

THE UNIVERSITY OF NORTH CAROLINA

INTERNAL PROCESSING FORM--APPLICATION FOR GRANT, CONTRACT, OR COOPERATIVE AGREEMENT

TYPE: New Proposal _____ Revised Request _____ Constituent Institution EAST CAROLINA UNIVERSITY
 Renewal _____ Supplement _____ Continuation _____ Proposal Number 002923 - -

1. School/College/Admin. Unit _____ Institute or Center _____
 Department (1) _____ (2) _____ (3) _____
 Title of Proposal _____

Principal Investigator/ Project Director(s) _____

2. Funding Agency (Complete Mailing Address) _____

Mailing Deadline _____

Total Amount Requested _____ Current Year Request _____ Proposed Beginning Date _____ Termination Date _____

Please answer the following questions. Explain on a separate sheet any Items 3-5 marked "yes" and any Items 6c, 9b and 10b marked "no."

	YES	NO				YES	NO
3. Has The University or the institution any expressed or implied commitment to continue this activity or to retain personnel employed exclusively for this activity beyond the expiration date of this project?	<input type="checkbox"/>	<input type="checkbox"/>			9. a. Does the proposal involve the use of consultants for other than educational services or research?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the proposal involve the creation of a new organization unit within the institution?	<input type="checkbox"/>	<input type="checkbox"/>			b. If yes, has it been cleared with the designated office at your institution?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the proposal involve the creation of or planning for a new degree program or program track? (A degree program is defined as "all courses of study leading to a degree or to professional certification at a specific level within a given discipline specialty of the HEGIS taxonomy." A program track is a course of study within a program which leads to a degree or to professional certification.)	<input type="checkbox"/>	<input type="checkbox"/>			10. a. Does the proposal require personnel (<input type="checkbox"/>) , space (<input type="checkbox"/>) , or equipment (<input type="checkbox"/>) in addition to that presently available for the project, or does it require the alterations to physical plant (<input type="checkbox"/>) or installation or maintenance of equipment (<input type="checkbox"/>)? (Check as applicable.)	<input type="checkbox"/>	<input type="checkbox"/>
6. a. Does the proposal include funds or contributions in the form of cash matching (<input type="checkbox"/>) or cost sharing (<input type="checkbox"/>)? (Check as applicable.)	<input type="checkbox"/>	<input type="checkbox"/>			b. If yes, have the appropriate officers of the institution agreed that they/it can be provided within the limits of funds being requested?	<input type="checkbox"/>	<input type="checkbox"/>
b. If included, are they required by the sponsor?	<input type="checkbox"/>	<input type="checkbox"/>			c. If the proposal requires the purchase of equipment, have you determined that such equipment is not available at your campus for this project?	<input type="checkbox"/>	<input type="checkbox"/>
c. If included, can they be provided from current institutional resource level? (a campus concern)	<input type="checkbox"/>	<input type="checkbox"/>			11. Does the work involve the use of one or more facilities which require scheduling, user fees, or both? If yes, give name of facility, check fee, scheduling, or both, and indicate if approval of appropriate responsible individual has been obtained: Facility: _____ Requires fee (<input type="checkbox"/>) , scheduling (<input type="checkbox"/>) : _____ approval obtained (<input type="checkbox"/>) , pending (<input type="checkbox"/>) .	<input type="checkbox"/>	<input type="checkbox"/>
d. If yes, has the commitment of cash, released time, or other in-kind contributions been approved by the persons responsible for the allocation of those resources?	<input type="checkbox"/>	<input type="checkbox"/>			12. Does the proposal require clearance under state Clearinghouse regulations? If yes, give date of clearance _____ If not secured, give date of submission to Clearinghouse _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Does this proposal involve one or more other institutions or organizations? If yes, please list participants. _____	<input type="checkbox"/>	<input type="checkbox"/>			13. Does this proposal have the potential to result in a patentable invention or item of technology?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the proposal involve research with any subject or substance which requires review by a designated individual, office, or committee? If yes, check as applicable and indicate date reviewed or scheduled for review, and results of review as Approved (A), Pending (P), or Exempt (E).	<input type="checkbox"/>	<input type="checkbox"/>			14. Although The University does not ordinarily engage in classified research, would project involve carrying out classified research on campus?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Will accepting support require security clearance on the part of any University personnel involved in the project?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Have all applicable provisions of the University's Conflict of Interest and Commitment policy been implemented in light of this new proposal including the updating of disclosure forms, if necessary? (If an actual or potential COI has been identified, please alert OSP and provide a copy of the approved conflict management plan.)	<input type="checkbox"/>	<input type="checkbox"/>
Human Subjects _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Animal Subjects _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Radioactive Material _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Biological Hazards (Viruses, Recombinant DNA , etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Chemical Hazards (poisons, explosives, reagents, flammables, carcinogens, etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

SUPPORT SIGNATURES: Signatories below agree to comply with all relevant policies and procedures established by The University, and state and federal regulations in the conduct of the proposed project.

Signature of Principal Investigator or _____

Project Director: (1) _____ (2) _____ Date _____

Signatures indicating approval (those not applicable should be indicated):

Department Head _____ Date _____

Director of Institute/Center _____ Date _____

Dean of School _____ Date _____

Chief Finance Officer or Designee _____ Date _____

Chancellor or Designee _____ Date _____

