

When this proposal has been signed, please call _____ Extension _____
UNIVERSITY OF ROCHESTER PROPOSAL SIGN-OFF FORM
THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE PROPOSAL TO ORPA
AFTER ALL NECESSARY SIGNATURES HAVE BEEN OBTAINED.

Principal Investigator (PI)/Contact PI _____ UR Financials _____ UR Financials _____
 Please check if this is a Multiple PI project (as defined by NIH) Company _____ Cost Center _____
 Other Multiple PIs/Co-PIs: _____ Project Sponsor _____
 Project Title _____
 Funding Op (Number/Title) _____ Award mechanism (R01, K08, CAREER) _____
 Proposed Start Date _____ End Date _____ Total Project Budget Requested _____ Deadline _____
 Proposal Type: New Continuation Supplement Resubmission Renewal Current UR Financials FAO (if applicable): GR _____
 F&A (Indirect) Rate _____ Award Type: Grant Contract Subcontract/subaward
 Purpose: Research Clinical Research Training Fellowship Equipment Conference Public Service Other: _____
 Project Location: On-Campus Off-Campus If off-campus, location _____

ADMINISTRATIVE AND POLICY CONSIDERATIONS (MUST BE COMPLETED BY PI) - Please explain "yes" responses on additional sheets

NOTE: All Co-Investigators, and other named investigators, MUST complete Section A ("Additional Signatures Certification")

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|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does this project contain a clinical research component with clinical procedures?
If "Yes", complete Section B (on page 4). | <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you submitted an annual conflict of interest disclosure statement? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does this project require additional/new space or renovation/modification of current space or facilities? Check all that apply:
Equipment/Utility support _____ Additional, New or Renovated Space _____ If yes, include an explanation on amount of space needed, cost and source of funds. | Yes | N/A | 14. If you have acquired new financial interests since your last disclosure, have you reported these to the institution? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does this proposal involve cost sharing or matching funds? If yes, complete below:
-Total Amount of cost sharing _____
-Type of cost being shared _____
-Planned cost share UR Financials FAO(s) _____
-If the cost sharing is Third Party Cost Sharing , attach a Pre-award THIRD PARTY COST SHARING FORM | Yes | No | 15. For NIH proposals, do all investigators agree to comply with the NIH Public Access Policy? Please see the NIH Policy for details. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Will research use human subjects? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Is this an Individual NRSA (F-awards) Fellowship? If yes, complete the Individual Fellow and Faculty Mentor Certification for NIH F-awards Certification Individual Fellow and Faculty Mentor Certification for NIH F-awards . |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is this an NIH funded multi-site study utilizing the UR's RSRB as the single IRB of record? If yes, please attach the spreadsheet provided by the RSRB Office. | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are you currently debarred or suspended from doing business with the federal government or excluded from Medicare or other federal/state health care programs, or are you currently in default on any federal student loans? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Will research use animals? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have you engaged in lobbying activities using federal funds to influence any federal employee in connection with this proposal? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Will research use radioactive materials or isotopes? | <input type="checkbox"/> | <input type="checkbox"/> | 19. If funded, will other individuals be authorized to sign for purchases necessary for the project? If yes, name authorized individuals: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Will research use human embryonic stem cells? | <input type="checkbox"/> | <input type="checkbox"/> | 20. Is this proposal a collaborative inter-school/college program with sharing of indirect cost recovery? If yes, attach completed copy of Sharing of Indirect Cost Recovery form. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Are you requesting less than the maximum F&A costs as allowed by the sponsor's written policy? | <input type="checkbox"/> | <input type="checkbox"/> | 21. Does the project involve international partnerships or activities in foreign countries? Country name: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Will there be subcontracts to other institutions? Number? _____ | <input type="checkbox"/> | <input type="checkbox"/> | 22. Will the work involve the transfer of technology and/or materials overseas? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Is any program income anticipated under this project? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 23. Identify the CLASP-certified individual(s) who will have functional responsibility for oversight of this project, should it be funded. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Do you have consulting arrangements, line management responsibilities, substantial equity holdings with the sponsor, subcontractor, or potential vendor? | _____
(Signature or initials of this individual recommended) | | |

PRINCIPAL INVESTIGATORS' CERTIFICATION

*In signing below the Principal Investigator(s) (PIs) certify that the above is accurate and complete to the best of the PIs' knowledge. **This certification must also include signatures of all investigators in Section A (page 3 of this form).** The PI certifies the proposal (including any subsequent supplemental material) is compliant with sponsor requirements. In addition, the PI(s) understand that any false, fictitious, or fraudulent statements or claims made in the accompanying submission may subject the PI(s) personally to criminal, civil, or administrative penalties. The PI(s) agrees 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.*

Principal Investigator(s): _____ Date: _____

REQUIRED SIGNATURES: (PLEASE SEE PAGE 2 FOR ADDITIONAL SIGNATURES WHICH MAY BE REQUIRED)

Dept Chair: _____ Date: _____ Cost Center Chief: _____ Date: _____
 Director of Medical Center

Dean: _____ Date: _____ Space Planning: _____ Date: _____
 (required for Medical Center if "Yes" has been checked on consideration 2 above)

OBTAIN FOLLOWING SIGNATURES AS APPLICABLE TO THIS PROPOSAL:

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Yes
<input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>A. Is proposed project using space or facilities of Strong Memorial Hospital? If yes, obtain Signature of SMH Senior Director for Finance
(x5-3033 – Room 1-2412): _____</p> <p>B. Will project require resources of the University Vivarium? If yes, please list the animal species _____ and the estimated maximum number of each species housed at one time _____ and send a copy of the signoff form to the attention of the Vivarium Director, Box 674.</p> <p>C (a). Will project require resources of the CRC or CTSI? If yes, obtain Signature: _____</p> <p>C (b). Is this a Supplement to U of R CTSI? If yes, obtain CTSI Signature: _____</p> <p>D. Will project require services of the Department of Biostatistics and Computational Biology? If yes, obtain Signature of Chair, Department of Biostatistics and Computational Biology:
_____</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>E (a). Will project include recombinant experiments (NIH Guidelines), human pathogens, human blood/tissue/cell lines, (see IBC Webpage).</p> <p>E (b). Will project involve CDC or USDA Select Agents or Toxins? Botox@?</p> |
|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- | | | |
|---------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p> | <p>E (c). Will project involve an OSHA recognized carcinogen? (2-Acetylaminofluorene, 4-Aminodiphenyl, Benzidine, bis-Chloromethyl ether, 3,3'-Dichlorobenzidine (and its salts), 4-Dimethylaminoazo-benezene, Ethyleneimine, methyl chloromethyl ether, alpha-Naphthylamine, beta-Naphthylamine, 4-Nitrobiphenyl, N-Nitrosodimethylamine, beta-Propiolactone)</p> |
|---------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If yes to E (a, b, or c), send a copy of this completed signoff form to the IBC Coordinator, Environmental Health & Safety, RC Box 278878.

NIH GUIDELINES/BIOHAZARDS/CARCINOGENS: Projects that use recombinant or synthetic nucleic acid molecules ([NIH Guidelines](#)), human pathogens, or human blood/tissue/cell lines (latter only in research labs) require institutional Biosafety Committee approval. Violations of the NIH Guidelines must be reported (reports are public). Projects that use carcinogens require EH&S review (IBC Coordinator/EH&S, x5-3241)

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|---------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p> | <p>F. Will faculty or staff from other University departments, divisions, or units participate in this project or will resources of another department, unit or office (see below) be used? If yes, obtain signature of Participating Department Chair(s), Dean(s), or Director(s):</p> |
|---------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Faculty and Dept. Name (printed)

Signature

Faculty and Dept. Name (printed)

Signature

Faculty and Dept. Name (printed)

Signature

For ORPA use only:

ORPA RA: _____ Date: _____

Initial: Direct _____ F&A _____ Total _____

Project: Direct: _____ F&A _____ Total _____

DESCRIPTION OF PROPOSAL SIGN-OFF RESPONSIBILITIES

PRINCIPAL INVESTIGATOR/MULTIPLE PI: The PI/Multiple PI is the initiator and director of the proposed program. The PI's/Multiple's Pls' signature(s) indicates that he/she/they will adhere to University and sponsor policies affecting the project, including completion of an Employee Intellectual Property Agreement and conflict of interest disclosure, monitoring of expenditures and the submission of reports required by the sponsor and the University.

DEPARTMENT CHAIR, DIVISION/UNIT CHIEF: These signatures mean that agreement has been reached regarding the amount and type of departmental resources that will be required to assist a PI in completing a project. If new space, personnel, or renovations are required, further discussion with the appropriate Dean's office will be necessary. This signature also confirms receipt of the annual conflict of interest disclosure and, where required, the supplemental disclosure and certifies that review will be complete and conflicts resolved, if any, prior to award.

DEAN: The Dean's signature means that agreement has been reached regarding the amount of School/College resources required to support the program. The Dean ensures that appropriate salary and pooled costs are requested in the proposal. As well, the Dean participates in discussions of new space or renovations required to complete a project.

THIRD PARTY COST SHARING: A complete Pre-Award Third Party Cost Sharing is required at the time of proposal to indicate the Third Party's concurrence with their cost sharing responsibilities.

ADDITIONAL REVIEW AND/OR OTHER SIGNATURES WHICH MAY BE REQUIRED DEPENDING UPON THE NATURE OF THE RESEARCH:

RESOURCES OF OTHER DEPARTMENTS, UNITS OR OFFICES: Projects that require resources of other University departments or offices require approval of the appropriate signatory. At the Medical Center, examples include Blackboard Online Learning, Curricular Affairs/Office of Medical Education, etc.

VIVARIUM: All University projects using animals must be reviewed by the University Committee of Animal Resources (UCAR, x5-1693).

BIOHAZARDS: Projects which propose the use of potential biohazards, including recombinant DNA and carcinogens, must be reviewed by the Executive Secretary of the Biosafety Committee, 685 Mt Hope Ave., x5-3241. This signature is required to comply with federal and state regulations covering biohazards.

BIostatistics AND COMPUTATIONAL BIOLOGY SERVICES: Projects that involve biostatistics services must be approved by the Department of Biostatistics and Computational Biology, Saunders Research Bldg. Room 4106, x5-2407. This signature ensures that adequate costs and professional effort have been included to support biostatistical studies.

STRONG MEMORIAL HOSPITAL: Projects which involve facilities, services, or training programs of Strong Memorial Hospital require the signature of the Senior Director for Finance, Room 1-2412, Medical Center, x5-3300.

CLINICAL RESEARCH CENTER: Projects which will require resources or staff of the Clinical Research Center should be reviewed by the CTSI. Room 1.502, Saunders Research Building, x5-0674.

EXPLANATION OF THE ITEMS FROM FRONT (use additional sheets)

**Section A: Additional Signatures Certification
new, competing, and non-competing (progress reports) applications**

In signing below the following Investigators certify that:

- they have submitted an annual conflict of interest disclosure statement;
- there are no new financial interests to report (if there are new financial interests that have not been disclosed, the investigator must report these prior to proposal submission); and
- they are not currently debarred or suspended from doing business with the federal government or excluded from Medicare or other federal/state health care programs, or that they are not currently in default on any federal student Loans.
- In addition, the Investigators understand that any false, fictitious, or fraudulent statements or claims made in the accompanying submission may subject the Investigators personally to criminal, civil, or administrative penalties. The Investigators 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.

Name	Signature	Role on Project (e.g. PI, Res. Assoc.)

SECTION B: Prospective Reimbursement Analysis (PRA) (Note 1)

If Question 1 in the **ADMINISTRATIVE AND POLICY CONSIDERATIONS** section was answered “Yes”, please check one of the appropriate boxes below:

- The clinical research study’s clinical procedures constitute a clinical trial (i.e. there is an investigational drug, device or treatment). ***The PI has signed the following three (3) worksheets (copies are attached to this sign off form): PRA Template, Participant Grid/Billing Plan and Total Budget comparison worksheet (refer to Note 2 and Note 3).***
- The clinical research study’s clinical procedures constitute a clinical trial (i.e. there is an investigational drug, device or treatment) and the sponsor has indicated it will pay for all visits and procedures (i.e. nothing will be billed to third party insurance). ***The PI has signed the following two (2) worksheets (copies are attached to this sign off form): Participant Grid/Billing Plan and Total Budget comparison worksheet (refer to Note 3).***
- The clinical research study is not a clinical trial (i.e. there is not an investigational drug, device or treatment). ***The PI has signed the following two (2) worksheets (copies are attached to this sign off form): Participant Grid/Billing Plan and Total Budget comparison worksheet (refer to Note 3).***

PRINCIPAL INVESTIGATORS’ CERTIFICATION

In signing below the Principal Investigator(s) certify that he/she has completed the Blackboard clinical trial training (Course CT-01).

Principal Investigator(s) Name(s)

Date: _____

NOTE 1: The University of Rochester Clinical Research Standard Operating Procedures Regarding Financial Oversight and Billing Compliance defines a Prospective Reimbursement Analysis as “the process of determining and documenting what procedures, items and tests in a protocol are standard of care or strictly related to research. This information is then used to determine the appropriate payer of such activities” (SOP 1.1).

NOTE 2: The PRA Template is a questionnaire that assists with the determination whether a clinical trial is a “Qualifying trial” as per Centers for Medicare and Medicaid Services guidelines. The PRA Template is a worksheet within the UR’s Budgeting Workbook for clinical trials, accessible in the Clinical Trial Resources Share Point site (that is accessible through the link on this web page http://www.rochester.edu/ORPA/Clinical_Trial_Resources/index.html).

NOTE 3: The Participant Grid/Billing Plan is an EXCEL worksheet on which is documented the proper payer for each clinical procedure for each visit in a clinical research study plan. A Total Budget comparison worksheet allows comparison of the sponsor’s financial offer to the UR’s internally prepared budget and indicates whether a potential deficit or surplus exists. . The Participant Grid/Billing Plan and the Total Budget comparison are worksheets within the UR’s Budgeting Workbook for clinical trials, accessible in the Clinical Trial Resources Share Point site (that is accessible through the link on this web page: http://www.rochester.edu/ORPA/Clinical_Trial_Resources/index.html).