

Section D: Compliance and Special Approvals

Check all that apply and either provide approval # or state "pending", if applicable

- | | |
|---|--|
| <input type="checkbox"/> Human Subjects* ----- IRB # _____ | <input type="checkbox"/> Confidentiality |
| <input type="checkbox"/> Animal Care* ----- UCAC # _____ | <input type="checkbox"/> Additional Space |
| <input type="checkbox"/> Recombinant DNA* ----- Biosafety # _____ | <input type="checkbox"/> Computer Cluster |
| <input type="checkbox"/> Select Agents/Pathogens* ----- Biosafety # _____ | <input type="checkbox"/> Create New Position |
| <input type="checkbox"/> Human Cells/Tissues* ----- Biosafety # _____ | |
| <input type="checkbox"/> Radioactive Materials* | |
| <input type="checkbox"/> Export Control Regulations | |
- *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	Direct \$	Indirect \$	Total \$	Match \$**
Applicable Federal Rate* _____ %	Year 1				
Requested Rate* _____ %	Year 2				
<input type="checkbox"/> Sponsor restricted rate (attach guidelines)	Year 3				
	Year 4				
*If reduced or waived, attach an Indirect Cost Reduction/Waiver Request	Year 5				
	Total				

University Match**

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> In-Kind |
| <input type="checkbox"/> Mandatory | <input type="checkbox"/> Voluntary |

**Please list source of matching funds (if applicable):

1) Unit: _____	Index #: _____
2) Unit: _____	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 *Conflict of Interest* with regards to this sponsor and the proposed research. Annual updates will be required for all Key Personnel.
- 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](#)

Signatures: Must be obtained from each Department/College represented.

Principal Investigator	Chair	Date	Dean	Date
Key Personnel (Co PI, Co Investigator, Investigator)				
College of Medicine F&A (<i>Division of Health Sciences only</i>):				Date: _____
Vice President (<i>only if matching funds are committed</i>):				Date: _____
Assoc. Dir., Contract Management	Date	Director, ORSPA	Date	
Assoc. Dir., Sponsored Programs	Date	Vice Provost for Research	Date	