

**Arkansas Tech University Grants, Contracts and Sponsored Programs
University Approval to Submit Proposal Form**

1. Title of Project	<input type="text"/>	Date	<input type="text"/>
2a. Principal Investigator/Project Director	<input type="text"/>	2b. Department	<input type="text"/>
2c. Percentage of Effort Required	<input type="text"/>	2d. Semester(s) Requiring Release	<input type="text"/>
3a. Co-Investigator	<input type="text"/>	3b. Department	<input type="text"/>
3c. Percentage of Effort Required	<input type="text"/>	3d. Semester(s) Requiring Release	<input type="text"/>
4a. Co-Investigator	<input type="text"/>	4b. Department	<input type="text"/>
4c. Percentage of Effort Required	<input type="text"/>	4d. Semester(s) Requiring Release	<input type="text"/>
5a. Granting Agency	<input type="text"/>	5b. CFDA Number	<input type="text"/>
6a. Grant Due Date	<input type="text"/>	6b. Dates of Project Period	<input type="text"/>

Project Description

I, Principal Investigator/Project Director, have read, understand and agree to the Code of Ethics and Conflict of Interest Policy of Arkansas Tech University for grants, contracts and sponsored programs.

- Yes No Does a conflict, potential conflict, violation, or potential violation, of the Code of Ethics and Conflict of Interest Policy for Grants, Contracts, and Special Programs exist for this program application? (If yes, please attach explanation for review)
- Yes No Does this proposal require additional space? Renovation/upgrades of current space? If so, describe below.
- Yes No Do current facilities (infrastructure, equipment, etc.) support project activities? If not, provide further detail below.
- Yes No Will human subjects be used in the program?
- Yes No Will animals or an animal care facility be used in the program?
- Yes No Will radioactive materials be used in the program?
- Yes No Will recombinant DNA be used in the program?
- Yes No Will biological agents or toxins restricted by the USA Patriot Act be used in the program?
- Yes No Is there a copyright or patent potential?

NOTE: If the answer is yes to any of the above questions, the proposal may be subject to review by the Institutional Review Board (human subjects), Institutional Bio-Safety Committee, Institutional Animal Care and Use Committee, University Counsel, and/or other board/committee(s) as needed. If approval is required by any of the committees listed above, the proposed project may not begin until appropriate approval is received.

Notes/
Comments

Proposal Request

Total Matching (attach documentation)

Total Request

After Dean's approval, please forward completed form and proposal to the Office of Sponsored Programs and University Initiatives
1509 N Boulder, Administration Building, Room 207, Russellville, AR 72801, to begin the final review process.

Principal Investigator's/Project Director's Approvals

Project Director Applicant

Date

Department Chair

Date

Dean of College

Date

Co-Investigator's Approvals

Co-Investigator

Date

Department Chair

Date

Dean of College

Date

Co-Investigator's Approvals

Co-Investigator

Date

Department Chair

Date

Dean of College

Date

Final Review:

Director of Budget

Date

Director of Grants and Sponsored Programs

Date

Appropriate Vice President or Ozark Chancellor
(if cost sharing is required)

Date

Dean of Graduate College and Research

Date

***After Vice President approval, please return completed form and proposal to the
Office of Sponsored Programs and University Initiatives for processing.***