



RSP Use Only

RSP Proposal #:	
RSP Due Date:	

Agency Deadline:

Intent to Submit #:

1) INVESTIGATOR INFORMATION: CAU FACULTY / STAFF ONLY

Principal Investigator (PI)

PI E-mail

PI Phone

PI Dept/Center/Institute

PI School/Unit

Yes No Is this proposal being administered through a Department/Center other than your primary Unit?

If yes, provide the name of the primary department/center:

Co-I / Key (Senior) Personnel Name

Dept/Center/Institute

Co-Unit

2) PROPOSAL INFORMATION

Prime Sponsor Name

Sponsor Type

Lead Institution (if not CAU)

Lead Institution Contact Info

Program Solicitation #

ALN/CFDA #

Program Name

Program Subtopic

Proposal Title

Proposal Type

Primary Activity Type

PHS Agency?

Transfer from another institution

Funding Type



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4) INSTITUTIONAL & REGULATORY COMPLIANCE INFORMATION

Does the proposed project involve one or more of the following? If yes, check the appropriate box and provide approval number or enter "Pending".

Special Research Considerations

Approval #

Approval #

Human Subjects Research

Infectious/Etiologic Agents

Live Vertebrate Animal Research

Chemical Agents

Recombinant DNA

Hazardous Materials

Human Embryonic Stem Cells

Radioactive Materials

Export Controls Determination (check all that apply)

Proposed Research Involves (check all that apply)

Not Applicable

Not Applicable

Foreign subrecipients/subcontractors or collaborators

Intellectual Property/Patentable Ideas

Foreign travel required to complete project

Proprietary Information

Equipment/materials/software exported

Security Classification/Clearance

Dual-use/designed for military use

Citizenship Requirements

Compliance - Required for All Federal Funding

CITI Research Security Training

Malign Foreign Talent Risk Assessment Certification Form

Financial Conflict of Interest

Yes

No

Does this proposed project create any new financial conflict(s) for the PI or Co-Investigators not previously disclosed?

If yes, the PI or Co-Investigator(s) must update their Disclosure Form; do not wait for the annual reporting period.



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5) INSTITUTIONAL & REGULATORY COMPLIANCE INFORMATION

PI and Co-PI(s) Assurance(s): By signing below, I certify that the statements and information in the proposal are accurate, complete, and truthful to the best of my knowledge and that any false, fictitious, or fraudulent statements may subject the PI to criminal and/or administrative penalties. If the proposal is funded, I agree to conduct the project in accordance with the terms, conditions, and policies of the sponsoring agency and applicable policies of Clark Atlanta University. I certify that I have provided (or will provide) a complete, accurate, and truthful disclosure of financial interests that would reasonably appear to be affected by the sponsored project. I certify that all proposed experiments, procedures, etc., involving human subjects, animal subjects, biological or hazardous agents and materials have been approved by the appropriate compliance bodies prior to the project start date and expenditure of funds. I certify that I am not federally debarred from receiving federal assistance and benefits.

Disclosure of Financial Interests: By signing below, I certify that I have reviewed and understand Clark Atlanta University's Financial Disclosure Policy for all Senior or Key Personnel seeking funding (for either Federal or non-Federal funding). I certify that I have completed an annual disclosure prior to this proposal submission. I certify that if this proposal impacts that disclosure I will update the disclosure within 45 days.

Chair, Dean, Director Assurances: By signing below, I certify that I have reviewed the attached proposed sponsored project (including narrative, budget, budget justification and certification, and if included subrecipient information, if required), approve of the merit, proper allocation of departmental/school space and resources, and fiscal budgeting.

NB: Once the PI signs the form, the information entered above is locked.

PI Signature and Date

Chair/Director Signature and Date

Dean Signature and Date

Co-PI / Key Personnel 1

Co-PI / Key Personnel 2

Co-PI / Key Personnel 3

Co-PI / Key Personnel 4

If applicable: Chair, IRB, IACUC Committees, Radiation Representative, Finance, and RSP approvals.

Finance

CAU IACUC Representative

Chair, IRB Committee

VP, RSP

RSP Representative

Other / Select One

Note for Subcontracts/Subrecipients

All subcontractors/subrecipients must complete a Subrecipient Commitment Form and attach their budget, budget justification, statement of work (SOW), F&A documentation, and other pertinent documentation.