

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

1. Title of Project	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
2a. Principal Investigator/Project Director	<input style="width: 95%;" type="text"/>	2b. Department	<input style="width: 95%;" type="text"/>
2c. Percentage of Effort Required	<input style="width: 95%;" type="text"/>	2d. Semester(s) Requiring Release	<input style="width: 95%;" type="text"/>
3a. Co-Investigator	<input style="width: 95%;" type="text"/>	3b. Department	<input style="width: 95%;" type="text"/>
3c. Percentage of Effort Required	<input style="width: 95%;" type="text"/>	3d. Semester(s) Requiring Release	<input style="width: 95%;" type="text"/>
4a. Co-Investigator	<input style="width: 95%;" type="text"/>	4b. Department	<input style="width: 95%;" type="text"/>
4c. Percentage of Effort Required	<input style="width: 95%;" type="text"/>	4d. Semester(s) Requiring Release	<input style="width: 95%;" type="text"/>
5a. Granting Agency	<input style="width: 95%;" type="text"/>	5b. CFDA Number	<input style="width: 95%;" type="text"/>
6a. Grant Due Date	<input style="width: 95%;" type="text"/>	6b. Dates of Project Period	<input style="width: 95%;" type="text"/>

Project Description	
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☐ ***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.***