Proposal Submission Form
Form GCO-001

UNIVERSITY of ALASKA SOUTHEAST

G&C Office Use Only

Proposal S# _____
Dept. Proposal # _____
Agency Due Date _____
Submission Via _____

PROJECT INFORMATION

Project Title					
Short Title					
School & Dept.					
Funding Agency				**CFDA No.**	
Agency Address					
Agency Contact		**Phone Number**		**Email Address**	
Project Start		**Project End**		**Amount Requested**	
RFP URL					

Agency Type		**Activity Type**	
☐ Federal	☐ Private/For Profit	☐ Instruction/Training	☐ Institutional Support
☐ State	☐ Private/Non-Profit	☐ Public Service	☐ Applied Research
☐ Local	☐ Other	☐ Scholarship or Fellowship	☐ Other Sponsored Activities
☐ University		☐ Student Services	☐ Basic Research
Project Type		**Funding Mechanism**	
☐ Preproposal	☐ Renewal Competitive	☐ Contract	☐ Grant
☐ New Competitive	☐ Renewal Non-Competitive	☐ Cooperative Agreement	☐ CESU Agreement
☐ New Non-Competitive	☐ Supplement	☐ RSA	☐ Other
☐ Revision			

Is the project Alaska specific?	☐ Yes	☐ No	Are there post-docs or graduate students?	☐ Yes	☐ No
Is the project EPSCoR related?	☐ Yes	☐ No	Is tuition budgeted for graduate students?	☐ Yes	☐ No
Are there undergraduate students?	☐ Yes	☐ No	Is health insurance budgeted for graduate students?	☐ Yes	☐ No

PERSONNEL INFORMATION

Personnel	Last Name	First Name	Phone	School & Dept.	UAS ID #
PI					
Co-I #1					
Co-I #2					

BUDGET INFORMATION

F&A Rate (percentage)	
Modified Total Direct Cost (MTDC)	
Total Direct Cost (TDC)	
F&A Charges	$ 0
M/CS UAS	
M/CS Third Party	
M/CS Total	$ 0

If Match is required, please attach a Match/Cost Share Authorization Form.

SUBAWARD / SUBRECIPIENT INFORMATION

Is UAS a subaward recipient?	☐ Yes ☐ No
Prime Awardee:	
Does the project contain subrecipients?	☐ Yes ☐ No
Subrecipient:	

If awarded, a Subrecipient Commitment Form will be required.

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ETHICS AND REGULATORY COMPLIANCE

Check if the project involves any of the following:

☐	Non-human vertebrates research; IACUC Protocol #:	☐	Potential for technology transfer, patent, copyright, trademark, or licensing	☐	Confidential or classified information
☐	Human subjects research; IRB Protocol #:	☐	Material transfer agreements	☐	Potential for program income
☐	Use of radiation, lasers, or significant chemical hazards	☐	Conflicts of interest	☐	UAS employee residing out of state
☐	Use of biohazards (infectious agents, recombinant DNA)	☐	Import or export of data, goods, or services		

Proposal Notes:

INVESTIGATOR CERTIFICATION & REQUIRED SIGNATURES

By signing this form, (1) I agree to accept responsibility for the scientific and ethical conduct of this project; (2) I certify that I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; (3) I agree to be bound by the terms and conditions of the sponsored award agreement which supports this activity; (4) I certify that this proposed project is my original work; (5) I understand and will abide by all UA policies and procedures; (6) I certify that all information provided on this form and on any attached documents related to this project is accurate and truthful to the best of my knowledge; and (7) I understand that any false or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.

Principal Investigator Date

Co-Investigator Date

Dean or Campus Director Date

Dean of Research & Sponsored Programs Date

UAS FINAL APPROVAL

By signing this form, I certify that this proposal has been reviewed according to the UAS Proposal Submission Process and to the best of my knowledge meets sponsor, agency, state, and university policies, regulations and standards.

Grants Administrator Date

Director – Budget, Grants & Contracts Date