

<b>SFASU Proposal Clearance Form</b>	ORSP PCF Num: _____
Submit to ORSP with signatures of (Co)Project Director(s), Chair(s), and Dean(s). Attach (a) final budget and (b) final proposal or final proposal draft.	Deadline: _____ (postmark <input type="checkbox"/> or received by <input type="checkbox"/> )

**SECTION 1 - GENERAL PROJECT INFORMATION**

<b>Project Title:</b>														
<b>Director</b>	<b>Department</b>	<b>Phone</b>	<b>Fax</b>	<b>Email</b>										
<b>Co-Director(s)</b>	<b>Department</b>	<b>Phone</b>	<b>Fax</b>	<b>Email</b>										
<b>Sponsor Name(s)</b>		<b>Requested</b>	<b>Required Matching</b>	<b>Total Budget</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>CFDA (Federal Programs):</b></td> <td style="width: 20%;"><b>Direct Cost</b></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: right;"><b>\$0</b></td> </tr> <tr> <td></td> <td><b>Indirect Cost</b></td> <td></td> <td></td> <td style="text-align: right;"><b>\$0</b></td> </tr> </table>	<b>CFDA (Federal Programs):</b>	<b>Direct Cost</b>			<b>\$0</b>		<b>Indirect Cost</b>			<b>\$0</b>				
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	<b>Indirect Cost</b>			<b>\$0</b>										
<b>Project Begins:</b>		<b>TOTAL:</b>		<b>\$0</b>	<b>\$0</b>									
<b>Project Ends:</b>														
<input type="checkbox"/> level 1 <b>LEVEL OF REVIEW REQUESTED (check one):</b> <input type="checkbox"/> level 2      1. Signatures Only (3 work days requested) <input type="checkbox"/> level 3      2. General Editing and Signatures (5 work days requested) 3. Technical Review plus editing/signatures (7 work days requested)		<b>If NOT requesting reimbursement of actual indirect costs (50% of salaries and wages), please specify IDC rate here and attach documentation:</b>												

**SECTION 2 - SAFETY AND PROTECTION**

**DOES THIS PROJECT:**

1. Involve human subjects, protocol review for the protection of human subjects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Involve the use of vertebrate animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Involve biohazards, recombinant DNA, and/or radioisotopes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, what is the status of the appropriate SFASU protocol review / approval?

Not Applicable   
  Not Applied for Yet   
  Pending   
  Approved   
 Date of Approval:

**SECTION 3 - PROJECT DIRECTOR SIGNIFICANT FINANCIAL INTEREST DISCLOSURE**

1. Are you or your spouse or dependent(s) (dependent children or other relatives living at the same address) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization funding this sponsored activity or of any organization from which goods and services will be obtained under the sponsored activity? If so, describe in detail the nature and extent of the affiliation on an attached sheet.  Yes     No
  
2. Are you or your spouse or dependent(s) the actual or beneficial owner of more than an aggregate of five percent (5%) of the voting stock or controlling interest of the external organization funding this sponsored activity or any external organization from which goods and services will be obtained under this sponsored activity? If so, describe in detail the nature and extent of the affiliation on an attached sheet.  Yes     No
  
3. Excluding income anticipated from this sponsored activity, have you or your spouse or dependent(s) derived income within the past year or do you or any member of your immediate family anticipate deriving income exceeding an aggregate of \$10,000 per year from the external organization funding this sponsored activity or any external organization from which goods and services will be obtained under this sponsored activity? If so, describe in detail the nature and extent of the affiliation on an attached sheet.  Yes     No
  
4. By checking the box, you are verifying you have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.

### SECTION 4 - PROJECT DIRECTOR CERTIFICATION

My signature as Project Director below confirms my review of the application. I have read and understand the Stephen F. Austin State University Conflict of Interest in Sponsored Activities (A-11.5) policy; have made all financial disclosures required; and will comply with any conditions or restrictions imposed to manage, reduce, or eliminate actual or potential conflicts of interest. For federal applications, in accordance with federal requirements, it also certifies that 1) I am not delinquent in any federal debt; 2) I am not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from current transactions by any federal department or agency; 3) I am familiar with and will comply with the Procurement Integrity Act; 4) no federally appropriated funds have been or will be paid to influence or attempt to influence the granting of this award; and 5) I am not delinquent in submitting final project reports to sponsors for previous awards I have received.

**I will assume full responsibility for ensuring project compliance with sponsor requirements and stipulations.**

**This project is primarily for research.**

Yes

No

PD Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-PD Signature and Date	Co-PD Signature and Date	Co-PD Signature and Date

### SECTION 5 - UNIVERSITY COMMITMENTS

**DOES THIS PROJECT:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Require additional laboratory and/or office space?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Use special University facilities (i.e. computer labs, library resources, electron microscope, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Disclose patentable or other confidential information?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Require the establishment of new academic programs?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have a previously assigned University account number? If yes, fill in items below.                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Acct Number:  Acct Name:

### SECTION 6 - DETAILS FOR SPONSOR-REQUIRED MATCHING (if applicable)

Description	In-Kind	Cash	Total	Account Name	Account Number
Salaries & Wages/Fringe Ben.	<input type="checkbox"/>	<input type="checkbox"/>			
Equipment	<input type="checkbox"/>	<input type="checkbox"/>			
Operating & Maintenance	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			

### SECTION 7 - CHAIR AND DEAN CERTIFICATION

My signature as Chair/Dean confirms my review of the application and consideration and approval of the following, as applicable: 1) Faculty and/or staff time commitments; 2) Cost-share or matching commitments; 3) Use of university facilities; 4) Required facility modification or remodeling; and 5) Overall cost of equipment to be purchased, including shipping, set-up, and maintenance.

Chair Signature(s) and Date	Dean Signature(s) and Date	Comments

### SECTION 8 - ORSP USE ONLY

- |   |  |
|---|--|
| <input type="checkbox"/> Budget is appropriate to project and meets agency and university guidelines<br><input type="checkbox"/> All necessary forms are present<br><input type="checkbox"/> IDC is appropriate | <input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Faculty/staff time and effort is required<br><input type="checkbox"/> Time and effort is clearly detailed |
|---|--|

Comments:

ORSP Representative Signature	Date

Associate VP for Research:		Date:
VP for Advancement:		Date:
VP for Academic Affairs:		Date:
President:		Date: