

UNIVERSITY OF MASSACHUSETTS AMHERST
Office of Grant and Contract Administration

Internal Processing Form (8/07)

Tel: 545-0698 Fax: 545-1202 www.umass.edu/research/ogca

OGCA PROPOSAL # _____

GAMS GPID # _____

RECEIVED DATE _____

1. PRINCIPAL INVESTIGATOR (PI): _____ Employee # _____

Dept./Unit and Building: _____ Dept ID: _____

PI Email _____ Tel: _____

PI Designated Contact: _____ Email _____ Tel: _____
 (contact in lieu of PI)

II. PROPOSED SPONSOR: _____

Mailing address: _____

_____ Tel: _____

UMass Prop. includes subcontract(s) in budget ([Click here for Help](#)) _____

OR is a subcontract under prime funder _____

Sponsor Deadline: _____ Due type: Postmark Receipt Electronic (if Elect.) Time _____ Orig.+ # of Copies: _____

Project: Research Instruction Other _____ Revised Budget New Renewal of speed# _____

III. PROJECT TITLE: _____

(130 spaces Max.)

IV. BUDGET AND PERIOD:

YEAR 1				TOTAL PROJECT			
Period: Start Date: _____	End Date: _____			Period: Start Date: _____	End Date: _____		
Budget: _____	<u>Cost Share</u> _____	+ Sponsor _____	= Total _____	Budget: _____	<u>Cost Share</u> _____	+ Sponsor _____	= Total _____
Direct Costs: _____	_____	_____	_____	Direct Costs: _____	_____	_____	_____
Indirect Costs: _____	_____	_____	_____	Indirect Costs: _____	_____	_____	_____
Total Costs: _____	_____	_____	_____	Total Costs: _____	_____	_____	_____
Indirect Cost Rate: _____ = MTDC				Indirect Cost Rate: _____ = MTDC			
.....						
Cost Share: _____	Speed Type: _____			Cost Share: _____	Speed type: _____		
Approved By: _____				Approved By: _____			
.....						
Cost Share: _____	Speed Type: _____			Cost Share: _____	Speed type: _____		
Approved By: _____				Approved By: _____			
.....						
Cost Share: _____	Speed Type: _____			Cost Share: _____	Speed type: _____		
Approved By: _____				Approved By: _____			
.....						
(Click Here for Cost Share Info)				Attach separate sheet as necessary to document cost share details & required approvals.			

V. WILL THIS PROJECT REQUIRE OR INVOLVE:

Use of Human Subjects	Yes <input type="checkbox"/> No <input type="checkbox"/>	Radioactive Materials	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vice Provost Research Match	Yes <input type="checkbox"/> No <input type="checkbox"/>
Use of Vertebrate Animals	<input type="checkbox"/> <input type="checkbox"/>	Bio-hazardous Substances	<input type="checkbox"/> <input type="checkbox"/>	New Faculty and/or Staff	<input type="checkbox"/> <input type="checkbox"/>
Recombinant DNA	<input type="checkbox"/> <input type="checkbox"/>	Carcinogenic Substances	<input type="checkbox"/> <input type="checkbox"/>	Industrial participation	<input type="checkbox"/> <input type="checkbox"/>
Conflict of Interest	<input type="checkbox"/> <input type="checkbox"/>	Funds used for lobbying	<input type="checkbox"/> <input type="checkbox"/>	Select Agents	<input type="checkbox"/> <input type="checkbox"/>
Indirect Cost Variance	<input type="checkbox"/> <input type="checkbox"/>	If YES, check one: UM waiver <input type="checkbox"/> Sponsor Mandated <input type="checkbox"/>			
Sponsor provided Guidelines	<input type="checkbox"/> <input type="checkbox"/>	If YES, include copy of guidelines with Proposal			
Intellectual Property (IP)	<input type="checkbox"/> <input type="checkbox"/>	If YES, indicate if IP is: Background IP (pre-existing) requiring protection <input type="checkbox"/> or to be developed <input type="checkbox"/>			

VI. CO-Principal Investigators: Must be UMass Faculty or Professional staff unless a Subcontract is proposed. Indicate if institution is other than UMass Amherst. Inclusion of UMass Co-Investigators will require a Memorandum of Understanding at time of award. [Click here for more info](#)

Name	UM Employee #	Dept/Unit	Signature (acceptance of IX)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VII. RTF DISTRIBUTION (if **NOT** standard 10/10/10) _____ / _____ / _____
 (Dean) (Dept) (PI)

Co-I (if applicable) _____ / _____ / _____ **Dept ID #s** _____ / _____ / _____

Co-I (if applicable) _____ / _____ / _____ **Dept ID #s** _____ / _____ / _____
 (Dean) (Dept) (co-I) (Dean) (Dept) (co-I)

VIII. UNIVERSITY FACILITIES REQUIRED:

Adequate Space is available for period proposed

YES Building: _____ Room: _____ Approved by: _____

NO Space required: _____ Sq.ft. Source: _____ Approved by: _____
 Installation, Space Renovation, Building Modifications will be required:

YES Estimate: _____ Speed type: _____ Approved by: _____

IX. PRINCIPAL INVESTIGATOR CERTIFICATIONS:

I certify that the above information is true and complete and that the attached proposal conforms to University policies and procedures with regard to sponsored activities. I further understand that any non-mandatory cost share and indirect cost variance, which is not published in a sponsor's guidelines, requires prior review and approval of the Vice Provost for Research. The proposed use of human subjects, vertebrate animals, or hazardous substances may require review and approval prior to proposal submission. PI and co-PI(s) hereby certify: (1) that the information submitted within the proposal is true, complete and accurate to the best of investigators' knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the investigator(s) to criminal, civil, or administrative penalties; and (3) that the investigator(s) agrees to accept responsibility for the conduct of the project and to provide all required reports as applicable if a project is awarded as a result of the proposal.

 Principal Investigator Date PI Code IC Return

X. ADMINISTRATIVE ENDORSEMENTS:

Endorsement by Department(s) and College(s) indicates: approval of project; cognizance of project's risks and of administrative obligations; confirmation that appropriate space and facilities are/will be available; and proposed cost share funds are available, and approval of redistribution of RTF if indicated in section VII above.

 Department Head or Chair Date Typed Name Dept. ID #

 Dean or Provost (as required) Date Typed Name Dept. ID #

 Additional Department Chairperson Date Additional Department Chairperson Date

 Additional Dean or Provost (as required) Date Additional Dean or Provost (as required) Date

 Special Review By Reason Date Special Review By Reason Date

 Grant & Contract Administrator Date Director-OGCA Date