

G&C Office Use Only

Proposal Submission Form

Form GCO-001

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G&C Proposal No.:

Dept. Proposal No.:

Funding Agency Due Date:

Project Information

Project Title:

School and Department:

Funding Agency:       CFDA No.:

Funding Agency Address:

Contact Person:       Phone Number:       Email:

Project Start Date:       Project End Date:       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** |  | **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 | Last Name | First Name | Phone | School & Dept | UAS ID # | Effort % |
| PI |       |       |       |       |       |       |
| Co-I #1 |       |       |       |       |       |       |
| Co-I #2 |       |       |       |       |       |       |
| Fiscal Contact |       |       |       |       |       | N/A |

Personnel

Budget Information

|  |  |
| --- | --- |
| F&A Rate (percentage) |       |
| Indirect Cost Rate Code |       |
| Distribution Code |       |
| Modified Total Direct Cost (MTDC) |       |
| Total Direct Cost (TDC) |       |
| F&A Recovery |       |
| M/CS UAS |       |
| M/CS Third Party |       |
| M/CS TotalIf Match is required, please attach Match Authorization Form |       |

|  |  |
| --- | --- |
| Is UAS a subaward recipient? [ ] Yes [ ] No  | Prime Awardee       |
| Does the project contain subrecipients? [ ] Yes [ ] NoIf yes, please attach Subrecipient Commitment Form  | Subrecipient       |

|  |
| --- |
| Low Level Org: D-Level Org:  |
| Banner Research Theme Code(s):  |



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Ethics and Regulatory Compliance

|  |
| --- |
| Check if the project involves any of the following: |
| [ ]  Vertebrates; IACUC #       | [ ]  Potential for technology transfer, patent, copyright, trademark, or licensing | [ ]  Confidential or classified information |
| [ ]  Research on Human Subjects; IRB #       | [ ]  Material transfer agreements | [ ]  Potential for program income |
| [ ]  Use of radiation, lasers, or significant chemical hazards | [ ]  Conflicts of interest | [ ]  Research restrictions |
| [ ]  Use of biohazards (infectious agents, recombinant DNA) | [ ]  Import or export of data, goods, or services | [ ]  UAS employee residing out of state |

Proposal Notes:

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|       |
|       |

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.*

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Principal Investigator Date Co-Investigator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean or Campus Director Date Vice Provost for Research 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.*

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Grants Administrator Date Director – Budget, Grants & Contracts Date

Disposition of Proposal

[ ] Call for pick up & who to contact: Name:       Phone Number:       Email: