INT	ORSPA USE ONLY									
EAS	ORSPA #									
OFFICE OF F Box 70	Received by:									
42	Date Received:									
		Section A:	Project Informa	ation						
Project Title:										
Sponsor: Website address for RFA or Guidelines:										
(if ETSU is a subawar	dee) Prim	ary Sponsor :								
`	Research	Public Ser	vice Training/Ir	Clinical Trial						
Principal Investig	gator	Banner E #	College/Division		Dept/Unit	% Effort				
Box #:		Email:		Phone Number:						
Key Personnel	Role	Banner E #	College/Division		Dept/Unit	% Effort				
			-							
		0								
			n B: Proposals	le)						
Initial Performance Peric	od:	Start:	neted only for 1 toposa	End:						
Total Performance Perio	od:	Start:		End:						
TYPE:	TYPE: New Revised									
(check one)		•	ve Renewal	Non-com	petitive Renewal					
Proposal Subi				_						
			PI to Submit			:				
Hard-copy		Pick Up*								
*Contact nar	me and pho	one number for pick up								
			on C: Contracts	4-)						
Term Bec	gin Date:	(to be comp	oleted only for Contrac	End Date:						
Sponsored Agreen	-	th fundina)	_	Ena Date.						
1.) Contract	OR	5,								
Subaward Agreement Must attach Request for Subaward Agreement										
l	ssued to E	ΓSU Prima	ry Sponsor:							
l	ssued from	ETSU S	ubrecipient:							
2.) New Agreeme	ent OR	Amendment	New End Term							
No Cost Extension Must attach Request for No-Cost Ex Additional Funding \$										
Non-Sponsored Agreements (without funding) Confidentiality/ Non-Disclosure Agreement (CDA / NDA) Memorandum of Understanding (MOU) Material Transfer Agreement (MTA) Data Use Agreement (DUA)										
Memorandum of Contract Mailing O		0 ()	. Banner E# (required):	. ,	Data Use Agr	eement (DUA)				
	-	Express (1	· · · <u>·</u>	USPS Star	ndard					

Section D: Compliance and Special Approvals												
Check all that apply and either provide approval # or state "pending", if applicable												
Human Subjects*	IRB #			_ Confidentiality								
Animal Care*	UCAC #			Additional Space								
Recombinant DNA*	Biosafety #			Computer Cluster								
Select Agents/Pathogen	Biosafety #			_	Create N	lew Position						
Human Cells/Tissues*		Biosafety #			_							
Radioactive Materials*		*Conie:	s of approv	al documen:	ts will be rea	uired in the event of a	an award					
*Copies of approval documents will be required in the event of an award.												
(activities, travel, technology, restrictions on publications, and/or materials subject to U.S. Export Control)												
Section E: Budget												
check one: 🗌 New			Revised		Awarded							
Indirect Cost Information	Period	Dir	ect \$	Indirect \$	Total \$	Match \$**						
Applicable Federal Rate*	%	Year 1										
Requested Rate*	%	Year 2										
Sponsor restricted rate		Year 3										
(attach guidelines)		Year 4 Year 5										
*If reduced or waived, attach an		Total										
Indirect Cost Reduction/Waiver R	<u>equest</u>											
University Match**	**Please list source of matching funds (if applicable):											
	1) Unit: Index #:											
	Voluntary	2) Unit:		e and Ci	Index #:	-						
Section F: Certifications and Signatures Principal Investigator Certifications:												
 a) The information contained on this form and the corresponding proposal is accurate and complete. b) If an award is made, I am responsible for compliance with award terms and conditions and University policies and procedures, particularly for the technical conduct of the work, submission of technical reports, and for compliance with ETSU policies regarding financial management and areas requiring special approval. c) If this proposal is awarded, I have arranged for funding any cost-share requirements. d) At the time of this application, the PI and Key Personnel listed here have no current or anticipated <i>Conflict of Interest</i> with regards to this sponsor and the proposed research. <u>Annual updates will be required for all Key Personnel</u>. e) PI signature below certifies agreement with all of the above, including Conflict of Interest Policy. 												
Financial Conflict of Interest Policy Significant Financial Interest Disclosure Form												
							<u></u>					
Signatures: Must be obtained from each Department/College represented.												
Principal Investigator	Chair			Date	Dean		Date					
Key Personnel (Co PI, Co Investigator, Investigator)												
	0	<u> </u>										
							_					
College of Medicine F&A (Division of Health Sciences only): Date:												
Vice President (only if matching funds are committed): Date:												
Assoc. Dir., Contract Management	Date	Director, ORSPA Date			Date							
Assoc. Dir., Sponsored Programs	Date	Vice Provost for Research			Date							