

North Carolina Central University
Office of Sponsored Research & Programs
~ Internal Processing Form ~

Type:

<input type="checkbox"/> New	<input type="checkbox"/> Renewal
<input type="checkbox"/> Supplement	<input type="checkbox"/> Continuation
<input type="checkbox"/> Revision	<input type="checkbox"/> Other

Proposal Number: 002950 - _____ - _____

Principal Investigator: _____
Co-Investigator(s): _____
School, College or Unit: _____
Department: _____
Institute: _____

Proposal Title: _____
Funding Agency: _____
Funding Agency Address: _____
Total Requested: \$ _____ If Multi-Year, Current Year Request: \$ _____
Indirect Cost Rate: _____ Total Indirect Cost Requested: \$ _____
Begin Date: _____ End Date: _____

1. Are there any expressed or implied commitments by the University to continue this activity or retain personnel employed exclusively for this activity beyond the end date of the project?
 Yes No

If yes, please explain: _____

2. Will the project require any of the following resources beyond what is presently available at the University?

- Personnel? Yes No
- Space? Yes No
- Equipment? Yes No
- Equipment installation or maintenance? Yes No
- Physical Plant? Yes No

If yes, please explain: _____

3. Does this proposal involve creation of a new organizational unit within the University?
 Yes No

If yes, please explain: _____

4. Does the proposal involve creation of or planning for a new degree program? ____ Yes ____ No

If yes, please explain: _____

5. Are consultants involved for other than educational or research purposes? ____ Yes ____ No
If yes, has the designated institutional office given approval? ____ Yes ____ No

If no, please explain: _____

6. Does the proposal include funds or contributions in the form of cash matching/cost sharing?
____ Yes ____ No (If no, skip to question # 7)

If included, are they required by the sponsor? ____ Yes ____ No
If No, please explain: _____

If included, please identify the source. _____

7. Does this project have any potential for a patentable invention or item of technology?
____ Yes ____ No

8. Would this project involve classified research on campus? ____ Yes ____ No

9. Will security clearance be required for any University personnel? ____ Yes ____ No

10. Is state Clearinghouse clearance required? ____ Yes ____ No

Date of submission: _____

Date of clearance: _____

11. Does the proposal involve research with any subject or substance that requires review by a designated individual, office or committee? ____ Yes ____ No

	Status (A/P)	Date	Reference #
- Human Subjects	_____	_____	_____
- Animal Subjects	_____	_____	_____

Environmental Impact

- Radioactive Materials

- Potential Biological Hazards

- Chemical Hazards

NCCU Safety Officer

(If there is an Environmental Impact please have NC Central University Safety Officer sign.)

12. Does work involve the use of one or more facilities that require scheduling, user fees, or both?
____ Yes ____ No

If yes, give the name of the facility, check fee, scheduling or both, and indicate whether approval of the appropriate responsible individual has been obtained:

Facility	Scheduling	Fee	Status
_____	_____	_____	_____

13. Have the appropriate Conflict of Interest and necessary disclosure forms been completed and approved? ____ Yes ____ No

14. Does this project have an impact on the NCCU IT department? ____ Yes ____ No
If yes, have they been notified? ____ Yes ____ No

Proposal Classification:

Chess Category (purpose): _____

CIP Discipline: _____

Benefits to North Carolina:

Does this proposal...

affect economic development in NC? ____ Yes ____ No

provide a community service? ____ Yes ____ No

address the general education, health or welfare of NC citizens? ____ Yes ____ No

	Signature	Date:
Principal Investigator:	_____	_____
Department Chair:	_____	_____
Department Dean:	_____	_____
Director of Center/Institute:	_____	_____
Director of Sponsored Research:	_____	_____
Chancellor or Designee:	_____	_____