

# Form 10

## Internal Academic Approval of Sponsored Programs

New   
  Revised\*   
  Renewal\*   
  Other\*   
 \_\_\_\_\_   
 \*Provide OSP# \_\_\_\_\_

### Sponsor Information

Receipt   
  Postmark Deadline Date: \_\_\_\_\_   
  ASAP (no published deadline)

Sponsor: \_\_\_\_\_   
 Program: \_\_\_\_\_

Mailing Address: \_\_\_\_\_   
 Telephone: \_\_\_\_\_

\_\_\_\_\_   
 Fax: \_\_\_\_\_

\_\_\_\_\_   
 E-mail: \_\_\_\_\_

For NSF and PHS (NIH, CDC, ACF, FDA, HRSA) proposals, you must agree to abide by the federal financial disclosure regulations summarized at <http://www.osp.cornell.edu/forms/phsnsfdisclosure.pdf>.

### Shipping Information

FedEx   
  Airborne   
  UPS   
  1<sup>st</sup> Class US Postal

Shipping Account No. \_\_\_\_\_   
 Certified US Postal

Priority (next-day a.m.)   
 Standard (next-day p.m.)   
 2-day   
 Electronic Transmission (e.g., FastLane)

### PI/Project Information

Principal Investigator: \_\_\_\_\_

Title: \_\_\_\_\_ Tel: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Dept./Ctr. Admin. Project: \_\_\_\_\_ Dept. Acct Code: \_\_\_\_\_

Project Title:

Function:   
 Organized Research   
 Instruct/Dept. Research   
 Ext./Public Service   
 Academic/Inst. Support   
 Student Services   
 \_\_\_\_\_

### Budget Information

Period of Performance	First Year \$ Requested	Total \$ Requested
Start Date: _____	Direct: \$ _____	Direct: \$ _____
_____	F&A: \$ _____	F&A: \$ _____
End Date: _____	TOTAL: \$ _____	TOTAL: \$ _____

#### Facilities & Administrative (Indirect) Costs:

First Year Rate:  If not full rate, please explain:

Please refer to [instructions](#) for additional guidance.

#### Cost Sharing:

Mandatory   
 Voluntary Comm.   
 None

Dept.	\$ _____	\$ _____
Center:	\$ _____	\$ _____
College:	\$ _____	\$ _____
Univ.:	\$ _____	\$ _____
Other:	\$ _____	\$ _____

**Financial commitments should be authorized by signatures on this form or through attached documentation.**

### Other Resources Specified in Proposal

If the project will require any of the following, please identify the resources needed, the estimated costs, and attach an additional sheet explaining your plans to cover these costs.

- Renovation, construction, or rental of space
- Expanded utility or network services to support proposed additional equipment (e.g., computers, chemical fume hoods, air conditioning, biological safety cabinets, etc.)
- Purchase or maintenance of equipment, apparatus, or furniture with funds **not** included in the proposal
- Additional personnel or space that will require support beyond that provided in the proposal
- Use of additional test plots, agricultural lands or ponds not currently assigned to the PI
- Use of restricted access data set(s)

### OSP Use Only

**Compliance Certifications**

	Indicate Yes or No	OSP Use Only
1. <b>Disclosure Statement:</b> PI and all key personnel have completed the Annual Disclosure Statement.	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Financial Interests:</b> For this project, the PI or other key personnel have undisclosed financial interests that could directly affect the design, conduct, or reporting of this research.	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Human Subjects:</b> This project will involve research on human subjects (including survey respondents and secondary data analysis). If <b>Yes</b> : a. Education and certification in the Protection of Human Research Participants is required. Refer to <a href="http://www.osp.cornell.edu/Compliance/UCHS/PI.htm">http://www.osp.cornell.edu/Compliance/UCHS/PI.htm</a> b. You must obtain an approval from the University Committee on Human Subjects before you can start the research. <a href="http://www.osp.cornell.edu/Compliance/UCHS/homepageUCHS.htm">http://www.osp.cornell.edu/Compliance/UCHS/homepageUCHS.htm</a> c. If you have approval that is valid, attach a copy of the approval letter.	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Animal Use:</b> Live vertebrate animals will be used. If <b>Yes</b> , submit an animal protocol form to the Institutional Animal Care and Use Committee, unless an existing approval will still be valid. If so, attach a copy of the approval letter. <a href="http://www.research.cornell.edu/IACUC/">http://www.research.cornell.edu/IACUC/</a> . Protocol # _____/Date _____	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>rDNA:</b> This project will use DNA or RNA molecules, viruses, bacteria, cells, or organisms constructed with Recombinant DNA methodology or techniques in the laboratory or greenhouse. If <b>Yes</b> , a Memorandum of Understanding and Agreement (MUA) must be approved by the University Institutional Biosafety Committee before starting these experiments, unless an existing approval will still be valid. If so, attach a copy of the approval letter. <a href="http://www.osp.cornell.edu/Compliance/IBC.html">http://www.osp.cornell.edu/Compliance/IBC.html</a> . MUA # _____/Date _____	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Genetically Modified Organisms (GMO):</b> This project involves field release of genetically modified organisms. If <b>Yes</b> provide the following information. Additionally, a Memorandum of Understanding and Agreement (MUA) must be approved by the University Institutional Biosafety Committee before starting these experiments, unless an existing approval will still be valid. If so, attach a copy of the approval letter. <a href="http://www.osp.cornell.edu/Compliance/IBC.html">http://www.osp.cornell.edu/Compliance/IBC.html</a> . The test organism is: _____ APHIS Regulatory Status: <input type="checkbox"/> Non-regulated <input type="checkbox"/> Notification Procedure <input type="checkbox"/> Permit Process APHIS website: <a href="http://www.aphis.usda.gov/">http://www.aphis.usda.gov/</a>	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Radiation:</b> There is planned or potential use of the following. <input type="checkbox"/> Ionizing devices Type: _____ <b>Examples:</b> accelerators, x-ray machines (diagnostic, therapy, diffraction, CHESS), electron microscope, reactor or fusion device <input type="checkbox"/> Non-Ionizing devices Type: _____ <b>Examples:</b> laser, infrared, ultraviolet, microwave, radio frequency, ultrasonic <input type="checkbox"/> Radioactive material Permit #: _____ Issued to: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. <b>Biological Agents and Toxins:</b> Use of naturally occurring or engineered microorganisms or viruses, or biological products (e.g., toxins derived from plants, animals, or microorganisms) capable of causing disease in humans or animals; regulated or restricted plant pathogens or pests; human and mammalian cell lines, human tissue, and blood. <a href="http://www.ehs.cornell.edu/bio/OSPform10.htm">http://www.ehs.cornell.edu/bio/OSPform10.htm</a> . The University Institutional Biosafety Committee must approve these experiments, unless there is an existing Memorandum of Understanding and Agreement (MUA). <a href="http://www.osp.cornell.edu/Compliance/IBC.html">http://www.osp.cornell.edu/Compliance/IBC.html</a> . <input type="checkbox"/> Infectious Agents <input type="checkbox"/> Toxins <input type="checkbox"/> Other: _____ Biosafety Level: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 (Collaborative Not On Campus)	<input type="checkbox"/>	<input type="checkbox"/>
9. <b>Hazardous Materials:</b> There is planned or potential use of hazardous materials. <a href="http://www.ehs.cornell.edu/">http://www.ehs.cornell.edu/</a> If <b>Yes</b> , check all that apply: <input type="checkbox"/> Carcinogens/Mutagens <input type="checkbox"/> Toxic Gases <input type="checkbox"/> Explosive Chemicals <input type="checkbox"/> Toxic Chemicals <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
10. <b>Foreign Activities:</b> This project will involve activities conducted outside of the United States. If Yes, where: _____	<input type="checkbox"/>	<input type="checkbox"/>

**Approvals**

PI/Co-PI signatures on this form are required and certify that the proposal, including the scope of work and budget, is true and accurate and does not infringe on the proprietary rights of others. The PI/Co-PI and all University personnel on this project have agreed to assign to the University any intellectual property rights developed in the course of the project. Neither the PI nor any key personnel on this project are, to the best of their knowledge, debarred, suspended or proposed for debarment by any Federal department or agency.

	<u>Signature</u>	<u>Typed Name</u>	<u>Date</u>
Principal Investigator:	_____	_____	_____
Co-PI:	_____	_____	_____
Co-PI:	_____	_____	_____

This proposal has been reviewed and is compatible with the objectives and policies of all of the Department(s)/Center(s) involved and the unit accepts any cost sharing/resource commitment specified above.

	<u>Signature</u>	<u>Typed Name</u>	<u>Date</u>
Dept. Chair/Ctr. Director:	_____	_____	_____
Dept. Chair/Ctr. Director:	_____	_____	_____
Other:	_____	_____	_____
Dean/Dir. of Research:	_____	_____	_____