|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| -       UWF Prop No  **UWF** [**RESEARCH AND SPONSORED PROGRAMS**](http://research.uwf.edu/internal) **(RSP)**  **INTERNAL ROUTING FORM (IRF) FOR PROPOSALS**  [**IRF INSTRUCTIONS**](http://research.uwf.edu/internal/proposal/submit-IRF_instructions.cfm) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| After sign-off by the Principal Investigator (PI), Co-PI(s), Department Chair(s)/ Director(s), and Dean(s), please send this form along with the original hard copy and electronic copy of the proposal to RSP. Allow five (5) working days prior to deadline for processing within RSP. Contact your [**RSP Grants Specialist**](http://research.uwf.edu/internal/contactus.cfm#GS-FM) at 474-2825 or 474-2827 for information. For any changes from the original submission, please submit a modified form with changes indicated in red text and highlighted.  Initial submission of the IRF, check here.  Preproposal  If it is a modification, check here and 13. below.  After-the-Fact Submission        [SCAC Awards](http://research.uwf.edu/internal/funding/internal.cfm) or RSP Support Award FY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PI Completes/Certifies OSR Completes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Full Proposal Title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Abbreviated Title (35 character limit) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | a) PI | | | Banner Empl ID | | | | | | |  | | | | | | | Name  Ph/E-mail | | | | |  | | | | | | | | | | | | | | | | Department Name  Banner ORGN | | | | | | | | | | |  | | | | | | | | | | | |
|  | b) Co-PI | | | Banner Empl ID | | | | | | |  | | | | | | | Name  Ph/E-mail | | | | |  | | | | | | | | | | | | | | | | Department Name  Banner ORGN | | | | | | | | | | |  | | | | | | | | | | | |
|  | c) Sr Key Pers | | | Banner Empl ID | | | | | | |  | | | | | | | Name  Ph/E-mail | | | | |  | | | | | | | | | | | | | | | | Department Name  Banner ORGN | | | | | | | | | | |  | | | | | | | | | | | |
| For additional PI/PDs, please submit an attached sheet with the information shown above. Check here if attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | * 1. Sponsor: | | | | |  | | | | | | | | | | | | | | | | | | | | | | Program Title | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 1. Sponsor's Address (ALWAYS include): | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name: | | | |  | | | | | | | | | | | | | | | | E-mail: | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | | | | | | | | | | | | | |
|  | | b. PI plans to submit this proposal concurrently to: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Announcement/Program Guidelines/RFP Attached, *or* RFP URL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Catalog of Federal Domestic Assistance (CFDA) # | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | No unique guidelines apply | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Federal Flow Through Funds?  Yes  No If **Yes**, federal agency’s name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 1. Deadline Date for Proposal Transmittal   Time (Specify Time Zone): | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Electronic Submission  Hard Copy  Postmarked by       Receipt. By | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | | a) Contact for budget questions, if other than PI: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Ext | | | | |  | | | | | E-mail | | | | | | | |  | | | | | | | |
| 9. Name & Banner ORGN of administering department (if multiple units apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Type of activity:  (check one) | | | | | | | | Research:  Basic  Development  Applied | | | | | | | | | | | | | | | | | | | | | | Instruction /Training | | | | | | | | | | Other Sponsored Activity | | | | | | | | | | | | Fellowship/  Scholarship | | | | | | | | | |
| 1. Type of Proposal: | | | | | | | | | | New | | | | | | Competitive Renewal | | | | | | | | | | | | | | Non-Competitive Continuation | | | | | | | | | | | | | | | | | | | | | Additional Funds | | | | | | | | | | |
| If not new, enter related UWF Proposal ID# | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Grant/Fund # | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 12. PI Seed Fund #:       Dept Seed Fund #:       College or Division Seed Fund # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Project Period of Performance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 1st Period | | | | | | | | | 2nd Period | | | | | | | | | 3rd Period | | | | | | | | 4th Period | | | | | | | | | | | | 5th Period | | | | | | | | | | | Total Period | | | | | | |
| Beginning Date | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| End Date: | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| 14. Funds requested from sponsor: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Direct Costs | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| F&A Costs | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| Total Costs | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| 15. [Facilities & Administrative (Indirect) Cost rate](http://research.uwf.edu/internal/proposal/budget-FA_indirect_costs.cfm) budgeted: | | | | | | | | | | | | | | | | | | | | | | | | | | | % | | | | | | | | | | | | | | | | Base: | | | | | MTDC  TDC  Other | | | | | | | | | | | | | |
| a) Is this other than the current HHS approved on-campus rate? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | | | | Detail Budget Attached | | | | | | | | | | | | | | | |  | | | |
| If Yes, why? | | | | | | | | | Off-Campus | | | | | | | | | | | Written Sponsor Policy (please attach policy) | | | | | | | | | | | | | | | | | | | | | | | | | | Waiver requested (Appv: ) | | | | | | | | | | | | | | | |
| If the off-campus rate is applied to any portion of this budget, provide the site where the project will be conducted:       NOTE: An off-campus project is defined as one in which 51% or more of the project (including administration, analysis, and reporting) does not make use of facilities or space supported by UWF. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Cost-sharing:  Yes | | | | | | | | | | | | No | | | | | Total UWF Contribution | | | | | | | | | | | | | | $ | | | | | | Total non-UWF Contribution: | | | | | | | | | | | | | | | | | | | | $ | | | | |
| **(**As a supplement, please submit document detailing contributions. See [Cost Sharing](http://research.uwf.edu/internal/proposal/budget-cost_sharing.cfm)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Faculty [Release Time](http://research.uwf.edu/internal/award/release_time.cfm)   Yes  No  Additional page attached for additional staff. | | | | | | | | | | | | | Mtch | | | | | | Name: | | |  | | | | | | | | | | | | | | | Semester/Yr: | | | | | | | | | | | | | | | | | | | FTE | | |  | | |
|  | | | | | | | | | | | | | Mtch | | | | | | Name: | | |  | | | | | | | | | | | | | | | Semester/Yr: | | | | | | | | | | | | | | | | | | | FTE | | |  | | |
|  | | | | | | | | | | | | | Mtch | | | | | | Name: | | |  | | | | | | | | | | | | | | | Semester/Yr: | | | | | | | | | | | | | | | | | | | FTE | | |  | | |
|  | | | | | | | | | | | | | Mtch | | | | | | Name: | | |  | | | | | | | | | | | | | | | Semester/Yr: | | | | | | | | | | | | | | | | | | | FTE | | |  | | |
| **(**As a supplement, please submit budget detailing release time and source (salary replacement or matching/cost share).  See [Proposal Development](http://research.uwf.edu/internal/proposal/develop.cfm), [Develop a Budget](http://research.uwf.edu/internal/proposal/budget.cfm) and [Award Administration](http://research.uwf.edu/internal/award/awardadmin.cfm) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Are additional resources (space, operating or equipment funds, IT or utility service; Marine Service Center equipment or services) required to conduct this project over and above those already budgeted for or approved by your department?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If yes, please list: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **19. Subcontracts:** Is part of the project to be subcontracted to another organization? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | No | | | | | | | | |
| If YES, subcontractor's name: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Amount: $ | | | | | | | | | | | | | | |
| Subcontractor's proposal (statement of work, budget), endorsed by its authorizing official, and a brief statement explaining the choice of subcontractor (even if a sole-source collaborator) must accompany the proposal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Indicate whether or not your project contains the following (see [Required Special Approvals](http://research.uwf.edu/internal/award/special_approvals.cfm)): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | | **Biological materials:** recombinant DNA or RNA (if recombinant experiments are already registered, give approval number:      .). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | | **Radioactive materials** or radiation-producing devices: Include EHS Approval for material and processing. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | | [**Human participants**](http://research.uwf.edu/internal/integrity/IRB.cfm)**:** If human participants are used in this project, provide IRB protocol approval number        or title of protocol if different than this proposal title       or submit for approval. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | | [**Animal subjects**](http://research.uwf.edu/internal/integrity/iacuc.cfm)**:** If vertebrate animals are used in this project, provide IACUC protocol approval number        or title of protocol if different than this proposal title       or submit for approval. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does this project offer courses for credit? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | No | | | | | | List courses: | | | | | | | | | | | | |
| If YES, have they been approved by appropriate administrator? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | No | | | | | | List courses: | | | | | | | | | | | | |
| 1. Are the courses offered as a sponsored credit institute? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | No | | | | | |  | | | | | | | | | | | | |
| 23. Does the proposal include tuition waiver not funded from the proposed project budget?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If yes to items 21-23, documentation of approval from the Office of the Provost, Dean of the appropriate college, or Director of Continuing Education, respectively, must be provided with the proposal.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. Proposal requests OCO (capital equipment)? Yes  No PI/PD’s signature below affirms that if equipment required for use on this project is budgeted in this proposal no comparable equipment is available on campus , to the best of his/her knowledge. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. [CONFLICT OF INTEREST](http://research.uwf.edu/internal/award/financial_conflict.cfm): There  is  is not a real or potential conflict of interest in connection with this work involving a UWF employee, as defined by [HR-15.00-2004/07](https://nautical.uwf.edu/UnitApp/Publication/Pub.cfm?PubFormatID=944) – see [Academic Affairs Conflict of Interest/Outside Activity Policy/Procedures](http://uwf.edu/academic/policies/conflict/conflict.cfm). If Conflict of Interest is checked, a disclosure form must be completed and submitted in accordance with these procedures. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. [EXPORT CONTROL](http://research.uwf.edu/internal/integrity/export.cfm):  (a) Has the topic of export control come up in any form (written or verbal) in connection with this proposal?  Yes  No  (b) Will your project involve any communication or sharing of information with U.S. embargoed countries or their citizens?  Yes  No (*See current list at* [http://www.treas.gov/offices/enforcement/ofac](http://www.treas.gov/offices/enforcement/ofac/).)  (c) Will your project involve any communication or sharing of information and technology with foreign nationals?  Yes  No  (d) Will your project require the shipment of equipment or protected information outside the U.S.?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Abstract (brief abstract or description of the project suitable for lay readers). This information will be used to provide news releases and announcements of your project, if it is funded. Attach separate page. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Key Words**: Identify at least 3 words or phrases that may be associated with your proposal.      ;    ; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **PI/PD’s** signature. My certification below verifies that: (1) I am knowledgeable of and will adhere to UWF policies and procedures regarding sponsored activities as provided in this Internal Review Form (IRF); (2) I am knowledgeable of and will adhere to the terms of the outside agency or sponsor regulations and the specific terms of the grant or contract that supports this proposed activity; and (3) all statements on this and any attached forms and in the proposal are true and correct to the best of my knowledge. This signature also confirms that no modifications to this proposal will be agreed to without consultation with RSP.   **Chair/Director/VP**: Your signature below indicates approval of this proposal and concurrence with the statements on this form. Endorsements must include all departments and colleges included in this proposal. PI/PD is responsible for obtaining signatures on lines a) b) and c) before sending to RSP. All PIs/co-PIs listed in number 2 above (and any attached pages) should sign in the order listed. Insert additional lines as needed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Principal Investigator/Project Director(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | | | Sign Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | | | |  | |
| b | | | Sign Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | | | |  | |
| c | | | Sign Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | | | |  | |
| 1. Department Chairperson(s) or Director(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | | | Sign Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | | | |  | |
| b | | | Sign Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | | | |  | |
| c | | | Sign Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | | | |  | |
| C) Dean(s) or Vice President/Provost/ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | | | Sign Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | | | |  | |
| b | | | Sign Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | | | |  | |
| c | | | Sign Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | | | |  | |
| D) RSP | | | Sign Here Richard S. Podemski Assoc Vice President | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | | | |  | |