

**UNIVERSITY OF RHODE ISLAND DIVISION OF RESEARCH & ECONOMIC DEVELOPMENT  
INTERNAL APPROVAL FOR PROPOSAL TRANSMITTAL**

<b>2 Principal Investigator(s) †</b> 1. _____ 2. _____ 3. _____ 4. _____	<b>3 SSN</b> _____ _____ _____ _____	<b>4 College</b> _____ _____ _____ _____	<b>5 Department</b> _____ _____ _____ _____	<b>6 Phone</b> _____ _____ _____ _____	<b>7 Credit (Total 100%) %</b> _____ % _____ % _____ % _____ %	
<b>8 Title of Project:</b> _____					<b>9 CFDA #</b> _____	<b>Total % =</b> _____ %
<b>10 Funding Agency:</b> _____			<b>11 If this is a subcontract, name of prime funding source:</b> _____			
<b>12 Total Amount Requested:</b> \$ _____	<b>13 Proposed Start Date:</b> _____	<b>14 Duration:</b> _____	<b>15 Agency's Deadline Date:</b> _____			
<b>16 Indirect Cost Rate %:</b> _____	If the funding agency has an indirect costs (overhead) policy that is different from the URI negotiated rate, a copy of that agency's policy must be attached to the proposal.			<b>17 Are you requesting the in-state tuition differential for GRA's?</b> No <input type="checkbox"/> Yes <input type="checkbox"/>		
<b>18 Type of Project:</b> _____ If "Yes" indicate which submission system in the appropriate box below: a. Is this an <b>ELECTRONIC SUBMISSION?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NSF FastLane <input type="checkbox"/> Grants.Gov <input type="checkbox"/> Other: _____ b. <input type="checkbox"/> Organized Research <input type="checkbox"/> Sponsored Training <input type="checkbox"/> Equipment <input type="checkbox"/> Other Sponsored Activity c. <input type="checkbox"/> New Project <input type="checkbox"/> Continuation <input type="checkbox"/> Supplement to Existing Award <input type="checkbox"/> Revised Budget If this is a Revised Budget, give URI Log No. of original proposal. # _____ If Continuation or Supplement, give URI account # of existing award. # _____ If applicable, give IRB # _____ or IACUC # _____ If applicable, give Biosafety Approval # _____ CIMC # _____						
<b>19 Does project involve:</b>						
Human subjects?		No <input type="checkbox"/> Yes <input type="checkbox"/>	Recombinant DNA/RNA/Pathogens?		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Vertebrate Animals?		No <input type="checkbox"/> Yes <input type="checkbox"/>	Hazardous waste?		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Radioactive materials?		No <input type="checkbox"/> Yes <input type="checkbox"/>	Exposure to blood &/or infectious disease?		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Any potential conflict of interest?		No <input type="checkbox"/> Yes <input type="checkbox"/>	*If "Yes", see full statement at Item 18, Instructions, on reverse side.			
<b>20 Space/utilities modification/add space?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> <b>Outreach activity?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> <b>Patent or copyright issues?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> <b>RI Nuclear Science Center</b> No <input type="checkbox"/> Yes <input type="checkbox"/> <b>Cost sharing/matching funds?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> <b>Proposal submitted by a Partnership?</b> No <input type="checkbox"/> Yes** <input type="checkbox"/> <b>Major project/special circumstances?</b> No <input type="checkbox"/> Yes* <input type="checkbox"/> **If "Yes", indicate which partnership code: _____ *If "Yes", see Instructions, Block 19 for necessary form.      (see list in Instructions, Block 19)						

**21 Signed:**

(Before signing please read Statements 1, 2 & 3 directly below this section.)

	Date _____
Principal Investigator	Principal Investigator
Principal Investigator	Principal Investigator
Department Chairperson	Department Chairperson
Dean	Dean
Department Chairperson	Department Chairperson
Dean	Dean

<b>22 Principal Investigator's Release</b>
Because the Research Office will not have the five working days for a thorough review of the proposal, I agree to submit any amendments or to withdraw the proposal if required to do so by the Research Office. Signed _____ Date _____ Principal Investigator
Approved for submission by Research Office:  _____ Signature <span style="float: right;">Date</span>

1. My signature on this form means that I understand and agree to comply with the URI policies and procedures for misconduct, conflict of interest and intellectual property (Appendix G, University Manual, <http://www.uri.edu/facsen/MANUAL.html>).

2. My signature on this form certifies that no federal funds have been used to lobby for the acceptance of this proposal; and further, that if other than federal funds have been used for this purpose, a complete Disclosure Form LLL, Disclosure Form to Report Lobbying, is attached. (Call ext. 5138 for a copy of Form LLL.)

3. My signature on this form signifies that this project contains no elements or stipulations that would interfere with or otherwise restrict academic freedom.

† See Block 2, Instructions, reverse side.