

Office of Research
 Division of Sponsored Research
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 Gainesville, FL 32611-5500
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DSR—1
 Sponsored Projects
 Approval Form

Principal Investigator: _____			Multiple PI Project: <input type="checkbox"/> Yes <input type="checkbox"/> No																																			
For Multiple PI Projects, additional signature sheets will be needed and one Contact PI must be identified in the signature block.			Current UPN#: (DSR Completes)																																			
Project Title: _____			If Known:																																			
Funding Agency: _____			PeopleSoft Proposal #: _____																																			
Type: New <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Supplemental <input type="checkbox"/> Revised <input type="checkbox"/> Change of PI <input type="checkbox"/>		Category: Research <input type="checkbox"/> Training <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Other* <input type="checkbox"/>		UF/Dept Person to discuss Applicanton (name/phone/email): _____ _____ _____																																		
* (Extension, fellowships, patient services, public service, conference, etc.)				PeopleSoft Project #: _____ Application Deadline: <input type="checkbox"/> Postmark <input type="checkbox"/> Receipt <input type="checkbox"/> None Date: _____																																		
Check all that apply:			Application Mailing Instructions:																																			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td style="width:10%; text-align: center;">Pending</td> <td colspan="2"></td> </tr> <tr> <td>*Human Subjects (IRB)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2">Mail Original and ____ Copies to:</td> </tr> <tr> <td>*Animan Subjects (IACUC)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2">_____</td> </tr> <tr> <td>Recombinant DNA/RNA</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td colspan="2">_____</td> </tr> <tr> <td>Biohazards</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td colspan="2">_____</td> </tr> </table>				Yes	No	Pending			*Human Subjects (IRB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mail Original and ____ Copies to:		*Animan Subjects (IACUC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		Recombinant DNA/RNA	<input type="checkbox"/>	<input type="checkbox"/>		_____		Biohazards	<input type="checkbox"/>	<input type="checkbox"/>		_____		* (If yes, attach the IRB and/or the IACUC approval letter)			<input type="checkbox"/> Grants.gov <input type="checkbox"/> Other Electronic System <input type="checkbox"/> FedEx <input type="checkbox"/> Other Overnight <input type="checkbox"/> First Class Mail <input type="checkbox"/> Fax to: _____ <input type="checkbox"/> Email PDF <input type="checkbox"/> Release back to PI <input type="checkbox"/> Internal Only (no mailing)		
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Cost Sharing: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, complete the following: Mandatory: \$ _____ Attach the required cost share letter and agency guidelines Voluntary Committed: \$ _____ Attach the "Dean's Approval" Letter																																				
(DSR Use) DSR Staff: _____ Received _____ Action _____ Date _____			_____ (FedEx Account Number)																																			

Multiple Principal Investigator Projects: For those projects designated as a Multiple PI Project the listed PIs share the responsibility for directing and managing the project in accordance with University and Sponsor policies and procedures. The Contact PI will be responsible for relaying communications between all of the PIs, University Officials and the Sponsor.

Principal Investigator Endorsement: By signing below you agree to perform the work and manage the project in accordance with University and Sponsor policies and procedures.

Investigator(s) Assurance Statement as Required by Federal Regulation: Investigator (s), by signing this DSR-1 form, further certify that: (1) the information submitted within the application is true, complete and accurate to the best of their 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 Principal Investigator(s) agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports and the final report if a grant is awarded as a result of the application.

University Endorsement: This project has been reviewed by the officials whose signatures appear below as they relate to their areas and are satisfied that all faculty involved in the project have agreed to participate and that all obligations and commitments described herein are acceptable.

Indirect Cost Distributions: Upon receipt of DSR's Notice of Award, Principal Investigator(s) are instructed to use the Office of Research web based F&A Manager to declare how the indirect costs collected under the award shall be distributed. The return of indirect costs generally occurs in the Fall of each year and is based upon the indirect costs collected from grants and contracts during the preceding fiscal year (July 1 - June 30).

Principal Investigator: Check here if Contact PI

Co-Principal Investigator:

NAME: _____ DATE _____
 TITLE: _____
 UFID #: _____ TELEPHONE #: _____
 DEPARTMENT: _____

NAME: _____ DATE _____
 TITLE: _____
 UFID #: _____ TELEPHONE #: _____
 DEPARTMENT: _____

Department Chair:

Other Endorsement (Where Needed):

NAME: _____ DATE _____
 DEPARTMENT: _____

NAME: _____ DATE _____
 TITLE: _____
 ACADEMIC UNIT: _____

College Dean:

Vice President for Research:

NAME: _____ DATE _____
 COLLEGE: _____

NAME: _____ DATE _____
 Division of Sponsored Research