

DOCUMENT REVIEW/APPROVAL SHEET

Office of Research
 411 B. H. Goethert Parkway, MS-09
 Ph: 393-7212; Fax: 931-455-7266

~For OR Use Only~	<input type="checkbox"/> Non-Exchange
a. Coeus Proposal ID# _____	
b. Functional Area _____	c. Project Type _____
Agency/Sponsor Tracking # _____	

Notification upon Proposal Review- check only one box below:

Call: _____ for pickup at # _____

Send to: _____ Dept. _____ Zip Code: _____

For questions contact: _____ E-mail _____ phone _____

Proposal Type:

<input type="checkbox"/> Proposal	<input type="checkbox"/> New	<input type="checkbox"/> * Non-Competing Continuation	<input type="checkbox"/> * Revision
<input type="checkbox"/> Agreement	<input type="checkbox"/> * Competing Continuation	<input type="checkbox"/> * Supplement	<input type="checkbox"/> * Resubmission

* Provide previous "WBS #" or "Proposal ID #": _____

1. Project Title: _____

2. Investigator(s) Name(s)	Employee ID	Phone	E-mail	Pay Type			% of Effort	Acct. Setup	Project Credit (%)
				R	S	NA			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

**** Total Project Credit Must = 100%

3. Lead UT Dept. Name: _____ Cost Center #: _____

Secondary Dept. Name: _____ Cost Center #: _____

Tertiary Dept. Name: _____ Cost Center #: _____

4. Agency/Sponsor: _____	Department: _____
Building/Room: _____	Street: _____
City/State/Zip: _____	Country: _____
Agency Contact: _____	Phone: _____
Prime Sponsor: _____	Contact E-mail: _____

5. Initial Performance Period*: _____ thru _____ Total Funds Requested: \$ _____
 *(this proposal)

6. Total Performance Period*: _____ thru _____ Total Funds Requested: \$ _____
 *(this proposal)

7. Proposal in response to:	<input type="checkbox"/> Program Officer	<input type="checkbox"/> SBIR: _____
	<input type="checkbox"/> Publication	<input type="checkbox"/> STTR: _____
	<input type="checkbox"/> Other Federal	<input type="checkbox"/> RFP/RFQ #: _____

8. GRA Headcount: _____ 9. NSF Science Code #: _____ 10. CFDA Code #: _____

11. Effort On-Campus: _____ % On-campus location (bldg. name/room #): _____

12. Effort Off-Campus: _____ % Off-campus location (bldg. name/room #): _____

13. Electronic submission : Grants.gov Other 14. Deadline Date: _____ Postmark Receipt

15. Applicable F&A Audited Rate: _____ % 16. Allowable F&A Rate: _____ %

CHECK ALL THAT APPLY:

17. <input type="checkbox"/> Human Subjects	18. <input type="checkbox"/> Radiation
19. <input type="checkbox"/> Animal Care	20. <input type="checkbox"/> Legend Drugs/Controlled Substances
21. <input type="checkbox"/> Biohazards/rDNA	22. <input type="checkbox"/> Access to Classified Information Required
23. <input type="checkbox"/> Space Alterations Required	24. <input type="checkbox"/> Potential Copyrights
25. <input type="checkbox"/> Space Needed	26. <input type="checkbox"/> Potential Patents
27. <input type="checkbox"/> Computing, Networking, Data Vis., Storage, Other	28. <input type="checkbox"/> Hazardous Waste May be Generated
29. <input type="checkbox"/> International Effort List country (ies): _____	
30. <input type="checkbox"/> Subcontracting Plan Required	
31. <input type="checkbox"/> Subcontracting/External Consulting*	
* Name of Proposed Subcontractor(s): _____	
Is Proposed Subcontractor a University Employee-owned business? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, indicate the name of that employee: _____	

Export Control Information:

	Yes	No
32. Does the technology have significant military application?	<input type="checkbox"/>	<input type="checkbox"/>
33. Do you anticipate any restriction(s) on publications?	<input type="checkbox"/>	<input type="checkbox"/>
34. Does the research involve source code for 64-bit encryption software or mass-market encryption products?	<input type="checkbox"/>	<input type="checkbox"/>
35. Does the research involve providing access to technical information or instructions to foreign nationals or foreign entities concerning controlled equipment, software, or technology?	<input type="checkbox"/>	<input type="checkbox"/>
36. Will the research effort develop/fabricate a device or piece of equipment prototype?	<input type="checkbox"/>	<input type="checkbox"/>
37. Will this project require travel to foreign country (ies)**:	<input type="checkbox"/>	<input type="checkbox"/>
** If yes, indicate the country(ies): _____		

38. **UT COSTSHARING REQUESTED:**

Request document attached: Yes No

Total all years cost sharing: \$ _____

39. PRINCIPAL INVESTIGATOR (S) CERTIFICATIONS: By signing this form, each Principal Investigator (PI) certifies that:

- The information submitted within this application, excluding scientific hypotheses and scientific opinions, is true, complete and accurate to the best of the PI's knowledge; that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; and that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is received as a result of the application, and comply with any subsequent award terms and conditions.
- The text and graphics herein as well as any accompanying publications or other documents, unless otherwise indicated, are the original work of the PI(s) or individual working under his/her supervision.
- All discoveries and inventions made or conceived in performance of work on this project will be the property of The University of Tennessee or in accordance with the award terms for this project. University policies and procedures are designed to assure that interests of the inventor, the University, and the sponsor are taken into consideration. The PI(s) will furnish prompt and full disclosure of inventions/creations made during performance of this project to the Office of Research.
- He/she has not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.
- All project personnel, including PI(s), have a current Outside Interest Disclosure Form on file, or if not, one is attached; and that he/she will ensure that all project personnel maintain current disclosures on file during the awarded project period as required by the University's Conflict of Interests Policy, No. FI0125.
- He/she agrees to take reasonable measures to prevent unauthorized foreign persons from having access to, or using, any export controlled technical data that the PI may receive or generate under a subsequent award for this proposal.

Principal Investigator(s)

Date

Principal Investigator(s)	Date

OR-001 (Rev 09/2007)

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Reviewed By: _____

Date: _____