

UofL PROPOSAL CLEARANCE FORM

[INSTRUCTIONS](#) for filling out this form are available on our web page. If problems, call Office of Sponsored Programs Administration (502.852.3788) for assistance.

Revised 08/01/2020

Office Use Only: PCF#
Date

Please indicate the person who can respond to questions about this proposal:

NAME _____
 EMPLID _____
 PHONE _____
 E-MAIL _____

Sponsor's Deadline Date: _____

Target Receipt NOTE: SIGNED PCF REQUIRED PRIOR TO ELECTRONIC SUBMISSION
 Postmark Electronic ▶ NIH ASSIST Grants.gov Workspace ProposalCentral
 NSF FastLane NSF Research.gov Other: _____

SUBMIT VIA [IRIS](#) TO OSPA. ALLOW 5 FULL BUSINESS DAYS FOR PROCESSING OF ALL PROPOSALS. OSPA IS NOT RESPONSIBLE FOR MISSED DEADLINES ON LATE OR SAME-DAY SUBMISSIONS.

All grant/contract proposals must be approved by the Office of Sponsored Programs Administration **before submission** to outside entities and are to be received by OSPA **5 full business days prior to the sponsor's submission deadline date. Complete all sections** except areas marked "Office Use Only." **Include completed additional forms as required. Obtain signatures** of appropriate department chair(s), dean(s), or unit head(s). For proposals not required to be submitted by the institutional signing official, **the PRINCIPAL INVESTIGATOR is responsible for sending the proposal** to the sponsor by the deadline unless prior arrangements have been made.

1. PROJECT TITLE: _____

2. UofL PERSONNEL ONLY:

PRINCIPAL INVESTIGATOR (OR CONTACT PI IF MULTIPLE PIs) MULTIPLE PI CO-INVESTIGATOR

Name: _____
 Employee ID Number: _____
 ACAP Department Name: _____
 ACAP Department Number: _____
 Division: _____
 E-Mail: _____
 Phone: _____
 % Effort on Project: _____
 % RIF (% Collaboration): _____
 % Project Contribution: _____
 US Dept Veterans Affairs/VA Hosp appt amt / % _____

[Click here to list all other UofL participants on the grant.](#)

3. a. PEOPLESOFT SPONSOR (Payments directly from this entity): Federal State

Peer Reviewed: Yes No

Organization Name _____
 URL _____
 Address _____
 City _____ State _____ Zip _____

Complete sponsor contact's information for non-governmental entities.	
Contact's Name	
Contact's Title	
Contact's E-mail Address	
Contact's Telephone Number	Fax Number
Contact's Name	
Contact's Title	
Contact's E-mail Address	
Contact's Telephone Number	Fax Number

b. PRIMARY SPONSOR IF FLOW-THROUGH (No direct payments from this entity):
 Check if not applicable

Organization Name _____
 URL _____
 Address _____
 City _____ State _____ Zip _____

4. NAME OF PROGRAM TO WHICH YOU ARE APPLYING: _____
 Agency Program No.: _____ CFDA No., if applicable: _____

*Click here for UofL definition of [CLINICAL TRIAL](#).

**Click here for [Clinical Attachment](#).

5. a. Is this proposal for a CLINICAL TRIAL/DEVICE/DRUG STUDY*? No Yes (attach Clinical Attachment)
 b. Will this proposal involve any affiliated hospital site (NHC, UofL Health, VAMC)? No Yes (attach Clinical Attachment)
 c. Will this proposal involve specimens, tissues or personally identifiable (not de-identified as defined by HIPAA) data/information (human materials) No Yes (attach Clinical Attachment)
 d. Will this proposal involve human materials or other biological/chemical materials?
 Yes—being received from others Yes—being sent to others No—not being sent or received
6. Award type is: Grant Subgrant/subcontract Co-op agreement Contract
7. Submission version is: New Competitive renewal*** Continuation*** Supplemental***
 SBIR Phase _____ STTR Phase _____ Transfer Other: _____
 ***Please indicate previous chartfield tracking number in 18a.
8. Project purpose is: Research Training/education Public service Other sponsored activity
 Clinical trial* Clinical research Other _____
9. Was the Development Office involved in the preparation of the proposal? No Yes My contact was: _____
10. Is this research being conducted through a Board of Trustees approved center/institute?
 No Yes If yes, please identify: _____
11. Will this project utilize a UofL Service Center?
 No Yes If yes, specify the center, amount and time period: _____
12. Will equipment be provided by the sponsor? No Yes If yes, please notify Risk Management.
13. Will project use software provided by the sponsor or obtained from a third party? No Yes

14. FOS—Indicate **ONE** NSF-defined Field of Science (FOS) that most closely represents the work in this project. [Additional information.](#)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> A1 Computer & Information Sciences | <input type="checkbox"/> C1 Atmospheric | <input type="checkbox"/> F1 Astronomy/Astrophysics | <input type="checkbox"/> I1 Other Sciences |
| <input type="checkbox"/> B1 Aerospace/Aeronautical/Astronautical | <input type="checkbox"/> C2 Geological/Earth | <input type="checkbox"/> F2 Chemistry | <input type="checkbox"/> J1 Business/Management |
| <input type="checkbox"/> B2 Bioengineering/Biomedical | <input type="checkbox"/> C3 Ocean/Marine | <input type="checkbox"/> F3 Materials | <input type="checkbox"/> J2 Communication/Communications Technologies |
| <input type="checkbox"/> B3 Chemical | <input type="checkbox"/> C4 Other: | <input type="checkbox"/> F4 Physics | <input type="checkbox"/> J3 Education |
| <input type="checkbox"/> B4 Civil | <input type="checkbox"/> D1 Agricultural | <input type="checkbox"/> F5 Other: | <input type="checkbox"/> J4 Humanities |
| <input type="checkbox"/> B5 Electrical/Electronic/Communications | <input type="checkbox"/> D2 Biological/Biomedical | <input type="checkbox"/> G1 Psychology | <input type="checkbox"/> J5 Law |
| <input type="checkbox"/> B6 Industrial/Manufacturing | <input type="checkbox"/> D3 Health Sciences | <input type="checkbox"/> H1 Anthropology | <input type="checkbox"/> J6 Social Work |
| <input type="checkbox"/> B7 Mechanical | <input type="checkbox"/> D4 Natural Resources/Conservation | <input type="checkbox"/> H2 Economics | <input type="checkbox"/> J7 Visual/Performing Arts |
| <input type="checkbox"/> B8 Metallurgical/Materials | <input type="checkbox"/> D5 Other: | <input type="checkbox"/> H3 Political/Government | <input type="checkbox"/> J8 Other: |
| <input type="checkbox"/> B9 Other: | <input type="checkbox"/> E1 Mathematics & Statistics | <input type="checkbox"/> H4 Sociology/Demography/Population Studies | |
| | | <input type="checkbox"/> H5 Other: | |

15. LIST KEYWORDS: _____

16. WILL ANY UofL PARTICIPANT HANDLE:
[\(Click here for corresponding web address\)](#)

	Yes	No	Committee Approval No.	Approval Date or Status (Submitted, Pending)	UofL Training Course Required
a. Humans as subjects?	<input type="checkbox"/>	<input type="checkbox"/>	IRB		HIPAA/Human Subjects
b. Experimental animals?	<input type="checkbox"/>	<input type="checkbox"/>	IACUC		RRF Level II Training
c. Radioisotopes?	<input type="checkbox"/>	<input type="checkbox"/>	RSO		Radiation Orientation
d. Recombinant DNA?	<input type="checkbox"/>	<input type="checkbox"/>	IBC		
e. Pathogenic organisms?	<input type="checkbox"/>	<input type="checkbox"/>	IBC		
f. CDC/USDA select agents?	<input type="checkbox"/>	<input type="checkbox"/>	IBC		
g. Human blood, tissues, cell lines, OPIM?	<input type="checkbox"/>	<input type="checkbox"/>	IBC		Bloodborne Pathogens
h. Highly toxic, carcinogenic, mutagenic agents?	<input type="checkbox"/>	<input type="checkbox"/>	DEHS		Lab Safety/Haz Waste

NOTE: YOU ARE RESPONSIBLE FOR COMPLYING WITH UNIVERSITY SAFETY RULES, POLICIES AND PROCEDURES. DOCUMENTATION OF INSTITUTIONAL APPROVAL FOR ACTIONS PENDING AT TIME OF PROPOSAL MUST BE PROVIDED PRIOR TO ACTIVATION OF AWARD.

17. ITEMS TO BE CONSIDERED FOR PROPOSAL REVIEW THAT INVOLVE UNIVERSITY RESOURCES: (If yes, please initial and date.)

	Yes	No	CHAIR	DEAN
a. Any faculty release from work plan responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b. Any faculty salary recovery?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c. Supplemental base or approved additional non-base pay?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d. Sponsor-required cost share? If yes, fill in details in budget section.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
e. Does project require University commitments after extramural support is terminated?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
f. New credit courses, degree programs, centers or institutes?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
g. Additional space or facilities needed?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
h. Will installation <input type="checkbox"/> , equipment maintenance <input type="checkbox"/> , space renovation <input type="checkbox"/> or building modification <input type="checkbox"/> be required?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
i. Are there other special requirements of department and unit? If yes, attach requirements.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
j. Major equipment/technology system/single equipment item over \$200,000 (see instructions)?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Contact person _____		Phone _____		
k. Primary project site excluding subawards (on/off-campus based on where more than 50% salaries/wages incur)—Mark one:				
<input type="checkbox"/> Belknap <input type="checkbox"/> HSC (UofL bldgs) <input type="checkbox"/> Shelby <input type="checkbox"/> Off Campus (incl hosp, practice groups, leased space charged to project)				
Bldg-Rm No. _____				

18. BUDGET a. Previous chartfield if a renewal, continuation or supplement: _____

b. Department ID for budgeting/expending if awarded: _____

c. Entire Proposed Budget Period (Month/Day/Year): From: ____ / ____ / ____ To: ____ / ____ / ____

d. Requested from Sponsor
(list ALL direct costs)

Budget Pool	f. UofL Cost Share	Speed Type
Salary & Wages 511000	_____	_____
Fringe Benefits 512000	_____	_____
Equip ≥\$5K per item.... 190000	_____	_____
Alteration/Renovation ≥\$100K..... 190000	_____	_____
Subawards ≤ \$25K 545295	_____	_____
Subawards > \$25K 545297	_____	_____
Supplies & Expense..... 519000	_____	_____
Travel 535000	_____	_____
Tuition 520000	_____	_____
Participant Support 520000	_____	_____
e. Total Direct Costs	_____	_____

g. EXCLUSIONS to TDC Base (direct costs included in 18d above that are not subject to F&A)

- _____ Equipment ≥\$5K per item (190000)
- _____ Alteration/Renovation ≥\$100K (190000)
- _____ Off-Site Rental (519000)
- _____ Patient Care (519000)
- _____ Subaward amounts in excess of first \$25K on each (545297)
- _____ Tuition (520000)
- _____ Participant Support Costs (520000)
- _____ Other _____

h. _____ Total Exclusions

i. _____ Modified TDC Base (18e TDC minus 18h exclusions)

j. F&A (Indirect Costs) **Select F&A Type:** Organized Research **Select F&A Base:** Modified Total Direct Cost (MTDC)
_____ F&A Rate ____% 577000 _____

k. Total Cost of Project (sum of direct costs on 18e plus F&A costs on 18j)

_____ TOTAL Costs _____

Check here if line item budget not required by sponsor (see instructions).

l. Budget Remarks (include explanation of cost share/third-party match/non-standard F&A items if applicable):

19. SUBCONTRACTS TO BE ISSUED: List below any organizations—including Professional Services Corporations (PSC) or Private Practice Plans—that will provide services or receive payments from ULRF for this project. Include cumulative costs in budget. With proposal submission, include a statement of work for each subcontractor.

Organization Name	Subcontractor PI/Contact Name	Requested Cost for Current Year	Anticipated Cost for Remaining Years	Services to be Provided
_____	_____	_____	_____	(attach scope of work)
_____	_____	_____	_____	(attach scope of work)
_____	_____	_____	_____	(attach scope of work)
_____	_____	_____	_____	(attach scope of work)

20. RESPONSIBLE SIGNATORY:

By signing this PCF, the undersigned certify that

- the listed effort is consistent with University policies and procedures and any applicable sponsor/funding agency requirements, current workload assignments, and current (or active) grants and contracts (or that they will revise their respective effort on other projects such that this listed effort is consistent with the preceding);
- they will abide by the terms and commitments of the award/contract/agreement resulting from this PCF submission;
- they have read, understand, and are bound by the University of Louisville's Conflict of Interest Policies, located at [COI Policies](#) and that they have made all 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; further, they certify that they will comply with the University of Louisville's Conflict of Interest Policies throughout the life of this project and will update the Attestation and Disclosure Form (ADF) whenever new reportable interests occur;
- they are currently eligible to participate in governmental programs as outlined at [Purchasing Policies](#) and the associated Sanctions Check Policy and should their eligibility change that they will notify Office of Sponsored Programs Administration of such;
- all project participants represent and warrant that they have never been (a) debarred or threatened to be debarred or (b) convicted or indicted of a crime or otherwise engaged in conduct for which a person can be debarred under Section 306(a) or 306(b) of the Federal Food Drug and Cosmetic Act of 1992 and further agree to promptly notify Office of Sponsored Programs Administration upon becoming aware of any debarment, conviction, threat of such, or indictment against themselves or any affiliated individuals providing services for this project.

The appropriateness of this submission is the responsibility of the PIs, departmental units and academic units (college or school). If an electronic version of the signed PCF is submitted, it is understood that the PCF with original signatures (which was scanned and sent electronically) will be maintained by the respective department(s) of academic appointment, college(s) or institutional office(s) that obtained the signatures.

PRINCIPAL INVESTIGATOR ATTESTATION

- I certify that, to the best of my knowledge, the project described in this submission is scientifically sound, ethical, and respects and protects the rights and welfare of human participants in research.
- I certify the information contained in this application is true, complete and accurate, to the best of my knowledge, and acknowledge that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.
- I agree to adhere to the credential requirements of the respective site(s) at which the research will be conducted (as applicable).
- I agree to adhere to the compliance policies and procedures and all billing practices of the respective site(s) where the project is being conducted, to comply with all regulations, not to bill any third-party payer for items specifically reimbursed by the sponsor, and to conduct study within guidelines of good clinical practice (as applicable).
- I understand that I am responsible for the budget specified in this submission and any deficits or uncollectible costs per the Research Handbook.
- I agree to accept responsibility for the scientific conduct of the project.
- I agree to provide required progress reports and/or other deliverables as specified in any award/contract/agreement that results from this PCF submission.
- I agree to notify Office of Sponsored Programs Administration should any external governmental regulatory entity notify me of an investigation/audit or other inspection/review of the project described in this PCF submission.

The term affiliated persons includes, but is not limited to, clinical investigators, nurses, technicians and other individuals or parties working on the project or involved with the development or submission of data related to the research study/project.

UofL PI'S DEPARTMENT CHAIR APPROVAL

- I certify for those individuals in my department that the proposed listed effort is consistent with University policies and procedures and the individuals' work plan assignments within my department.
- I certify that resources (funding, space, faculty/staff members) are adequate to support or supplement this project.

Contact/Principal Investigator

Department Chair or Appropriate Unit Head

Dean or Appropriate Unit Head

Sponsored Programs Administration

I acknowledge that I am in compliance with the UofL Conflict of Interest Policy and have a current Attestation & Disclosure Form (ADF) on file with the COI Program.

Signature				
Typed Name				
Date				

Multiple PI or Co-Investigator

I acknowledge that I am in compliance with the UofL Conflict of Interest Policy and have a current Attestation & Disclosure Form (ADF) on file with the COI Program.

Signature			
Typed Name			
Date			

[Additional Signature Form](#)

Additional comments/clarification:
