



Office of  
Research and  
Sponsored  
Programs

**Proposal Authorization Request (PAR)**

Notice: Complete Proposal, PAR, detailed budget, and all supporting documentation must be submitted to ORSP at least 5 business days before Sponsor Deadline.

**ORSP Use Only:**

ORSP Proposal #

Banner #

Prime #  ARRA

Date Submitted

Reviewer  Date

Database  Date

**PI Data**

Name  E-mail

Phone  Department  Org #

**Submission Data**

Proposal Title

Funding Opportunity  CFDA Number  Activity Type

Submission Method  Sponsor Deadline  Deadline type:

Funding Mechanism  Proposal Type

NSF Classification

**Sponsor Data**

Sponsor Name  Phone  ext.  Fax

Sponsor Contact  Address

Email  City  State  Zip Code

Sponsor Type  Sub Class  Sponsor Code

**Budget Data (a detailed budget must be included with the submission)**

	Initial Period	Total Project Period	F&A (Facilities and Administrative Costs)
Start Date	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> On-Campus Rate: Research or Instruction: 43.5% of MTDC
End Date	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> On-Campus: Other Sponsored Activities: 37.5% of MTDC
Total Direct Costs	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Off-Campus Rate: 26% of MTDC <input type="checkbox"/> Other Rate: <input type="text"/>
Total F&A	<input type="text"/>	<input type="text"/>	If UALR's on or off-campus rates are not being applied, you must provide one of the following:
Total Direct+F&A	<input type="text"/>	<input type="text"/>	1. A Copy of the Sponsor's Standard Policy listing the F&A Cap 2. A UALR Request for Indirect Cost Reduction Waiver Form

Yes  No Is **mandatory** Cost Share or Matching included? If so, what type is required by the sponsor?  Cash  Non-Cash

Yes  No Is **voluntary** Cost Share or Matching included? If so, what type is being offered?  Cash  Non-Cash

**Note: Non-mandatory or voluntary Cost-share commitments require written approval from the UALR Vice Provost for Research.**

- Yes  No Will Graduate Students work on this project?  
 How many Graduate Assistantships are being requested by this proposal?  
 Yes  No Has tuition support for all graduate students involved in this project been included in the budget?
- Yes  No Are Sub-Recipients included in this proposal?  
 Yes  No Has a Statement of Work, Budget, Commitment Letter, and/or Sponsor's Face-Page with authorized signatures from each sub-recipient been included?
- Yes  No Does this project require space changes, renovations, or additional infrastructure?  
 Yes  No Has documentation been attached describing the requested modifications and associated costs, with signatures from each of the affected and appropriate Chairs and Deans?
- Yes  No Will this project require continued UALR funding or support after the award expires? If yes, on a separate page, please describe the continued support that will be needed.

Yes  No Does this project involve the transfer or receipt of tangible research materials to a recipient organization that intends to use the materials for research purposes?

Yes  No **Continuation or Renewal only:** Are annual or interim reports included as required by the existing agreement?

### Special Reviews

Yes  No Is this a systematic research study that includes human participants with the intention to generalize the resulting information?

If "Yes," please be aware the IRB must review and approve the project prior to the start of the project activities, and IRB approval will be required prior to the release of award funds.  Pending Approval

Continuations : Protocol #  Date of Approval  RCO Initials

Yes  No Does this project involve vertebrate animals?

If "Yes," please be aware the IACUC must review and approve the project prior to the start of the project activities, and IACUC approval will be required prior to the release of award funds.  Pending Approval

Continuations : Protocol #  Date of Approval  RCO Initials

Yes  No Does the project involve the use of biohazardous materials or genetically-modified agents, human tissue (including blood & immortal cell lines,) infectious agents, biotoxins, recombinant DNA molecules, or select agents (e.g. regulated animal and plant pathogens)?

If "Yes," please be aware the IBC must review and approve the project prior to the start of the project activities, and IBC approval will be required prior to the release of award funds.  Pending Approval

Continuations : Protocol #  Date of Approval  RCO Initials

Yes  No Are students involved in the project?

Yes  No Will any equipment be exported by UALR in the course of this project?

Yes  No Will this project require any *export controlled*\*\* information to be received by UALR?

Yes  No Does this project restrict the participation of foreign nationals?

Yes  No Does this project fall under ITAR (International Traffic in Arms Regulations)?  
(See [pmdtc.state.gov/regulations\\_laws/itar.html](http://pmdtc.state.gov/regulations_laws/itar.html))

Yes  No Will new intellectual property or potentially patentable devices result from this award?

Yes  No Does this project restrict the publication of findings?

Yes  No Does this project include the use of radiation/radioisotopes, radioactive materials, or radiation producing materials?

Yes  No Lasers

Yes  No Planned or potential use of hazardous materials? If "Yes", check all that apply:

Toxic Chemicals  Toxic Gases  Explosive Chemicals  Carcinogens/Mutagens  Other:

\*\* Definition: Export-controlled information or material is any information or material that cannot be released to foreign nationals or representatives of a foreign entity, without first obtaining approval or license from the Department of State for items controlled by the International Traffic in Arms Regulations (ITAR), or the Department of Commerce for items controlled by the Export Administration Regulations (EAR).

### Conflict Of Interest(COI)

Do any potential, real or perceived, conflicts of interest exist for this project for you, your spouse, domestic partner, or dependent children, as defined by the Code of Federal Regulations? (See [grants.nih.gov/grants/compliance/42\\_CFR\\_50\\_Subpart\\_F.htm](http://grants.nih.gov/grants/compliance/42_CFR_50_Subpart_F.htm))

Are there any relatives working on this project?

**Yes**   **No**

PI

Co-PI #1

Co-PI #2

Co-PI #3

Yes    No

Please indicate the date of the last Financial Disclosure you submitted to UALR.

This is specifically required for all NIH & NSF Grants

PI Date                      Co-PI #1 Date

Co-PI #2 Date                      Co-PI #3 Date

### Co-PI Data

Co-PI #1:    Name                       Title

E-mail                       Phone                       Department

Co-PI #2:    Name                       Title

E-mail                       Phone                       Department

Co-PI #3:    Name                       Title

E-mail                       Phone                       Department

### Departmental/Unit Business Contact (with Banner Access)

Name                       Banner ID                       Alternate                       Banner ID

Phone                       E-mail                       Phone                       E-mail

### My Signature below confirms my review of the proposal. It also certifies that:

1. I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by a federal department or agency.
2. I have not and will not lobby any federal agency on behalf of this award.
3. I am familiar with the requirements of the UALR Procurement Policy and will report any violations to the Office of Research and Sponsored Programs.
4. I also certify:
  - a. that the information submitted within this application is true, complete, and accurate to the best of my knowledge;
  - b. that any false, fictitious, or fraudulent statements or claims may subject me, as the PI/Co-PI/Co-I, to criminal, civil, administrative penalties; and,
  - c. that I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is made as a result of this application.
5. Applicable only to the principal investigator: I confirm that I have reviewed all sub-awards included in this proposal. All sub-awards' direct costs have been reviewed and appear reasonable given the proposed statement of work. All fringe benefit and indirect cost rates have been verified with the sub-awardees' organization as being current for the proposed duration of the project. (Verification may be in the form of a letter from an authorized official of the organization)

**All Investigators Must Sign** (See [grants.nih.gov/grants/guide/notice-files/not-od-06-054.html](http://grants.nih.gov/grants/guide/notice-files/not-od-06-054.html))

**Notice:** If ORSP does not receive sufficient time to review this proposal, at least 5 days, the proposal may be submitted with an abbreviated review or no review absent any blatant problems. However, if in subsequent review after the submission, the proposal is found to be incomplete or does not conform to institutional or sponsor requirements, on behalf of the institution, ORSP may withdraw the proposal from consideration. If it is possible to correct the proposal and not withdraw it, any additional costs, etc. due to the corrections will be the responsibility of the PI and /or the supporting department or college.

**Signatures and Approvals (Signatures from all participating departments are required)**

\_\_\_\_\_  
PI's Signature Date

\_\_\_\_\_  
Department Chair/Unit Director Date

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
College/Unit

\_\_\_\_\_  
Co-PI #1's Signature Date

\_\_\_\_\_  
Department Chair/Unit Director Date

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
College/Unit

\_\_\_\_\_  
Co-PI #2's Signature Date

\_\_\_\_\_  
Department Chair/Unit Director Date

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
College/Unit

\_\_\_\_\_  
Co-PI #3's Signature Date

\_\_\_\_\_  
Department Chair/Unit Director Date

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
College/Unit

**Administrative Signatures (ORSP will obtain the signatures below as needed)**

\_\_\_\_\_  
Office of Research and Sponsored Programs Date

\_\_\_\_\_  
Vice Chancellor for Finance & Administration Date

\_\_\_\_\_  
Provost Date

\_\_\_\_\_  
Vice Provost for Research Date

\_\_\_\_\_  
Chancellor Date