

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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

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Proposal Classification:

Chess Category (purpose): \_\_\_\_\_

CIP Discipline: \_\_\_\_\_

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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

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