



This form must accompany all requests for extramural support submitted by UNE Faculty/Staff. Please submit the complete application with final proposed budget and any guidelines/instructions provided by the funding agency to OSP five (5) business days prior to the mailing date. All signatures except Research Administration should be on this form before arriving at OSP. **All proposals must be reviewed and approved by OSP prior to submission.**

1	UNE Information	2	Due Date
PI/PD Name: _____		Due Date: _____	
UNE College: _____		Full application, including signed Pink Sheet, is due to OSP five business days prior to due date.	
PI/PD Phone: _____ UNE Dept _____		Is this a paper submission? <input type="checkbox"/>	
Title of Project: _____		3	If this is a subaward
Project Period: _____ to _____		Prime PI: _____	
Campus/Site of work: _____		Prime Org: _____	
Funding Agency: _____			

4	Applying from Center of Excellence?	5	Submission Type	6	Activity	7	Mechanism
<input type="checkbox"/>	CEAH	<input type="checkbox"/>	New	<input type="checkbox"/>	Research	<input type="checkbox"/>	Grant
<input type="checkbox"/>	CEPH	<input type="checkbox"/>	Resubmission	<input type="checkbox"/>	Service	<input type="checkbox"/>	Contract
<input type="checkbox"/>	CEN	<input type="checkbox"/>	Competing Renewal	<input type="checkbox"/>	Training	<input type="checkbox"/>	Subcontract
<input type="checkbox"/>	INAS/UNE-North	<input type="checkbox"/>	Revised Budget Only	<input type="checkbox"/>	Clinical Trial	<input type="checkbox"/>	Other
<input type="checkbox"/>	SMEP	<input type="checkbox"/>	Other (Describe): _____	<input type="checkbox"/>	Conference/Workshop	<input type="checkbox"/>	(Describe): _____
<input type="checkbox"/>	CECE			<input type="checkbox"/>	Other (Describe): _____		
Note: Center Director/APRS sigs.							

8	Involving Human Subjects?	9	Involving Vertebrate Animals?	10	Involving any of the following?	11	Involving any of these materials?
<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	Infectious agents?	<input type="checkbox"/>	Hazardous or Radioactive?
<input type="checkbox"/>	Yes (check one):	<input type="checkbox"/>	Yes (check one):	<input type="checkbox"/>	Recombinant DNA?	<input type="checkbox"/>	Biological Hazards?
	<input type="checkbox"/> Contacted IRB		<input type="checkbox"/> Contacted IACUC	<input type="checkbox"/>	Select agents/toxins?		
	<input type="checkbox"/> Submitted to IRB		<input type="checkbox"/> Submitted to IACUC	If YES for any, you MUST contact the Institutional Biosafety Committee at x2244 prior to submission.		If YES for any, you MUST contact Environmental Health at x2488 prior to submission.	
	<input type="checkbox"/> IRB approved		<input type="checkbox"/> IACUC approved	Date of contact: _____		Date of contact: _____	
Date of contact: _____		Date of contact: _____					

12	Space: If funded, will you require extra office/work space on campus or will you require renovations of existing space?	If Yes to #12:	You MUST follow up with Alan Thibeault in Facilities and fill out their form "Space Request, Renovation, or Change of Use Form". Have you?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No



13	Project Budget					
This is the amount requested for external funding (don't include UNE cost-share or match, if any).						
	Y01	Y02	Y03	Y04	Y05	Project Totals
Direct Costs:						
Indirect* (i.e. overhead/ F&A) Costs						
Rate Used:**:						
TOTAL:						

* Indirect costs recovered will be distributed within UNE according to current Policy (see <http://www.une.edu/research/sponsored/policies-forms>).
 ** (effective 1 June 2020): UNE's current on-campus indirect rate is 42.00% on a Modified Total Direct Cost base, and this must be used unless the funder expressly stipulates otherwise. OSP Policy is that the highest allowable funding agency rate be included in all extramural budgets.

14	Budget Relief to UNE (Only complete if applicable)					
Budget Relief is any grant monies which will relieve currently budgeted institutional funds (i.e. if grant will cover part of academic-year salary). Do not put matching or cost-share money here.						
	Y01	Y02	Y03	Y04	Y05	Project Totals
Salary & Fringe Relief:						
Other:						
Other:						
Other:						

15	Course Buy-out or Faculty Time Committed (only if applicable)					
If asking for course buy-out, please list how many courses you are requesting to buy out per year. NOTE: these must be approved in advance by Department Chair and Dean. If faculty from more than one college are committed, approval (can be via email, printed and attached here) from each Dean is required.						
Faculty Member:	Y01	Y02	Y03	Y04	Y05	Project Totals

16	Does the proposed budget include cost-sharing or matching?	
<input type="checkbox"/> No: Skip the fourth page and go straight to the signatures.	<input type="checkbox"/> Yes: a) Is it Voluntary or Mandatory: <input type="checkbox"/> Voluntary <input type="checkbox"/> Mandatory Fill out last page of Pink Sheet (See page 4; Additional Signatures required)	

17	Was the UNE Institutional Advancement Office involved in the preparation of this proposal?	
<input type="checkbox"/> Yes, I collaborated with the IA Office.		



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PI/PD Assurance and Signature

This assurance will be available to the sponsoring agency or other authorized HHS or Federal officials upon request: (1) that the information submitted within the application is true, complete and accurate to the best of my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) that I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

Further, I acknowledge that I am primarily and ultimately responsible for conducting and overseeing the approved scope of work, and for preparing and submitting to sponsor any project reports or other deliverables which may be required. I accept the obligations and commitments described in the proposal; I agree to perform the work in accordance with University policies and Sponsor requirements; and I agree to follow commonly accepted professional practices in conducting, recording, and interpreting the work. I further certify that:

(a) all UNE faculty and other professional employees named in the proposal have agreed to participate as described therein.

(b) I have read, and agree to comply with, the "University of New England Investigator Significant Financial Interest Disclosure Policy for Sponsored Projects" (<http://www.une.edu/research/sponsored-programs/policies-forms/financial-conflict-interest>), and have determined that (check one):

Neither I nor any other investigator on this project have any significant financial interest that requires disclosure at this time; I understand that I must update this determination at any time that a disclosable conflict arises.

OR

I have attached a UNE Significant Financial Interests Disclosure Form with related documentation, and agree to provide an annual update as required by UNE Policy.

Principal Investigator/Project Director Signature

Date

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Department Chair or Center Director *

I have reviewed this proposal and find it consistent with institutional policies and resources for Personnel Commitment, Equipment, Available Space, and Budget.

Department Chair / Center Director's Signature

Date

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Dean or APRS *

Dean or APRS Signature

Date

* Center Director and Associate Provost for Research and Scholarship (APRS) signatures are required in lieu of Dean and Dept. for any Center application. Please see <http://www.une.edu/research/sponsored/policies-forms> for indirect distribution.

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Director of Research Administration Approval

Director of Research Administration's Signature

Date

NOTE: Signatures on this page denote approval of any match or cost-share identified on page 4.

