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| 1. Deadline: | | **5pm on**  **00/00/2022** | | | | | 2. Action: | | | | Choose an item. | | 3. Existing Dept. ID: (if applicable): | | | | | |  | | 4. Award Mechanism  (if known): | | | Choose an item. |
| 5. JMU Principal Investigator: | | | | | | |  | | | | | | | 6. PI Contact Information (including MSC): | | | | | |  | | | | |
| 7. College/Division: | | | |  | | | | | | | | | | 8. Department/School: | | | | | |  | | | | |
| 9. Proposal Title: | | |  | | | | | | | | | | | 10. Submission Type: | | | | | | Choose an item. | | | | |
| 11. Sponsor: (include contact information if available) | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Sponsor Type: | | | | Choose an item. | | | | | | | | | | 13. Solicitation URL: | | | | | |  | | | | |
| 14. For Federal Funds Only (Including Federal Flow Thru) | | | | | | | | | | | | | | | | | | | | | | | | |
| a. CFDA: |  | | | | b. Solicitation No. or Agency: | | | | | | |  | | | | | c. Program Title: | | | |  | | | |
| 15. Subaward to/Collaboration with: | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Performance Period: | | | | | | Start Date: **1/1/22** | | | | End Date:  **12/31/22** | | | | | | | | | | | | | | |
| 17. Requested Funds For Year One | | | | | | | | | | | | | | | Requested Funds For Total Period  *(Only complete if different from year one)* | | | | | | | | | |
| Total Direct: | | | | | | | | **0** | | | | | | | Total Direct: | | | | | | | **0** | | |
| Total Indirect: | | | | | | | | **0** | | | | | | | Total Indirect: | | | | | | | **0** | | |
| Total Requested: | | | | | | | | **0** | | | | | | | Total Requested: | | | | | | | **0** | | |
| 18. What is the indirect cost rate? XX.X% of the Modified Total Direct Costs | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. Is 50% or more of JMU’s project activity off-campus?  No  Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. Project Type: Choose an item. | | | | | | | | | | | | | | | | 21. Check if the project involves Diversity, Equity, & Inclusion (DEI) Activities?  Yes | | | | | | | | |
| 22. Cost Sharing/Match: **Choose an item.** | | | | | | | | | | | | | | | | | | | | | | | | |
| Source | | | | | | | | In-Kind Match | | | | | | | In-Cash Match | | | | | | | Total Match | | |
| Dept. ID # XXXXXX | | | | | | | | **0** | | | | | | | **0** | | | | | | | **0** | | |
| External to JMU | | | | | | | | **0** | | | | | | | **0** | | | | | | | **0** | | |
| Total | | | | | | | | **0** | | | | | | | **0** | | | | | | | **0** | | |
| 23. This proposal involves the following *(check all that apply; attach notes if needed):* | | | | | | | | | | | | | | | | | | | | | | | | |
| Off-campus facilities | | | | | | | | Overload pay | | | | | | | Sustainability-related activities | | | | | | | | | |
| Additional or different space | | | | | | | | Additional personnel | | | | | | | Students - JMU | | | | | | | | | |
| 24.  Check if disclosure forms are required. Disclosure form(s) must be submitted to the Office of Research Integrity (ORI) by all investigators who are partially responsible for the design, conduct or reporting of the project if Federally funded research; Public Health Service funding; and/or EPA funding (details at <http://www.jmu.edu/researchintegrity/fcoi/fcoiform.shtml>). | | | | | | | | | | | | | | | | | | | | | | | | |
| 25.  Check if use of human subjects (IRB Protocol # or Indicate if Pending): | | | | | | | | | | | | | | | | | | | | | | | | |
| 26.  Check if use of animals (IACUC Protocol # or Indicate if Pending): | | | | | | | | | | | | | | | | | | | | | | | | |
| 27.  Check if use of recombinant DNA molecules or pathogens (Biosafety Protocol # or Indicate if Pending): | | | | | | | | | | | | | | | | | | | | | | | | |
| 28.  Check if project involves radiation | | | | | | | | | | | | | | | | | | | | | | | | |
| 29. [Export Controls](https://www.jmu.edu/researchintegrity/exportcontrol/laws-and-governing-agencies.shtml) *If any of ‘a-d’ below are checked, please provide additional documentation including full name of foreign collaborator(s), country or countries of citizenship, affiliation (e.g. employer). Use additional pages as necessary.*  a.  Check if any export controls indicated in the solicitation or in discussions with the sponsor, or does the research relate directly to a military technology.  b.  Check if the scope of work involves fabrication of a prototype that meets given specifications or requirements.  c.  Check if project involves the shipment of equipment outside of the U.S.  d.  Check if the project involves collaboration with a foreign entity, travel to a foreign country, or work by foreign nationals either there or in the U.S. | | | | | | | | | | | | | | | | | | | | | | | | |
| 30. Purpose/description of your proposal: To (insert one sentence). | | | | | | | | | | | | | | | | | | | | | | | | |
| 31. Remarks or special instructions: *(Update as needed to reflect the special needs of your project)* | | | | | | | | | | | | | | | | | | | | | | | | |
| Investigator certification: By signing below, I certify that the information on this form is true, complete and correct to the best of my knowledge, and that  a. The proposal is complete in its technical content; adheres to the rules of proper scholarship, including proper attribution and citation for all texts and graphics; complies with Federal standards for the integrity of research; and adheres to the specifications of the sponsor.  b. Facilities/space and other institutional resources necessary to complete the proposal project are available to the project, or provisions have been arranged with Department/College to make such space or other institutional resources available in the event of an award.  c. Any requests for equipment have determined that no equipment at the institution is available, accessible, or suitable for the intended use.  d. Should the proposal be funded and accepted by the University, I will conduct the project according to the sponsor’s terms and conditions and the policies of the University. I accept responsibility for meeting the requirements of the award; for the scientific/programmatic conduct of the project; for providing the proper stewardship of sponsored funds; for submitting all required deliverables and technical reports on a timely basis; and for properly disclosing all inventions to the institution’s Intellectual Property Committee, according to Federal policy or contractual terms.  e. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I understand as the Principal Investigator, I have ultimate responsibility for the scientific conduct of the proposed project, the ethical performance of the proposed project, the protection of the rights and welfare of human subjects, and adherence to any stipulations imposed by the applicable IRB and/or IACUC. I agree to accept responsibility for compliance with all applicable regulations, laws, and polices of the sponsor and the University, including those governing the use of space, salary verification, cost sharing and financial oversight of the proposed project. | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorization approvals: By signing, I confirm that the proposed technical content, budget, personnel, faculty time, allocation of institutional space/resources, equipment and cost sharing have been approved. (Does not represent specific approval or personnel titles, classifications, salary rates or other issues governed by University policy). | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **Printed Name:** | | | | | | | | | **Signature** | | | | | **Date** | |
| Principal Investigator | | | | | | | | |  | | | | | | | | |  | | | | |  | |
| Department/School Authorization | | | | | | | | |  | | | | | | | | |  | | | | |  | |
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| Co-Principal Investigator | | | | | | | | |  | | | | | | | | |  | | | | |  | |
| Department/School Authorization | | | | | | | | |  | | | | | | | | |  | | | | |  | |
| College/Division Authorization | | | | | | | | |  | | | | | | | | |  | | | | |  | |
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| Co-Principal Investigator | | | | | | | | |  | | | | | | | | |  | | | | |  | |
| Department/School Authorization | | | | | | | | |  | | | | | | | | |  | | | | |  | |
| College/Division Authorization | | | | | | | | |  | | | | | | | | |  | | | | |  | |
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| Co-Principal Investigator | | | | | | | | |  | | | | | | | | |  | | | | |  | |
| Department/School Authorization | | | | | | | | |  | | | | | | | | |  | | | | |  | |
| College/Division Authorization | | | | | | | | |  | | | | | | | | |  | | | | |  | |
| **Signatures below are obtained by OSP-AS** | | | | | | | | | | | | | | | | | | | | | | | | |
| Office of Sponsored Programs  (If applicable) | | | | | | | | |  | | | | | | | | |  | | | | |  | |
| University Authorization | | | | | | | | |  | | | | | | | | |  | | | | |  | |
| **YOUR OSP-AS CONTACT:**  **RETURN FORM TO JMU\_GRANTS@JMU.EDU**  Signed materials are due to the OSP 5 business days before submission deadline ([policy 2201](https://www.jmu.edu/JMUpolicy/policies/2201.shtml)).Proposals that fail to meet this deadline will be submitted with conditional approval only. In these cases, the PI is responsible for making appropriate changes to the proposal or withdrawing the proposal, at a later date, if subsequent review reveals that the proposal is incomplete, contains errors, inaccuracies, misrepresentations, or does not conform to University or sponsor requirements. | | | | | | | | | | | | | | | | | | | | | | | | |