



Office of Research Compliance and Administration Proposal Submission Transmittal

PI:		Department:	
Bldg/Rm Mail Stop:	Phone:	Fax:	Email:
Other contact name/phone/email:			
Project Title:			
Project Start Date:		Project End Date:	
Sponsor:			
Is this pass thru funding? Yes No		If pass-thru, who is the prime sponsor?	
Sponsor submission deadline (if applicable):			

Action:	New		Non-Competing Renewal		Transfer-In	
	Competing Renewal		Supplement		Recurring Contract	
	Is this a resubmission?	Yes No	Is this a revision?	Yes No		

Required Attachments			Optional Attachments		
Project Solicitation:	Yes	No	Is there Cost Sharing?:	Yes	No
Project Abstract:	Yes	No	Indirect Cost Waiver:	Yes	No
Project Budget:	Yes	No	All Co I's must complete a conflict of interest form.		
Conflict of Interest:	Yes	No	Number of CoI's on this project:		

Location of project:	on-campus	off-campus	Are Compliance Protocols required?:		
Bldg and room#:			Humans	Yes	No
Does the space need renovation?:	Yes	No	Animals	Yes	No
Do you need additional space?:	Yes	No	Ionizing Radiation	Yes	No
Will this project use Tenet Hospital facilities?:	Yes	No	Biohazards	Yes	No
Tenet facility name(s):					

ITAR/EAR/etc.				
Is this proposal subject to export controls?:		Yes	No	Don't Know

For Office of Research Use:		
Project #	Date Proposal Submitted to Sponsor:	IC Rate:



Office of Research Compliance and Administration Certifications

Project Title:

Certifications: By signing this form, I certify that I have read the following statements and I further certify that the statements contained therein are accurate and truthful to the best of my knowledge and belief.

The information submitted within the application is true, complete and accurate to the best of the Principal Investigator's knowledge.

Any false, fictitious, or fraudulent statements or claims may subject the Principal Investigator to criminal, civil, or administrative penalties.

The Principal Investigator agrees 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.

The Principal Investigator agrees to conduct the project in accordance with the terms and conditions of the sponsoring agency, the policies of the University and all applicable federal circulars and regulations.

The Principal Investigator will be fully responsible for meeting the requirements of the award, including providing the proper stewardship of sponsored funds, submitting all required technical reports and deliverables on a timely basis, and properly disclosing all inventions to the Office of Research and Graduate Studies, in accordance with Federal policy or contractual terms.

The Principal Investigator agrees to follow procedures consistent with University policies regarding the use of human subjects, animals, ionizing radiation, biohazards, toxins and pathogens in the conduct of the subject project.

I have read and understood the University's Conflict of Interest in Research Policy. Attached are the completed Conflict of Interest certifications for all investigators.

Print Name	Signature	Department	Date	Distribution of Credit (%)
Principal Investigator:	_____	_____	_____	_____
*Co-Investigator:	_____	_____	_____	_____
*Co-Investigator:	_____	_____	_____	_____
*Co-Investigator:	_____	_____	_____	_____
*Co-Investigator:	_____	_____	_____	_____
Department Head:	_____	_____	_____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
Department Head:	(signature required for each Co-I)	_____	_____	<div style="border: 2px solid black; background-color: yellow; padding: 5px; width: fit-content; margin: 0 auto;"> Total Distribution must equal 100% </div>
Department Head:	(signature required for each Co-I)	_____	_____	
Department Head:	(signature required for each Co-I)	_____	_____	
Dean/School Director:	(signature required for each Co-I)	_____	_____	
Dean/School Director:	(signature required for each Co-I)	_____	_____	
Office of Research:	_____	_____	_____	_____

*** If you are a co-investigator, your chair and dean must sign.**



Office of Research Compliance and Administration Certifications

Project Title:

Certifications: By signing this form, I certify that I have read the following statements and I further certify that the statements contained therein are accurate and truthful to the best of my knowledge and belief.

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Print Name	Signature	Department	Date	Distribution of Credit (%)
Principal Investigator:	_____	_____	_____	_____
*Co-Investigator:	_____	_____	_____	_____
*Co-Investigator:	_____	_____	_____	_____
*Co-Investigator:	_____	_____	_____	_____
*Co-Investigator:	_____	_____	_____	_____
Department Head:	_____	_____	_____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
Department Head:	(signature required for each Co-I)	_____	_____	<div style="border: 2px solid black; background-color: yellow; padding: 5px; width: fit-content; margin: 0 auto;"> Total Distribution must equal 100% </div>
Department Head:	(signature required for each Co-I)	_____	_____	
Department Head:	(signature required for each Co-I)	_____	_____	
Dean/School Director:	(signature required for each Co-I)	_____	_____	
Dean/School Director:	(signature required for each Co-I)	_____	_____	
Office of Research:	_____	_____	_____	

*** If you are a co-investigator, your chair and dean must sign.**



Office of Research Compliance and Administration Cost Sharing Approval Form

Principal Investigator: _____

Project Title: _____

Sponsor: _____

Itemize the proposed cost sharing in detail. Include project costs not funded by the sponsor, including employee benefits and indirect costs. Include individual names for cost shared salaries. Include the university's fund number(s) that will be charged for the cost sharing and obtain the Fund Manager's approval signature.

Does the sponsor require this cost sharing? Yes No
If not mandatory, please provide an explanation for the requested cost sharing.

Project Cost Description	Amount	Fund-Org	Fund Administrator Signature
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	

Signatures:

Principal Investigator: _____ Date: _____

Department Head: _____ Date: _____

Dean/School Director: _____ Date: _____

Office of Research: _____ Date: _____



Project Specific Conflict Of Interest

PRINCIPAL INVESTIGATOR: _____
(Print or Type)

SIGNATURE OF INVESTIGATOR: _____

PROJECT TITLE: _____

SPONSOR: _____ DATE: _____

The undersigned certifies, to the best of his/her knowledge and belief, that the following questions are answered correctly:

Does the undersigned or his/her immediate family, as defined by the University's Policy on Conflicts of Interest and Commitment in Research have:

- | | | |
|---|-----|----|
| 1. A significant financial interest in the sponsor of the proposed research project in which he/she is involved (current or pending) | YES | NO |
| 2. A significant financial interest in other entities whose financial interests would reasonably appear to be affected by the outcome of research | YES | NO |

Please answer each: YES NO

- A. Any ownership interest in excess of 5% of the voting interest or in excess of \$10,000 of the fair market value, regardless of means by which acquired in a publicly traded company (excluding any interest arising solely by reason of investment in a business by a mutual, pension, or other institutional investment fund over which the investigator or his/her immediate family does not exercise control)?
- B. Any ownership interest in a privately held company?
- C. A position held by the investigator or his/her immediate family as employee, director, officer, partner, or any position of management?
- D. Income (e.g., consulting, salary to the investigator or his/her immediate family) of \$10,000 or more, received or promised within a 12-month period?
- E. Any loan to the investigator or his/her immediate family?
- F. Gifts with a value of more than \$100 within a 12-month period?

If you have answered yes to one or more question listed above. A [financial disclosure form](http://research.drexel.edu/administration/Forms_Facts/docs/COI_Part2.pdf) located at http://research.drexel.edu/administration/Forms_Facts/docs/COI_Part2.pdf must be completed and returned to the Office of Research for further review.

Entity With Which There Is Financial Interest:

Submission of this certification is mandatory with each research project for all investigators as defined by the University's Policy on Conflict of Interest and Commitment in Research.



Project Specific Conflict Of Interest

CO- INVESTIGATOR: _____
(Print or Type)

SIGNATURE OF CO-INVESTIGATOR: _____

PROJECT TITLE: _____

SPONSOR: _____ DATE: _____

The undersigned certifies, to the best of his/her knowledge and belief, that the following questions are answered correctly:

Does the undersigned or his/her immediate family, as defined by the University's Policy on Conflicts of Interest and Commitment in Research have:

- | | | |
|---|-----|----|
| 1. A significant financial interest in the sponsor of the proposed research project in which he/she is involved (current or pending) | YES | NO |
| 2. A significant financial interest in other entities whose financial interests would reasonably appear to be affected by the outcome of research | YES | NO |

Please answer each: YES NO

- A. Any ownership interest in excess of 5% of the voting interest or in excess of \$10,000 of the fair market value, regardless of means by which acquired in a publicly traded company (excluding any interest arising solely by reason of investment in a business by a mutual, pension, or other institutional investment fund over which the investigator or his/her immediate family does not exercise control)?
- B. Any ownership interest in a privately held company?
- C. A position held by the investigator or his/her immediate family as employee, director, officer, partner, or any position of management?
- D. Income (e.g., consulting, salary to the investigator or his/her immediate family) of \$10,000 or more, received or promised within a 12-month period?
- E. Any loan to the investigator or his/her immediate family?
- F. Gifts with a value of more than \$100 within a 12-month period?

If you have answered yes to one or more question listed above. A [financial disclosure form](http://research.drexel.edu/administration/Forms_Facts/docs/COI_Part2.pdf) located at http://research.drexel.edu/administration/Forms_Facts/docs/COI_Part2.pdf must be completed and returned to the Office of Research for further review.

Entity With Which There Is Financial Interest:

Submission of this certification is mandatory with each research project for all investigators as defined by the University's Policy on Conflict of Interest and Commitment in Research.



Project Specific Conflict Of Interest

KEY PERSONNEL: _____

(Print or Type)

SIGNATURE OF KEY PERSONNEL: _____

PROJECT TITLE: _____

SPONSOR: _____ DATE: _____

The undersigned certifies, to the best of his/her knowledge and belief, that the following questions are answered correctly:

Does the undersigned or his/her immediate family, as defined by the University's Policy on Conflicts of Interest and Commitment in Research have:

- | | | |
|---|-----|----|
| 1. A significant financial interest in the sponsor of the proposed research project in which he/she is involved (current or pending) | YES | NO |
| 2. A significant financial interest in other entities whose financial interests would reasonably appear to be affected by the outcome of research | YES | NO |

Please answer each:

YES NO

- A. Any ownership interest in excess of 5% of the voting interest or in excess of \$10,000 of the fair market value, regardless of means by which acquired in a publicly traded company (excluding any interest arising solely by reason of investment in a business by a mutual, pension, or other institutional investment fund over which the investigator or his/her immediate family does not exercise control)?
- B. Any ownership interest in a privately held company?
- C. A position held by the investigator or his/her immediate family as employee, director, officer, partner, or any position of management?
- D. Income (e.g., consulting, salary to the investigator or his/her immediate family) of \$10,000 or more, received or promised within a 12-month period?
- E. Any loan to the investigator or his/her immediate family?
- F. Gifts with a value of more than \$100 within a 12-month period?

If you have answered yes to one or more question listed above. A [financial disclosure form](http://research.drexel.edu/administration/Forms_Facts/docs/COI_Part2.pdf) located at http://research.drexel.edu/administration/Forms_Facts/docs/COI_Part2.pdf must be completed and returned to the Office of Research for further review.

Entity With Which There Is Financial Interest:

Submission of this certification is mandatory with each research project for all investigators as defined by the University's Policy on Conflict of Interest and Commitment in Research.



Office of Research Compliance and Administration Indirect Cost Waiver Approval Form

Principal Investigator: _____

Project Title: _____

Sponsor: _____

All sponsored project applications must request indirect costs at the University established rates or secure a waiver from the established rate.

*** The indirect cost rates based on modified total direct costs are shown below:**

	<u>DU</u>	<u>DUCOM</u>
Research on campus	50%	50%
Research off campus	26%	26%

*** The indirect cost rates based on total direct costs are shown below:**

	<u>DU</u>	<u>DUCOM</u>
Industry sponsored clinical trials	26%	26%

We accept the sponsors published restrictions for indirect cost recovery.

In the space below, provide the rationale for waiving the established indirect rate. If the sponsor restricts indirect rate recovery, attach the sponsors written policy. If the sponsor does not restrict indirect cost recovery, provide the reason for requesting the waiver of the established indirect rate. Submit the completed application to the Office of Research (3201 Arch Street, Suite 100) with the Sponsored Project Application Package.

Signatures:

Principal Investigator: _____ Date: _____

Department Head: _____ Date: _____

Dean/School Director: _____ Date: _____

Office of Research: _____ Date: _____