _____

Originating Sponsor: _____ **Immediate Sponsor:** _____

- Check here if funding is either wholly or partially by National Institute of Health (NIH). You MUST complete supplement #2.
- Check here if funding is either wholly or partially by National Aeronautics and Space Administration (NASA). You MUST complete supplement #3

Prog/Solicitation No.: _____ **Prog Title or Acronym:** _____

Period Covered: (mm/dd/yyyy) From: _____ To: _____ **CFDA No.** _____

Submission Type:

- New
- Budget Revision, provide Proposal No. _____
- Additional Funding, provide Project No. _____

Classification:

- Instruction
- Regulatory
- Research
- Other Sponsored Activity

Graduate Assistant Differential (GAD) Source:

Sponsor: \$ _____ SPNGAD: _____
 GAD Pool: \$ _____
 Inst GAD: \$ _____ Cash GAD: _____

Emphasis Area: (Select only one per project.)

- Advanced Materials
- Automotive & Transportation Tech
- Biotechnology & Biomedical Sciences
- Family & Community Living
- Other (Not Covered in Listed Emphasis Areas)
- General Education
- Info & Communication Tech
- Leadership & Entrepreneurship
- Sustainable Environment

Requested Funds:

Direct Costs (\$) _____ F&A (Indirect) Costs (\$) _____ Total _____

Amount to Subcontract (if applicable) _____ Amount Cost Sharing (if applicable) _____

Documentation from subcontractor required. _____ If cost sharing is proposed, a fully approved Cost Share Agreement (OSP-1A) must be attached.

- Certified
- Electronic
- Fax
- Overnight
- Return to PI

Complete address, fax # or special instructions

In

Out

F&A Rate Comparison Information:

% Approved by DHHS _____
 % Allowed by Sponsor Policy _____
 % Applied to this Project _____

Date In

Date Out

Grants Coord Initials

Program

Subclass

PROPOSAL INQUIRY

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is this proposal for funding from a U.S. Public Health Service (PHS) (directly or flowing through another agency) agency? If YES, complete PHS Conflict of Interest requirements at http://www.clemson.edu/research/sponsored/coi.html or email phscoiadmin@clemson.edu
<input type="checkbox"/>	<input type="checkbox"/>	Does this project involve programs for youth aged 18 and under?
<input type="checkbox"/>	<input type="checkbox"/>	Did the Clemson University Development Office assist in this proposal?
<input type="checkbox"/>	<input type="checkbox"/>	Does sponsor's policy prohibit F&A costs, require mandatory cost share or matching funds? If YES, attach copy of policy.
<input type="checkbox"/>	<input type="checkbox"/>	Does project involve confidential information or trade secrets?
<input type="checkbox"/>	<input type="checkbox"/>	Does project have intellectual property (patent) potential? If YES , contact Tech Transfer Office @ 656-4237.
<input type="checkbox"/>	<input type="checkbox"/>	Is space available and are facilities suitable? If NO , attach a memo from immediate supervisor addressing remedy. If facility modifications exceed \$100K, include copy of University Facilities cost estimate.
<input type="checkbox"/>	<input type="checkbox"/>	Have you and all other investigators on your project completed the PI Certification Program?
<input type="checkbox"/>	<input type="checkbox"/>	Is this proposal submission a result of being selected through an internal limited submission competition? Internal Posting Number _____
<input type="checkbox"/>	<input type="checkbox"/>	Is this proposal a GHS collaboration?

Was the proposal seeded by the following? Check all applicable: URGC Creative Inquiry Research Investment Start-up

I was made aware of this funding opportunity through: Grant Coordinator Assistance Smarts/SPIN OSP Announcement

COMPLIANCE DATA

Does the project involve any of the following: (Check all that apply)

Limitations on who may participate in the project on basis of citizenship Proposal requires sponsor review or prior approval to sharing the results

Development of prototypes or models Third party confidential information Work performed outside of the United States

Items or equipment provided by or purchased by a third party Project performance by a non-US person

Taking, shipping or sharing information, materials or technology (including equipment) outside of the United States

Travel outside of the US by you or a member of your research team Proposal is an international or foreign submission

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Human Subjects (IRB)	Protocol Number _____ Approval Date _____
<input type="checkbox"/>	<input type="checkbox"/>	Animal Subjects (IACUC)	Protocol Number _____ Approval Date _____
<input type="checkbox"/>	<input type="checkbox"/>	Biohazard / Chemical / rDNA (IBC)	Protocol Number _____ Approval Date _____

My signature below certifies my awareness that:

- (1) a copy of this proposal is provided to the Office of Research Compliance by the Office of Sponsored Programs;
- (2) sponsored program expenditure project numbers (to include risk project numbers) will not be established until compliance approvals are verified;
- (3) Clemson University's Office of Research Compliance must approve protocols for external performers and/or off-site activities, i.e., GHS;
- (4) I must complete all training & education programs required by Clemson University prior to performing research compliance activities.

ADDITIONAL CERTIFICATIONS AND APPROVAL SIGNATURES

Institutional Compliance: The undersigned certify that:

- (1) the information submitted within the application is true, complete and accurate to the best of the principal investigator's (PI) knowledge;
- (2) any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties of local, state, and federal statutes;
- (3) the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

Financial Disclosure: The undersigned certify that they have read, understand, and are bound by Clemson University's **Financial Disclosure Policy**, that they have made all financial disclosures required by it, if any, and will comply with any conditions or restrictions imposed by the institution to manage, reduce, or eliminate actual or potential **conflicts of interest**.

Intellectual Property: The undersigned certify that they have read, understand, and are bound by Clemson University's Intellectual Property Policy, agree to assign **and do hereby assign**, all rights, title, and interest in intellectual property under such policy to Clemson University, and to execute such further documents needed to perfect the assignment of such rights. All investigators agree to disclose, and to cause other project personnel to disclose, all **intellectual property** to the University's Intellectual Property Committee within 60 days of discovery or the time of confidential submission for publication of manuscripts disclosing the invention, whichever is earlier. Failure to make timely disclosure to the committee may lead to the loss of patent rights to the federal government on federal government contracts or to other parties.

Cost Accounting Standards: The PI certifies that the proposal budget complies with Clemson University's Federal Cost Accounting Standards Policy.

	Print / Type Name	Signature	Date
Principal Investigator			
Dept. Chair / Director (as required by College)			
Dean or Other Official			
Co-Investigators			
Dept. Chair / Director (as required by College)			
Dean or Other Official			
Co-Investigators			
Dept. Chair / Director (as required by College)			
Dean or Other Official			

CU Internal Budget Form for Sponsored Projects

(cost sharing should be submitted on a separate form)

Exclude from Indirect Base?	CU Budget Category	Dept.or Year	Dept. or Year	Dept. or Year	Dept. or Year	Dept. or Year	Total Budget
<input type="checkbox"/>	Classified Salaries (CLASS)						
<input type="checkbox"/>	Unclassified Salaries (UCLASS)						
<input type="checkbox"/>	Graduate Salaries (GRAD)						
<input type="checkbox"/>	Hourly Employees (WAGES)						
<input type="checkbox"/>	Fringe Benefits (FRINGE)						
<input type="checkbox"/>	Sponsor Graduate Assist. Differential (SPNGAD)						
<input type="checkbox"/>	Travel Expenses (TRAVEL)						
<input type="checkbox"/>	Other Costs (OTHER)						
<input type="checkbox"/>	Student Aid (STUAID)						
<input type="checkbox"/>	Participant Support Costs (PARTSP)						
<input type="checkbox"/>	Subcontract Costs (SUBCON)						
<input type="checkbox"/>	Equipment (EQUIP)						
	Total Direct Costs						
Rate							
	Indirect Costs (FACADM)						
	Total Project Budget						

Prepared by:

Form to be completed by PI's dept. / college grant coordinator.