

# Proposal Worksheet

Proposal Data (Proposal Tab)						
Today's Date:		PI Name:				
Proposal Title:						
Funding Agency:		If NIH, Modular?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
RFP/Q #:		Program Name:				
Project Start Date:		Project End Date:		Proposal Type:	(Choose One)	
Type of Activity:	<input type="checkbox"/> Organized Research <input type="checkbox"/> Extension & Public Service		<input type="checkbox"/> Instruction & Departmental Research <input type="checkbox"/> Student Aid & Fellowships			
Does this proposal involve a Subcontract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Subcontracting Agency Name:			
Mailing Data (Mailing Information Tab)						
Proposal Due Date (at agency):	<input type="checkbox"/> Postmark <input type="checkbox"/> Receipt	Number of Copies:		Proposal Submission Method:	<input type="checkbox"/> Electronic <input type="checkbox"/> Mail	
Mailing Details & Address (NO PO Boxes):						
Project Data (Yes/No Questions)						
1	Does this proposal contain any confidential information which is patentable, copyrightable, or proprietary? Explanation:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Is the space needed to perform the work available in the College/School or Department? If No, please provide an explanation:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Is the equipment needed to perform the work available in the College/School or Department? If No, please provide an explanation:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Project Data (Other Tab)						
1	Cost Share Type				(Choose One)	
2	Is there a conflict of interest?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Computation time needed?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Data storage needed?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Technology Funds Available in Proposal?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	List any centers affiliated with this proposal.					
Regulatory Assurance and Compliance Data (Special Review Tab)						
1	Will vertebrate animals be used in this project? If Yes, has approval been obtained by PACUC? If Yes, please state PACUC Approval # & Date Approved:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2	Will Radioactive materials or radiation-producing devices be used? If yes, has approval been obtained?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Review
3	Does the project involve commitment to comply with the Federal Good Laboratory Practices regulations? If Yes, has approval been obtained by the OVPR? If Yes, please state Approval # & Date Approved:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Review
4	Will human subjects be used in this project? If Yes, has approval been obtained by IRB? If Yes, please state Approval # & Date Approved:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Review
5	Will recombinant DNA be used in this project? If Yes, has approval been obtained? If Yes, please state Approval # & Date Approved:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Review
6	Does this project involve the acquisition, fabrication, use or transfer of Class 3b or 4 lasers or laser systems?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7	Does this project involve Export Control?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8	Does this project involve a Biohazard?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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Investigator Data (Investigator Tab)						
	PI/Co PI Name (s)	Total Percent Credit		Collaborating Dept. # (s)	Primary Credit	Center Institute Credit
<b>1</b>			1			
			2			
			3			
			4			
			5			
<b>2</b>			1			
			2			
			3			
			4			
			5			
<b>3</b>			1			
			2			
			3			
			4			
			5			
<b>4</b>			1			
			2			
			3			
			4			
			5			
<b>5</b>			1			
			2			
			3			
			4			
			5			
<b>6</b>			1			
			2			
			3			
			4			
			5			
<b>7</b>			1			
			2			
			3			
			4			
			5			
<b>8</b>			1			
			2			
			3			
			4			
			5			
<b>9</b>			1			
			2			
			3			
			4			
			5			
<b>10</b>			1			
			2			
			3			
			4			
			5			



