

SPS Proposal #:	
Deadline Date:	Deadline Time:

INTERNAL PROPOSAL REVIEW FORM (IPR)

Note that fields identified as either the University of Connecticut (Storrs) or UConn Health (UCH) need only be completed by that campus.

PRINCIPAL INVESTIGATOR/CONTACT PI			
PI:	NetID (Storrs):	Academic Dept. (Storrs):	
Managing Dept., Center or Institute (<i>Managing Dept. Head/Center or Institute Dir. signature required on 2nd page</i>):			
Other Affiliated Center(s) (Storrs):			
PI Title:	% Effort Committed (UCH):	Phone:	Email:
Dept. Proposal Contact:		Phone:	Email:

MULTIPLE PI, CO-PRINCIPAL INVESTIGATOR AND OTHER KEY AND/OR RESPONSIBLE PERSONNEL			
<i>Include information for all individuals identified by the PI as key and/or responsible personnel (responsible for the design, conduct, or reporting of research). This should include all PIs, Co-PIs and Co-Is and may also include postdocs, graduate students or other identified by the PI as key and/or responsible. https://ovpr.uconn.edu/services/rics/fcoi/. Use supplemental form if needed (note: all UCH personnel who are key are automatically responsible)</i>			
Name:	NetID (Storrs):	Academic Dept.:	
Role on Project:	If Other:	% Effort Committed (UCH):	Responsible: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	NetID (Storrs):	Academic Dept.:	
Role on Project:	If Other:	% Effort Committed (UCH):	Responsible: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	NetID (Storrs):	Academic Dept.:	
Role on Project:	If Other:	% Effort Committed (UCH):	Responsible: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	NetID (Storrs):	Academic Dept.:	
Role on Project:	If Other:	% Effort Committed (UCH):	Responsible: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	NetID (Storrs):	Academic Dept.:	
Role on Project:	If Other:	% Effort Committed (UCH):	Responsible: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	NetID (Storrs):	Academic Dept.:	
Role on Project:	If Other:	% Effort Committed (UCH):	Responsible: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	NetID (Storrs):	Academic Dept.:	
Role on Project:	If Other:	% Effort Committed (UCH):	Responsible: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	NetID (Storrs):	Academic Dept.:	
Role on Project:	If Other:	% Effort Committed (UCH):	Responsible: <input type="checkbox"/> Yes <input type="checkbox"/> No

SPONSOR	
Sponsor Name:	
Notice of Opportunity (<i>Attach or provide clear link</i>):	
If pass-through funding, list originating sponsor:	
Sponsor Deadline: _____ Time: _____ (<i>if not 5 PM, contact SPS PreAward to alert them</i>)	<i>PIs are responsible for submitting all applications to the sponsor, except when SPS submission is required.</i>

PROJECT			
Project Title:			
Start Date:	End Date:	F&A Rate: <i>(Attach appropriate documentation if a rate other than the negotiated rate is used)</i>	
Majority of Project Activities: https://ovpr.uconn.edu/services/sps/proposals/proposal-preparation/general-cost-principles/budgeting-costing-guide/indirect-costs/			
Total Directs: \$		Total F&A: \$	Combined Total: \$
Proposal Type:	Program Type:	Cost Sharing <input type="checkbox"/> Yes <input type="checkbox"/> No	
* For a Continuation, Renewal or Supplement, please provide current KFS/Banner account #		<i>If yes, provide cost share approval form</i>	

SPS INFORMATION

Reviewer Approval:	Approval Date:	FCOI <input type="checkbox"/>	Full Copy Received <input type="checkbox"/>
Rev: 7/9/2019	Institutional Authorization:	Date:	

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PI:
Project Title:
Sponsor:

SPECIAL REVIEWS/APPROVALS/NOTIFICATIONS

This section must be completed by the PI either by completing the form directly or providing the information to the administrator completing the form on his/her behalf.

Human Subjects	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what year(s) of the project? _____
Animal Subjects	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what year(s) of the project? _____
Human Stem Cells (https://ovpr.uconn.edu/services/rics/stem-cells/)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Controlled Substances <input type="checkbox"/> Yes <input type="checkbox"/> No
Recombinant or Synthetic Nucleic Acid Materials (host-vector systems, gene transfer methods, genetic materials, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	New/Updated Space/Facilities <input type="checkbox"/> Yes <input type="checkbox"/> No Needed
Biological Agents (bacteria, virus, fungi, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class 3B and IV Lasers <input type="checkbox"/> Yes <input type="checkbox"/> No
DURC Agents or Toxins (http://content.research.uconn.edu/pdf/storrs/rcs/ibc/DualUseResearchofConcernPolicy.pdf)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Invertebrates <input type="checkbox"/> Yes <input type="checkbox"/> No
Radioactive Materials and/or Radiation Devices	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plants <input type="checkbox"/> Yes <input type="checkbox"/> No
Cells, Tissues, Organs, Blood, Blood Byproducts or other potentially infectious materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	Biological Toxins <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the project involve a collaboration (including, but not limited to, PIs, Co-PIs, Co-Investigators, unpaid individuals contributing to the projects and co-authors on manuscripts) with a foreign person* If yes, what/which countries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, will all parties be located in the United States for the collaboration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the project involve a collaboration with a foreign entity?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what/which countries?		If yes, what is the name of the entity?
Does the project involve the transfer of or provision for equipment, materials, supplies, data software, confidential information or services outside of the United States?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what/which countries?		
If active and pending support is included in the application, have all sources of support, including other support outside of the University been disclosed in the application? For more information on active and pending support: https://ovpr.uconn.edu/services/sps/proposals/proposal-preparation/active-pending-support/ .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Does the project include export controlled technology or software? https://ovpr.uconn.edu/services/rics/export-control/definitions/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
*All foreign interactions must be disclosed in the application as required and in accordance with the sponsor's guidelines. https://ovpr.uconn.edu/services/sps/proposals/proposal-preparation/foreign-collaborations/		

SUBRECIPIENT/CONTRACTOR (EXCLUDING INDIVIDUAL CONSULTANTS)

As required by 2 C.F.R. Part 200.330, UConn is responsible for determining whether a relationship with a third party should be characterized as that of a subrecipient or as an independent contractor (also known as a vendor). Using the [Subaward Determination Guidance](#) as a guide, please indicate the entity and the type of relationship the entity will have with UConn below. Please include additional forms as needed. All subrecipients must complete the Information and Compliance Form for Subrecipients (<https://ovpr.uconn.edu/services/sps/proposals/forms/>) in addition to providing the other required documents (<https://ovpr.uconn.edu/services/sps/proposals/proposal-preparation/development/proposal-contents/>).

Name:	<input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor	<input type="checkbox"/> In FDP Clearinghouse	SPS*:
Name:	<input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor	<input type="checkbox"/> In FDP Clearinghouse	SPS*:
Name:	<input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor	<input type="checkbox"/> In FDP Clearinghouse	SPS*:
Name:	<input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor	<input type="checkbox"/> In FDP Clearinghouse	SPS*:
Name:	<input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor	<input type="checkbox"/> In FDP Clearinghouse	SPS*:
Name:	<input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor	<input type="checkbox"/> In FDP Clearinghouse	SPS*:
Name:	<input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor	<input type="checkbox"/> In FDP Clearinghouse	SPS*:

*SPS reviewer initials represent that the reviewer agrees with the final determination indicated in accordance with the Subaward Determination Guidance (<https://ovpr.uconn.edu/wp-content/uploads/sites/2557/2014/02/Subrecipient-versus-Consultant-Relationship-Fact-Sheet.pdf>) and that the reviewer has confirmed whether or not the entity is listed in the FDP Clearinghouse (<https://fdpclearinghouse.org/>).

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PI:
Project Title:
Sponsor:

CERTIFICATIONS AND SIGNATURES

This form must be certified and signed by the following individuals:

- Storrs: PI(s), Co-PI(s) and other individuals who will receive a distribution of credit must sign. Additionally, at a minimum, the appropriate Department Head(s) and/or Center Director must sign for each individual in the preceding section. If the PI/Co-PI/Co-I is also the Department Head or Center Director, the individuals above them (Dean, etc.) must sign.
- UCH: PI(s), Co-PI(s), Co-I(s), Other Significant Contributors and faculty must sign. The appropriate Department Head(s) and/or Center Director(s) for each individual in the preceding section and the appropriate Dean(s) for each Department and/or Center must also sign.

Principal Investigator(s) (PI) and Co-Principal Investigator(s) (Co-PI) hereby certify to the following:

- | | |
|---|---|
| (1) The information submitted within this application is true, accurate, complete, is my original work and to the best of my knowledge has not been used by other individuals in the preparation and submission of a similar application. | (8) All individuals proposed to work on this project are NOT debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federally funded activities by a federal department or agency. |
| (2) I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. | (9) I have read and understand the UConn/UConn Health Conflict of Interest Policy and I have determined and identified all individuals are responsible for the design, conduct or reporting of the research contained in this application. |
| (3) I agree to accept responsibility for the conduct of the project and to provide the required reports if a grant is awarded as a result of the application. | (10) If this is an NIH application and involves multiple PIs, I agree to the leadership plan as described in the application. |
| (4) If an award is made, I understand I am responsible for compliance with award terms and conditions and university policies and procedures; particularly for the technical conduct of the work, submission of technical reports, regulatory compliance, and financial management. | (11) If there are any changes to key and/or responsible personnel on the project, I agree to inform Sponsored Program Services immediately. |
| (5) I am aware of federal requirements on lobbying. I am in compliance and have disclosed any lobbying activity. | (12) I understand that federal funds cannot be used for political activity of any kind. |
| (6) I have disclosed all foreign components related to this project. | (13) If active and pending support is included in the application, the information is complete and accurate including other support outside of the University. |
| (7) I have reviewed all the information on this form and certify that it is accurate and complete | |

Department/Division Head, Center Director, and/or Dean hereby certify to the following:

- | | |
|---|---|
| (1) The proposed work is consistent with department, school or center objectives and I endorse the proposal to the sponsor named. | (2) There are adequate resources and/or space available in order to conduct the proposed research or a plan has been made to ensure adequate resources and/or space if the application is funded. |
|---|---|

PI/Co-PI/Co-I (Storrs & UCH) Other Sig. Contributor & Faculty (UCH)	Dept./Div. Head	Center Director (Storrs)	Dean	Date
Name:	Name:	Name:	Name:	
Sig.:	Sig.:	Sig.:	Sig.:	
Name:	Name:	Name:	Name:	
Sig.:	Sig.:	Sig.:	Sig.:	
Name:	Name:	Name:	Name:	
Sig.:	Sig.:	Sig.:	Sig.:	
Name:	Name:	Name:	Name:	
Sig.:	Sig.:	Sig.:	Sig.:	

SPS Notes:
