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| HPU Logo**OSP-1 PROPOSAL ROUTING FORM**  | **Office of Sponsored Projects** |

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| 1. **GENERAL INFORMATION**
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| **PRINCIPAL INVESTIGATOR:**   **COLLEGE/SCHOOL:** **EMAIL: PHONE:** % Effort – 9 or 12 Month:      % Effort – Summer      Position Type **CO-INVESTIGATOR:** **COLLEGE/SCHOOL:       EMAIL:        PHONE:** % Effort – 9 or 12 Month:      % Effort – Summer     Position Type **CO-INVESTIGATOR:** **COLLEGE/SCHOOL:        EMAIL:      PHONE:** % Effort – 9 or 12 Month:      % Effort – Summer      Position Type

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| **PROJECT TITLE (250 char. max.)**  |

**SPONSOR:**      **DEADLINE DUE DATE:       TIME:       TIME ZONE: SUBMITTAL TYPE:**  **POSTMARK/RECEIVE BY DATE (HARDCOPY ONLY):** **Late Submission:** If OSP is unable to complete a review of this proposal due to late submission or other factors beyond OSP control, the signature of the President, Dean, or Director shall certify that the School/College from its own funds will fulfill all terms and conditions of any award(s) received as a result of this proposal, including but not limited to, cost sharing commitments and inappropriate or unallowable commitment of University resources**PROGRAM SOLICITATION: Number:** **Title:** **URL:****PROGRAM OFFICER: Name       Phone number:       Email:****PURPOSE:**  **AWARD TYPE:**  |
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| **PROPOSAL TYPE:**  | THIS IS A CONTINUATION OF ACCOUNT #:  |

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| 1. **BUDGET** REQUESTED FROM SPONSOR
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| **PERIOD** |  **START DATE** | **END DATE** | **DIRECT COST** | **INDIRECT COSTS** | **TOTAL COST** |  |  |
| **1st** |  |  |  |  | **$ 0.00** |  |  |
| **2nd** |  |  |  |  | **$ 0.00** |  |  |
| **3rd** |  |  |  |  | **$ 0.00** |  |  |
| **4th** |  |  |  |  | **$ 0.00** |  |  |
| **5th** |  |  |  |  | **$ 0.00** |  |  |
| **Total** |  |  | **$ 0.00** | **$ 0.00** | **$ 0.00** |  |  |
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| **INDIRECT COST RATE:** If rate is different than HPU rate, attach the signed cost waiver form (OSP-3).**UNIVERSITY FUNDS REQUIRED:** Attach HPU Budget and Cost Sharing form (OSP-2).**MANDATORY COST SHARING: AMOUNT:** If yes, complete sections in OSP-2.**VOLUNTARY COMMITTED COST SHARING:** **AMOUNT:** If yes, complete sections OSP-2.**PROGRAM INCOME: Will this project generate income?** [ ]  If yes explain briefly:  **SUB RECIPIENTS: Does this proposed budget include any sub recipients?**  |  |  |

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| 1. **COMPLIANCE & RISK**
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| 1. [ ]  **Human Subjects:**

If this is for NIH funding (including flow-through NIH funds), you certify that all project personnel have completed the NIH Training Module. [ ]  IRB Pending, IRB Number  [ ]  IRB Approval/Exemption attached, IRB Number  1. [ ]  **Vertebrate Animals:**

[ ]  IACUC Pending, IACUC Number  [ ]  IACUC Approval/Exemption letter attached, IACUC Number  1. [ ]  **Health and Safety:** Check all that apply

[ ]  Importation of micro-organisms [ ]  Use of recombinant DNA [ ]  Select agents [ ]  Compressed gas diving [ ]  Radioactive material [ ]  Hazardous material [ ]  Other:1. [ ]  **Export Controls:** Proposed activity includes, or will result in, export-controlled technology or data (ITAT, EAR,etc.).

Indications of export controls include sponsor restrictions on disclosure and/or access by foreign nationals.1. [ ]  **Lobby Efforts:** The proposal was supported by Lobbying Efforts. If checked, attach a separate sheet describing nature and funding

Source of the lobbying activities.1. [ ]  **Subrecipient Proof of Commitment:** Proposal includes a subcontract to a collaborating institution. If checked, attach commitment

letter(s) containing subcontractor’s statement of work and budget that is signed by subcontractor’s authorized institutional representative.1. [ ]  **Risk Management:** Check all that apply:

[ ]  Use of medical professionals with human contact [ ]  Patient Care [ ]  Research dealing with pathogens [ ]  Hazardous working conditions [ ]  Use of watercraft (research vessels) [ ]  Other:1. [ ]  **Consultants:** Outside consultants will be used.
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| 1. **RESOURCE REQUIREMENTS**

Will this project require:  |
| **PERSONNEL** |
| 1. **Additional Personnel/Create New Position?**
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| 1. **Will HPU funds be required during or after the grant period to partially or fully support the person/position?**
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| **FACILITIES, INFRASTRUCTURE, & MAJOR EQUIPMENT** |
| 1. **Office Space**

Campus Location: Other:       Building/Room No.:      | 1. **Location of Project** (check all that apply):

[ ]  HPU Downtown Campus[ ]  Hawaii Loa Campus[ ]  Oceanic Institute (Attach approval from OI.)[ ]  Other Local Site[ ]  Other State:     [ ]  International  | 1. **Additional Space?** [ ]

Additional Square Feet Needed:      If so, attach Facilities Request (OSP-4). |
| 1. **Space Alteration/Renovation?** [ ]

If so, attach Facilities Request (OSP-4). | 1. **Computer Equipment**

**Purchased/Leased?** [ ] If so, attach Facilities Request (OSP-4). | 1. **Equipment Purchase?**
* Purchases over $5,000 and up to $25,000 require written price quotations from at least 3 vendors.
* Purchases over $25,000 require sealed bids from at least 3 vendors.

Documentation required if less than 3 vendors are available. |

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| 1. **PRINCIPAL INVESTIGATOR CERTIFICATIONS**
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| Please check all that apply:COMMITMENTS:1. [ ]  Proposal includes commitments from HPU divisions(s) other than that of the PI. If checked, provide appropriate details and approvals.
2. [ ]  Proposal includes commitments from non-University sources. If checked, attach letters of commitment.

CONFLICT OF INTEREST:1. [ ]  Potential conflict of interest (financial or otherwise).\*
2. [ ]  Proposal for NSF or PHS funding (including flow-through NSF & PHS funds).\*

\*If you checked either box, submit a completed OSP-5 or OSP-5a Research Conflict of Interest Form. |
| I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. 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 this application. I acknowledge I am aware of HPU’s Data Retention policy and will abide by its requirements. PRINCIPAL INVESTIGATOR DATE |

**F. OTHER CERTIFICATIONS**

 DEAN DATE A.V.P. - OFFICE OF SPONSORED PROJECTS DATE

 S. V. P. AND PROVOST DATE CHIEF FINANCIAL OFFICER DATE