

Johnson C. Smith University
Office of Government Sponsored Programs & Research
Proposal Clearance Form

Principal Investigator		Title/Faculty Rank	
% Release Time Requested	Department	Email	Telephone
Co-Principal Investigator		Title/Faculty Rank	
% Release Time Requested	Department	Email	Telephone
Conflict of Interest Form on file:	For PI: <input type="checkbox"/> Yes <input type="checkbox"/> No		For Co-PI: <input type="checkbox"/> Yes <input type="checkbox"/> No

**If additional CO-PIs, please list on an attached sheet*

Project Title:	
Relationship of Project to University's Strategic Goals & Objectives:	
Funding Agency:	Proposal Deadline: Date: _____ Time: _____ <input type="checkbox"/> Electronic Submission <input type="checkbox"/> Postmark <input type="checkbox"/> Receipt
Prime sponsor (if flow through from another source)	
Type of Application (only check ONE): <input type="checkbox"/> New <input type="checkbox"/> Pre-proposal <input type="checkbox"/> Renewal of No. _____ <input type="checkbox"/> Continuation of No. _____ <input type="checkbox"/> Supplement to No. _____ <input type="checkbox"/> Revision of No. _____ <input type="checkbox"/> Change of Grantee Institution	Purpose of Application (only check ONE): <input type="checkbox"/> Research <input type="checkbox"/> Instruction <input type="checkbox"/> Public Service RFP Number / CFDA# (if any)
Proposed Project Period: Start Date: _____ End Date: _____	Total Amount Requested \$ _____
Does Project require any JCSU support after the funding period? <input type="checkbox"/> Yes <input type="checkbox"/> No	JCSU Required Match \$ _____
Are personnel salaries exempt from Zero Based Budgeting (ZBB)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>**If no, please explain on an attached sheet.</i>	Direct Cost Portion (required) \$ _____
Technology Support Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	Indirect Cost Portion (required) \$ _____
Will the proposal contain any of the following:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Human Subjects: Provide IRB protocol# _____ and date of approval _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Animal Care: Provide IACUC protocol# _____ and date of approval _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Radiation Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No Recombinant DNA or Bio-hazardous Agents <input type="checkbox"/> Yes <input type="checkbox"/> No Environmental Impact Review	
Keywords: Please designate specific keywords or phrases that are descriptive of this research	
1) _____	2) _____
3) _____	4) _____
5) _____	6) _____
7) _____	8) _____

Certifications:

The Principal Investigator (P1) /Co-Investigators (Co-PIs) agree(s) to accept responsibility for the scientific conduct of the project and to provide required progress reports if a grant is awarded. The PI/Co-PIs also agree that, to the best of their knowledge, all statements herein are true and complete, and that the scientific portion of the application is original and contains no false, fictitious, or fraudulent statements or data.

We certify that this grant or contract has requirements that can be met by the space and resources of our Department(s) or that prior arrangements have been made to meet these needs. Furthermore, personnel to be supported from the funds of this grant or contract will be informed of the temporal nature of such support.

To the best of our ability and based on the current information, we certify that the contents herein, including the time distribution of research effort, are complete and accurate. The proposed budget reflects this certification.

If the funding source of this proposal is Federal, I/we certify that:

- i) I/we are not delinquent on any Federal debt.
- ii) I/we are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
- iii) No funds have been paid or will be paid, by or on behalf of me/us, to any person for influencing or attempting to influence an officer or employee or any agency, a Member of Congress, an officer or employee of Congress in connection with the awarding of any federal contract, the making of any Federal grant, the making of any Federal loan, the entering in to of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

Approvals		
Typed Name	Signature	Date
Principal Investigator		
Department Chair/Head		
Dean		
Co-PI		
Co-PI Department Chair/Head		
Co-PI Dean		
Institutional Planning, Assessment, Effectiveness and Research (if necessary)		
VP, Government Sponsored Programs and Applied Research		
VP, Financial Affairs		
President		

This form has been approved by the Council of Deans and may not be changed or altered