

**The University of Alabama
Office for Sponsored Programs
Internal Coordination Sheet (ICS)
Research Grants Committee (RGC)**

Project Information

Proposal Title:

Project Period: Start Date: 05/15/2017 End Date:

If this project will be coordinated through a UA Center provide the name of the Center:

RGC Area: Area A Area B Area C

Funding Level: Level 1 (Standard RGC) Level 2 (RGC Collaborative) Level 3 (RGC Equipment)

Principal Investigator/Co-PI Information

If there is multiple department involvement in this project, the proposal must be reviewed and approved by all departments. No Key Personnel may be listed that appear on the Debarred or Suspended List ([see Excluded Parties List System](#)).

PI Name: CWID: Shared Credit %:

Department: Dept. Org #: Phone Number:

Email:

Co-PI 1 Name: CWID: Shared Credit %:

Department: Dept. Org #: Phone Number:

Email:

Co-PI 2 Name: CWID: Shared Credit %:

Department: Dept. Org #: Phone Number:

Email:

Co-PI 3 Name: CWID: Shared Credit %:

Department: Dept. Org #: Phone Number:

Email:

Budget Information

Proposal	Award
Total Requested:	RGC Award Amount:
Total Match:	Total Project Match:
Project Total:	Project Total:

Cost Sharing Information:

Yes No Is cost sharing committed to this project?

Facility Requirements:

Yes No Will this project require renovations, additional space or facilities?

Yes No Will this project require equipment installation costs not included in the project budget?

Compliance Review

Yes No Will there be any use of vertebrate animals? If yes, see [UA IACUC policy](#)

Yes No Will there be any use of human subjects through interviews, questionnaires, or surveys, psychological testing, collecting personal data, laboratory procedures, etc.? If yes, see [UA IRB policy](#)

Yes No Will the project be subject to [Export Control Regulations](#)?

Has the topic of export control come up in any form in the connection with this proposal? Yes No

Will your project involve any communication with [U.S embargoed countries](#) or their citizens? Yes No

Will you project require the shipment of equipment or information outside the U.S? Yes No

Does your project require international travel? Yes No

Do you anticipate any restriction(s) on publications? Yes No

Yes No Will this project involve any hazardous materials?

If yes, please check which of the following will be involved, then contact the [Lab Safety Manager, Environmental Health and Safety](#), for institution regulations

Radioactive Materials Type: Activity:

Chemicals and/or Chemical Materials Type:

Animal Importation Species Importing Location:

Controlled Substance Type: Agency:

Biological Materials

Agents/Pathogens Human Blood, Fluid, Tissue Recombinant DNA Synthetic nucleic acid

Other Biological Material:

Person Contacted at [EHS](#): Date Contacted:

Notes/Comments:

Other Review Areas:

Yes No Will the project require a sub-award agreement with another institution?

Yes No Will the project involve confidential information/Non-Disclosure Agreement?

Yes No Will the project involve the transfer of biological materials/Material Transfer Agreement?

Certifications and Signatures:

By signing below, I certify that:

a) The information submitted within the application is true, complete and accurate to the best of my knowledge understand that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

b) No University of Alabama employee or official, and no family members of a University employee or official, and no sponsoring agency employee or official, will receive a benefit as a result of this proposed project, except as has been previously disclosed in writing to the University. I understand that I must disclose any benefit provided to a family member, University employee/official, or Sponsoring employee or official.

c) I have reviewed and will comply with University of Alabama [Conflict of Interest Policies and Procedures](#). I further certify that I will comply with any conditions or restrictions imposed by the University to manage, reduce or eliminate actual or potential conflicts of interest. I am indicating below whether I currently have a conflict of interest or potential conflict of interest.

d) I agree to be bound by and comply with the terms of the [University of Alabama Patent Policy](#) and to disclose to designated University officials all inventions and discoveries made by me, made under my direction, or otherwise known to me, resulting from the work conducted under the contract or grant. I hereby assign all inventions defined as the property of the University under the terms of the Patent Policy to the University.

e) 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, and I understand that the expenditure of funds received for externally sponsored projects is subject to both sponsor guidelines and [University of Alabama Policies and Procedures](#).

The following portion of this form must be signed by the appropriate officials for routing, certification and approval for submission of the project by The Office for Sponsored Programs.

Required College/Department Approvals to Submit Project to a Sponsor for Requested Funding

By signing below you verify your approval for the submission of this proposal and your concurrence with the information provided by the PI/Co-PI on this form.

Principal Investigator

Principal Investigator	Date	Dean (Of Principal Investigator)	Date
------------------------	------	----------------------------------	------

Dept. Head (Of Principal Investigator)	Date	Assoc. Dean for Research (for PI)	Date
--	------	-----------------------------------	------

Co-Principal Investigator 1

Co-Principal Investigator 1	Date	Dean (Of Co-Principal Investigator 1)	Date
-----------------------------	------	---------------------------------------	------

Dept. Head (Of Co-Principal Investigator 1)	Date	Assoc. Dean for Research (for Co-PI 1)	Date
---	------	--	------

Co-Principal Investigator 2

Co-Principal Investigator 2	Date	Dean (Of Co-Principal Investigator 2)	Date
-----------------------------	------	---------------------------------------	------

Dept. Head (Of Co-Principal Investigator 2)	Date	Assoc. Dean for Research (for Co-PI 2)	Date
---	------	--	------

Co-Principal Investigator 3

Co-Principal Investigator 3	Date	Dean (Of Co-Principal Investigator 3)	Date
-----------------------------	------	---------------------------------------	------

Dept. Head (Of Co-Principal Investigator 3)	Date	Assoc. Dean for Research (for Co-PI 3)	Date
---	------	--	------