

ROUTING NUMBER (DEPT USE ONLY)



Western University of Health Sciences

20. If this project involves the use of a controlled substance, do you ~~have~~ have a DEA license?

Yes  License number

No  Do you have a pending license application? Yes  No

Investigators performing research on the following must have protocols approved by the Institutional Biosafety Committee (IBC):

1. Recombinant DNA
2. Research involving human or primate blood or tissue
3. Research involving human or primate cells or cell lines in culture
4. Infectious agents
5. Viral Vectors

21. A. Committee Approvals: (Attach copy of ALL approval letters)

For EACH CATEGORY YES or No or Pending

Human Subjects: Yes  No  Pending  Date:  Protocol #:

Title of IRB Protocol

Animals:

Yes  No  Pending  Date:  Protocol #:

Title of IACUC Protocol

Biohazards:

Yes  No  Pending  Date:  Protocol #:

Title of IBC Protocol

ATTACH SEPARATE SHEET OF PAPER WITH TITLES OF ADDITIONAL PROTOCOLS IF ANY

For animal use, please fill out: (All per diem costs must be included in the budget)

Animal Species:

Number of animals:

Number of days:

22. Space and Facilities Are existing allotments adequate? Yes  No

(If yes, state the location and rooms to be used).

23. Does the proposal obligate the University and/or College to expenses beyond the terms of the project period?

Yes  No

If yes, please describe what the proposed obligation entails:

24. **OTHER PERSONNEL**: PROVIDE LIST OF NAMES OF OTHER WESTERNU PERSONNEL, DEPARTMENTS, AND/OR EXTERNAL ORGANIZATIONS INVOLVED IN THIS PROJECT. FOR EXTERNAL ORGANIZATIONS, PLEASE ATTACH LETTERS OF AGREEMENTS AND/OR SUPPORT

\_\_\_\_\_  
Participating WesternU faculty or staff member

\_\_\_\_\_  
Supervisor (Dept Chair/Program Head, Dean or Designee)

BUDGET JUSTIFICATION

PROVIDE DETAILED JUSTIFICATION FOR ALL COSTS.

You will need to JUSTIFY why there will be no SALARY CHARGES and no INDIRECT COSTS eg: the Sponsor does not allow, and ATTACH the justification to this form.

## 26: COST SHARING OR MATCHING REQUIREMENT

If the Sponsor requires a MATCH or COST-SHARING, please provide that information below.

University Match

YEAR 1 (\$):

TOTAL PROJECT(\$):

Cost-Sharing

Please list those expenses which will be Cost-Shared (those expenses that will NOT be paid by the grant eg: PI's Salary plus Fringe Benefits, un-recovered Indirect Costs):

### Definitions:

**University Match** - Those funds that the University must have on hand to meet a percentage of the actual costs of doing the proposed project, as identified by the sponsoring agency. For example: if it is proposed to purchase a piece of equipment costing \$100,000, the sponsoring agency may ask for a 50% match so that the University must have \$50,000 to meet the agency's \$50,000.

**Cost-Sharing** - Those direct cost expenses, though while identified as part of the cost of doing the project, the University agrees to share in the paying of said costs. Typically seen in cases of faculty time and effort. For example: if faculty member "A" proposes to work 50% on a protocol but only requests the sponsoring agency pay for 25% of his time, the remaining 25% balance would be paid for by the University. This is **COST-SHARING**.

When calculating **COST-SHARING** of faculty time and effort, be sure to include **FRINGE BENEFITS** as part of the total cost-sharing expense.

27: PLEASE PROVIDE A 1-2 PARAGRAPH PROJECT ABSTRACT IN LAYMAN'S TERMS:

28. PRINCIPAL INVESTIGATOR ASSURANCE

My signature below certifies that: 1) that the information submitted within the application is true, complete and accurate to the best of my knowledge; 2) any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and 3) I agree to accept responsibility for scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application. In addition, I am familiar with the conflict of interest policy and I have notified the appropriate office in writing of all possible conflicts of interest, as defined in Western University policies, as they may relate to this proposal or contract.

\_\_\_\_\_  
Project Director or Principal Investigator

\_\_\_\_\_  
Date

Approval (REQUIRED SIGNATURES TO BE SECURED BY PROJECT DIRECTOR):

I have read and I am familiar with the attached application and with all cost-sharing and/or matching obligations shown in section 21 of this form, and I am satisfied with and responsible for all commitments in the proposal

\_\_\_\_\_  
Supervisor (Department Chair/Program Head)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of College or Designee, or Vice  
President (for non-teaching unit)

\_\_\_\_\_  
Date

University Approval (SIGNATURES TO BE SECURED BY SPONSORED RESEARCH)

\_\_\_\_\_  
Application Review (Sponsored Research)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Vice President for Research

\_\_\_\_\_  
Date

ONLY IF REQUIRED BY THE SPONSOR

\_\_\_\_\_  
Chief Financial Officer/Treasurer or designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provost or designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Date