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|  | | | | ***For OSP administrative use only.*** | | | | | | | | | |
|  | | | | Date Received: | | | | |  | Project #: | | |  |
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| **INSTRUCTIONS**  All proposals for grants or other sponsored projects require approval from the President’s Council prior to submission. Please provide this form to OSP **6 weeks prior to the deadline** in question if possible. | | | | | | | | | Submission deadline: | | | |  |
| Match or Cost Sharing required? | | | | **Y**  **N** |
| Indirect Costs recovery allowed? | | | | **Y  N** |
| Partnership: Another institution? | | | | **Y  N** |
| Partnership: Community entity? | | | | **Y  N** |
|  |  | | |  | | | | |  |  | | |  |
| **Today’s Date:** |  | | |  | | | | |  | | | | |
| **Project Title:** |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| **Primary PI / Project Director:** | | |  | | | | | | | | | | |
| Department: |  | | | | | | | | | | | | |
| Telephone: |  | | | Email: |  | | | | | | | | |
| **Co- PI / Project Director:** | | |  | | | | | | | | | | |
| Department: |  | | | | | | | | | *Additional PIs?* | | | **Y  N** |
| Telephone: |  | | | Email: |  | | | | | | | | |
| **Community Involvement?** | | **Y  N** | | | | *If yes:* Please providenames and/or affiliation below: | | | | | | | |
|  | | | | | | | | | | | | | |
| *\* For projects involving community partners, please complete* ***page 4 of this form*** *with the collaborating entity.* | | | | | | | | | | | | | |
| **Project Type** *(Check all that apply)* | | | | **Funding Duration** (years/months): | | | | | |  | | |  |
| New project | | | | Start Date: | | | |  | | End Date: | |  | |  |
| Continuation: Existing project | | | | Competitive funding opportunity? | | | | | | **Y  N** | | |  |
| Professional development | | | | Lead Applicant? | | | | | **Y  N** | Subrecipients? | | | **Y  N** |
| Student support/development | | | |  | | | | |  |  | | |  |
| Program/curricula development | | | | **Funding Type:** | | | | |  | | | |  |  |
| Infrastructure development | | | |  | | | Federal/State grant | | | |  | | |
| Public/community advocacy | | | |  | | | Foundation grant | | | |  | | |
| Research activity | | | |  | | | Contract (Earned income) | | | |  | | |
| Facilities/Construction | | | |  | | | Designated donation | | | |  | | |
| Other | | | |  | | | Corporate donation | | | |  | | |
| *If Other, explain:* | | | |  | | | Other | | | |  | | |
|  | | | *If Other, explain:* | | | | | | |
|  | | |
| **Brief Description of Project / Deliverables:** | | | | | | | | | | | | | |

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| **Funding Source:** | |  | | | | | | | | | Grant CFDA: | | | |
| **Year 1** |  | |  | | |  | |  | |  |  | | |  |
| Direct costs: | | | Indirect cost: | | | | | Match: | | | Total Year 1 Funding: | | | |
|  | | |  | | | | |  | | |  | | | |
| **Full Project** *(if multi-year)* | | | | | |  | |  | |  |  | | |  |
| Direct costs: | | | Indirect cost: | | | | | Match: | | | **Total Funds Requested:** | | | |
|  | | |  | | | | |  | | |  | | | |
|  |  | |  | | |  | |  | |  |  | | |  |
| Current APU Indirect Rate: | | | |  | | *If allowed indirect costs are capped, $ amount unfunded:* | | | | | | |  | |
| **Required Match Amount:** | | | Match Type: | | | | | Cash match source: | | | In-kind match source: | | | |
| $ | | | Cash | | | In-kind | |  | | |  | | | |
|  | | |  | | |  | |  | | |  | | | |
| Will APU subcontract or subaward? | | | | | **Y  N** | | |  | *If so, in what amount?* | | |  | | |
| Subaward entity contact: | | |  | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| Is additional funding required for this project? | | | | | | | **Y  N** | | | Already secured in full? | | | **Y  N** | |
|  |  | |  | | |  | |  | |  |  | | |  |
| **PERSONNEL** | | |  | | |  | |  | | Student employment? | | | **Y  N** | |
| Grant will fund       **current** APU full-time employees (FTEs) | | | | | | | | | | Student scholarships? | | | **Y  N** | |
| Grant will fund       **new** APU full-time employees (FTEs) | | | | | | | | | | Students will be  PAID  UNPAID | | | | |
| Position title: | | |  | | | FTE % through project: | | | |  | $ Amount budgeted: | | | |
|  | | | | | |  | | | | |  | | | |
| Position title: | | |  | | | FTE % through project: | | | |  | $ Amount budgeted: | | | |
|  | | | | | |  | | | | |  | | | |
| Position title: | | | | | | FTE % through project: | | | | | $ Amount budgeted: | | | |
|  | | | | | |  | | | | |  | | | |
| All required office space is fully funded: | | | | | | **Y  N** | | All IT equipment/support fully funded: | | | | | | **Y  N** |
|  |  | |  | | |  | |  | |  |  | | |  |
| Ways this project may impact or utilize resources from other divisions/departments: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Briefly, what is the plan for project to be sustained after grant period? *(If applicable)* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Briefly, how does this project support APU's mission and/or institutional goals? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| List any memoranda of agreement or understanding (MOA/MOUs), partnerships, or resolutions required: | | | | | | | | | | | | | | |
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| **ETHICS & COMPLIANCE** | | | |  | |  |  | |  | | |  |
| Briefly describe any data sources to be created or used: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Briefly describe any Intellectual Property to be created or used: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Briefly describe any involvement, use, or co-production of Indigenous Knowledge anticipated: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Institutional Review Board (IRB) Involvement** | | | | | |  |  | |  | | |  |
| Project involves human subjects: | | | **Y  N** | | | Date IRB was / will be consulted: | | | |  | | |
|  |  |  | |  | |  |  | |  | | |  |
| Project involves research using animals: | | | | | **Y  N** | |  | |  | | |  |
| *If yes,* Please describe: | |  | | | | | | | | | | |
|  |  |
|  |  |  | |  | |  |  | |  | | |  |
| Project involves materials with potential biological hazard implications: | | | | | | | | **Y  N** | | | |  |
| *If yes,* Please describe: | |  | | | | | | | | | | |
|  |  |
| **Responsible Conduct of Research (RCR)** | | | | | |  |  | |  | | |  |
| Project includes compensation for undergraduate, graduate and/or post-doc students | | | | | | | | | | | **Y  N** | |
|  |  |  | |  | |  |  | |  | | |  |
| **Federal Funding Accountability and Transparency Act (FFATA)** | | | | | | |  | |  | | |  |
| Project includes payment of $25,000+ to any vendors, contractors, and/or sub-awardees: | | | | | | | | | | | **Y  N** | |
|  |  |  | |  | |  |  | |  | | |  |
| **Research Integrity Statement** | | | | | |  |  | |  | | |  |
| I attest that this proposal is original work of the P.I.(s) and no part is or will be plagiarized. | | | | | | | | | | | **Y  N** | |
|  |  |  | |  | |  |  | |  | | |  |
| **Financial Conflict of Interest Statement** | | | | | |  |  | |  | | |  |
| *Financial conflicts of interest include salary or any other payments for services, equity interests, intellectual property rights, or financial interest that would reasonably appear to be affected by the activities funded or proposed for funding.* | | | | | | | | | | | | |
|  |  |  | |  | |  |  | |  | | |  |
| Do the PI(s), their spouses/partners, or their immediate family/household members have a financial conflict of interest (COI) with the proposed project? | | | | | | | | | | |  | |
| **Y  N** | |
|  |  |  | |  | |  |  | |  | | |  |
| Are any such family or household members anticipated to be hired to work on the project? | | | | | | | | | | | **Y  N** | |
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| **COMMUNITY RESEARCH READINESS ASSESSMENT** | | | | | |  |  |
| Please complete this page in conversation with Indigenous or other community partners if applicable.  The APU Community Extension Office may be able to offer support with navigating your partnership.  *\* With gratitude to the Native Village of Kotzebue for sharing their Research Protocol Questionnaire.* | | | | | | | |
|  |  |  |  |  |  |  |  |
| What Tribal government(s), community or communities are partnering in this project? | | | | | | | |
|  | | | | | | | |
| Who are the community partner contacts who have participated in planning to date? *(Name & affiliation)* | | | | | | | |
|  | | | | | | | |
| What is the role of the Tribal government or other community partner(s) involved in project implementation? | | | | | | | |
|  | | | | | | | |
| How is the Tribal government or other community partner(s) expected to benefit? | | | | | | | |
|  | | | | | | | |
| What risks are possible for the Tribal government or other community partner(s) involved? | | | | | | | |
|  | | | | | | | |
| What is the expectation of involvement from the Tribal government or other community partner(s) involved? | | | | | | | |
|  | | | | | | | |
| What compensation will be directed to the Tribal government or other community partner(s) involved? | | | | | | | |
|  | | | | | | | |
| What final results are expected? | | | | | | | |
|  | | | | | | | |
| How will the final results be returned to the Tribal government or other community partner(s) involved? | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| How will the intellectual property of the Tribal government or other community partner(s) be protected? | | | | | | | |
|  | | | | | | | |
| What other considerations have been made or will need to be made? | | | | | | | |
|  | | | | | | | |
| **Community partners who were consulted in completion of this form** (*names & affiliations*): | | | | | | | |
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| **SIGNATURE PAGE** | | | | |  | |  |  | |  |
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|  | | | | | | | |  | | |
| Principal Investigator / Project Director | | | | |  | |  | Date | | |
|  |  |  |  | |  | |  |  | |  |
|  | | | | | | | |  | | |
| Co-Principal Investigator / Project Director | | | | |  | |  | Date | | |
|  |  |  |  | |  | |  |  | |  |
|  | | | | | | | |  | | |
| PI Department Chair or Supervisor | | | | |  | |  | Date | | |
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| **OSP Administrative Use** *following submission of signed form* | | | | | | |  |  | |  |
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| OSP Director Reviewed | | | | | | |  | Date | |  |
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|  | | | | | | | **Y  N** | | | |
| Date submitted to President’s Council for approval | | | | |  | | President’s Council approval granted? | | | |
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|  | | | | | | | |  | | |
| Provost Signature | | | | | | |  | Date | | |
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| **Notation of Subsequent Modification of Proposal or Request** | | | | | | |  |  | |  |
|  | | | | | | |  |  | |  |
|  | 1st Modification of form received on *(date)*: | | | | |  | | | |  |
|  |  |  |  | |  |  | |  | |  |
|  | 2nd Modification of form received on *(date)*: | | | | |  | | | |  |
|  |  |  |  | |  |  | |  | |  |
|  | 3rd Modification of form received on *(date)*: | | | | |  | | | |  |
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| **Project Proposal Outcome** | | | | |  | |  |  | |  |
|  | Date submitted to funder: | | |  | | | Funded? | **Y  N** | | |
|  |  | | |  | | |  |  | | |
|  |  |  |  | |  | | Amount funded: | |  | |
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