

UNIVERSITY OF COLORADO DENVER
APPROVAL OF APPLICATION FOR GRANT OR CONTRACT
 (Routing Form)

Routing Primary Contact First and Last Name _____
Campus Box _____
Contact Phone _____
Contact Fax _____
E-mail _____

Grants and Contracts No. _____
Date: _____
OGC ID: _____

FUNDING AGENCY: _____ DEADLINE: _____
 PRIMARY FUNDING SOURCE (If other than the funding agency listed above): _____ NEEDED BY: _____
 PRINCIPAL INVESTIGATOR(S): _____ RANK: _____ PHONE: _____
 SCHOOL: _____ DEPT/DIV: _____ ORG NO: _____
 FISCAL MGR NAME/POS NO: _____ FISCAL STAFF NAME/POS NO: _____

1. PROJECT TITLE: _____

2a. PROPOSED PERIOD From _____ To _____
 2b. TOTAL PROJECT PERIOD From _____ To _____

3. New Supplement Revision
 Continuation – Competing Continuation – Non-Competing
 Current Project No. _____
 Award No. _____

4. Research Program Fellowship/Traineeship Facilities Request
 Instructional Program Career Development Award Service Program

5. FACILITIES: Is adequate space available to conduct the project? Yes No
 Where will the majority (50% or more) of UCD's work be performed (e.g., Biomedical Research Building (on-campus) or Anschutz Out-Patient Pavilion (off-campus))?
 Site/Location/Bldg. _____ Room #(s) _____
 Location given is an On-Campus Site Off-Campus Site

6. LAB ANIMALS: Yes No
 If yes: Protocol Number: _____
 Approval/Re-approval Date: _____/_____/_____

7. HUMAN SUBJECTS (HS): Yes No
 If yes: Protocol Number: _____
 Approval/Re-approval Date: _____/_____/_____

8a. RADIATION SAFETY: Yes No
 If yes: Auth. Number: _____
 Approval/Re-approval Date: _____/_____/_____
 Ionizing Radiation generating equipment Other: _____
 Radioactive Materials

8b. BIOSAFETY: Yes No
 If yes: Auth. Number: _____
 Approval/Re-approval Date: _____/_____/_____
 Recombinant DNA Infectious Agents Select Agents Other

9. COST SHARING: Does this proposal contribute any UCD resources (i.e. costs that will not be paid or reimbursed by the sponsor)? Yes No
 If yes: a. Is cost sharing required by this sponsor? Yes No
 b. Is cost sharing included in the proposal budget? Yes No
 c. Is cost sharing mentioned in the proposal narrative? Yes No

10. DISCLOSURE OF FINANCIAL INTERESTS: The PI is responsible for ensuring that all individuals performing work under the proposed project have a current Conflict of Interest Disclosure on file with the UCD COI office. Agreed

PRINCIPAL INVESTIGATOR: My signature certifies that: 1) Acknowledge and accept responsibility for the technical content and quality of the proposed project; 2) I assure that the project and other professional activities are compatible; 3) I assure that no individuals on the project will have commitments in excess of 100% effort; 4) I accept responsibility for the proper technical and financial conduct of the project; 5) I assure that the information contained on this form and attached application/proposal is true, accurate and complete to the best of my knowledge; 6) I acknowledge and accept responsibility for compliance with award terms and conditions and university policies and procedures, particularly for the technical conduct of the work, submission of technical reports, regulatory compliance, and financial management if an award is made; 7) I assure that arrangements have been made to fund any cost sharing requirements if an award is made; 8) Any items requiring special consideration by the Dean, Chancellor's Office, Planning Office, etc. have been disclosed; 9) I assure that if a joint appointment with the Veterans Administration exists, a memorandum of understanding has been executed between the UCD and the VA, full disclosure has been made to the NIH or other sponsors as required, and my time and effort will not be double billed for the same effort; 10) I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties; 11) If an award is made, I am responsible for compliance with award terms and conditions and University policies and procedures, particularly for the technical conduct of the work, submission of technical reports, regulatory compliance, and financial management.; and 12) I understand that all individuals performing work under the proposed project must a Conflict of Interest Disclosure on file the Office of Regulatory Compliance.

Principal Investigator: _____ Date: _____

11. BUDGETARY ITEMS - If #7 (Human Subjects) is yes, answer the following:
 a. Will this project involve work with HS to be done at UCH, TCH, or any other non-UCD facilities? Yes No
 b. Are all research-related patient care costs included in the budget, including any applicable non-UCD facility charges incurred as direct costs? Yes No
 If no, explain why under comments or on a separate page attached to this form.

12. CLINICAL TRIAL-Answer the following questions if the project is a clinical trial:
 a. Project sponsor is: US Govt. agency agency of U.S. state, country or municipality; foreign government; private company
 b. Project hypothesis developed by the PI? Yes No
 c. Protocol designed by university personnel? Yes No
 c. Who initiated the project? Sponsor PI
 d. Is University the only entity conducting this research for sponsor? Yes No
 e. Stage of drug development for trial: Preclinical testing Phase I Phase II Phase III Phase IV New Drug App. has been filed Device Other

13. SUMMARY OF PROPOSED BUDGET

DIRECT COSTS

Personnel	
- Salaries and Wages	\$ _____
- Fringe Benefits	\$ _____
Consultant Costs	\$ _____
Equipment (over \$5,000)	\$ _____
Supplies	\$ _____
Travel	\$ _____
Hospital Patient Care Costs	\$ _____
Subrecipient(s): How many? _____	\$ _____
Trainee Costs	
- Stipends	\$ _____
- Tuition and Fees	\$ _____
Other Expenses	\$ _____
- Center for Laboratory Animal Care (at SOM)	\$ _____
- IRB Review of Industry Sponsored Protocols	\$ _____
- Rent	\$ _____
- Tuition Remission & Related Fringe Benefits	\$ _____
TOTAL DIRECT COSTS	\$ _____

FACILITIES AND ADMINISTRATIVE COSTS (F&A)

% F&A _____ %
 Costs Subject to F&A \$ _____ \$ _____

TOTAL DIRECT AND F&A COSTS \$ _____

APPROVALS (To be obtained by PI/Administrator)

Department Chair or Director	Date
Dean	Date
Grants and Contracts	Date
	Date