



Sponsor Submission Deadline	Unique Identifier (OSP use)
-----------------------------	-----------------------------

Internal Proposal Authorization Form (IPAF) for Grants and Contracts

Project Title (attach project abstract)			
Principal Investigator**	Department/ORG #	Phone	
Funding Agency			
Agency Program Title or Solicitation #	Requested Budget (attach budget) \$	Project Period --	
Proposal Categories	Select Purpose	Select Type	Select Form
Human Subjects	<input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/> APPROVED ON	PROTOCOL #	
Animals	<input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/> APPROVED ON	PROTOCOL #	
Radioisotopes	<input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/> APPROVED ON	PROTOCOL #	
Biohazards	<input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/> APPROVED ON	PROTOCOL #	
Recombinant DNA	<input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/> APPROVED ON	PROTOCOL #	
Export Control	<input type="checkbox"/> NO <input type="checkbox"/> YES		
Cash Cost Share	<input type="checkbox"/> NO AMOUNT \$	<input type="checkbox"/> APPROVED BY CHAIR/DEAN	FUND #
Conflict of Interest*	<input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, explain on separate sheet	
Publication	<input type="checkbox"/> NO <input type="checkbox"/> YES**		

*SOM staff, please fill out Investigator Financial & Other Personal Interests Disclosure Form.

**PIs: Prior to publication, please provide a copy of the manuscript to verify that the funding source has been identified in the manuscript.

NEED FOR COMMITMENT OF ADDITIONAL INSTITUTIONAL RESOURCES BEYOND GRANT/CONTRACT BUDGET REQUEST

- | | | |
|---|--|--|
| 1. Salaries | <input type="checkbox"/> NO <input type="checkbox"/> YES | NOTE: IF ANSWER IS "YES" TO ONE OR MORE OF THESE ITEMS, ATTACH SHEET(S) PROVIDING DETAILS INCLUDING WHO WILL PAY THE ADDITIONAL COSTS. DOCUMENT APPROVAL BY THE APPROPRIATE AUTHORIZED PERSON. |
| 2. Laboratory Space/Office Space/Other Space | <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| 3. Mechanical, Electrical, Plumbing (HVAC) Services | <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| 4. Space Alteration or Renovation | <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| 5. Major Equipment | <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| 6. Hospital/Mental Health Services/Facilities | <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| 7. Research Includes or Impacts Urban/Minorities | <input type="checkbox"/> NO <input type="checkbox"/> YES | |

Review and Approval (electronic/scanned signatures accepted)		
Type/Written Name	Signature	Date
PI/Program Director*		
Department Chair/Unit Head		
Dean		
Director, Sponsored Programs		
Vice President for Research Dr. Shreekanth Mandayam		

** As PI, you are certifying to the following: The information submitted within this application is true, complete and accurate to the best of my knowledge. I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. The project fits within the mission of the department/college, requirements for facilities/space have been discussed with the appropriate administrators, any Conflict of Interest has been disclosed, and the project will be administered in accordance with University and sponsor guidelines, policies, and procedures. I agree 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.*

*Please e-mail/send completed form to your Sponsored Programs Office or designated OSP/CFR representative