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| HPU Logo  **OSP-1 PROPOSAL ROUTING FORM** | **Office of Sponsored Projects** |

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| 1. **GENERAL INFORMATION** |
| **PRINCIPAL INVESTIGATOR:**  **COLLEGE/SCHOOL:** **EMAIL: PHONE:**    % Effort – 9 or 12 Month:      % Effort – Summer      Position Type  **CO-INVESTIGATOR:**  **COLLEGE/SCHOOL:       EMAIL:        PHONE:**    % Effort – 9 or 12 Month:      % Effort – Summer     Position Type  **CO-INVESTIGATOR:**  **COLLEGE/SCHOOL:        EMAIL:      PHONE:**    % Effort – 9 or 12 Month:      % Effort – Summer      Position Type   |  | | --- | | **PROJECT TITLE (250 char. max.)** |   **SPONSOR:**        **DEADLINE DUE DATE:       TIME:       TIME ZONE: SUBMITTAL TYPE:**  **POSTMARK/RECEIVE BY DATE (HARDCOPY ONLY):**  **Late Submission:** If OSP is unable to complete a review of this proposal due to late submission or other factors beyond OSP control, the signature of the President, Dean, or Director shall certify that the School/College from its own funds will fulfill all terms and conditions of any award(s) received as a result of this proposal, including but not limited to, cost sharing commitments and inappropriate or unallowable commitment of University resources  **PROGRAM SOLICITATION: Number:** **Title:** **URL:**  **PROGRAM OFFICER: Name       Phone number:       Email:**  **PURPOSE:**  **AWARD TYPE:** |
| |  |  | | --- | --- | | **PROPOSAL TYPE:** | THIS IS A CONTINUATION OF ACCOUNT #: | |

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| 1. **BUDGET** REQUESTED FROM SPONSOR |
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| 1. **COMPLIANCE & RISK** |
| 1. **Human Subjects:**   If this is for NIH funding (including flow-through NIH funds), you certify that all project personnel have completed the NIH Training Module.  IRB Pending, IRB Number   IRB Approval/Exemption attached, IRB Number   1. **Vertebrate Animals:**   IACUC Pending, IACUC Number   IACUC Approval/Exemption letter attached, IACUC Number   1. **Health and Safety:** Check all that apply   Importation of micro-organisms  Use of recombinant DNA  Select agents  Compressed gas diving  Radioactive material  Hazardous material  Other:   1. **Export Controls:** Proposed activity includes, or will result in, export-controlled technology or data (ITAT, EAR,etc.).   Indications of export controls include sponsor restrictions on disclosure and/or access by foreign nationals.   1. **Lobby Efforts:** The proposal was supported by Lobbying Efforts. If checked, attach a separate sheet describing nature and funding   Source of the lobbying activities.   1. **Subrecipient Proof of Commitment:** Proposal includes a subcontract to a collaborating institution. If checked, attach commitment   letter(s) containing subcontractor’s statement of work and budget that is signed by subcontractor’s authorized institutional representative.   1. **Risk Management:** Check all that apply:   Use of medical professionals with human contact  Patient Care  Research dealing with pathogens  Hazardous working conditions  Use of watercraft (research vessels)  Other:   1. **Consultants:** Outside consultants will be used. |

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| 1. **RESOURCE REQUIREMENTS**   Will this project require: | | |
| **PERSONNEL** | | |
| 1. **Additional Personnel/Create New Position?** | | |
| 1. **Will HPU funds be required during or after the grant period to partially or fully support the person/position?** | | |
| **FACILITIES, INFRASTRUCTURE, & MAJOR EQUIPMENT** | | |
| 1. **Office Space**   Campus Location:  Other:  Building/Room No.: | 1. **Location of Project** (check all that apply):   HPU Downtown Campus  Hawaii Loa Campus  Oceanic Institute (Attach approval from OI.)  Other Local Site  Other State:  International | 1. **Additional Space?**   Additional Square Feet Needed:  If so, attach Facilities Request (OSP-4). |
| 1. **Space Alteration/Renovation?**   If so, attach Facilities Request (OSP-4). | 1. **Computer Equipment**   **Purchased/Leased?**  If so, attach Facilities Request (OSP-4). | 1. **Equipment Purchase?**  * Purchases over $5,000 and up to $25,000 require written price quotations from at least 3 vendors. * Purchases over $25,000 require sealed bids from at least 3 vendors.   Documentation required if less than 3 vendors are available. |

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| 1. **PRINCIPAL INVESTIGATOR CERTIFICATIONS** |
| Please check all that apply:  COMMITMENTS:   1. Proposal includes commitments from HPU divisions(s) other than that of the PI. If checked, provide appropriate details and approvals. 2. Proposal includes commitments from non-University sources. If checked, attach letters of commitment.   CONFLICT OF INTEREST:   1. Potential conflict of interest (financial or otherwise).\* 2. Proposal for NSF or PHS funding (including flow-through NSF & PHS funds).\*   \*If you checked either box, submit a completed OSP-5 or OSP-5a Research Conflict of Interest Form. |
| I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. 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 this application. I acknowledge I am aware of HPU’s Data Retention policy and will abide by its requirements.    PRINCIPAL INVESTIGATOR DATE |

**F. OTHER CERTIFICATIONS**

DEAN DATE A.V.P. - OFFICE OF SPONSORED PROJECTS DATE

S. V. P. AND PROVOST DATE CHIEF FINANCIAL OFFICER DATE