



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 #

Workday #

Prime #

Date Submitted

Reviewer Date

Database Date

PI Data

Name E-mail

Phone Department CC #

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	1/1/2027	1/1/2027	☐ On-Campus Rate: Research _____
End Date			☐ On-Campus Rate: Instruction _____
Total Direct Costs			☐ On-Campus: Other Sponsored Activities _____
Total F&A	0	0	☐ Off-Campus Rate: 26% of MTDC _____
Total Direct+F&A			☒ Other Rate: 0% _____

If UALR's on or off-campus rates are not being applied, you must provide one of the following:

- ☒ 1. 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 pmdtdc.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)

Yes **No**

☐ ☐ PI

☐ ☐ Co-PI #1

☐ ☐ Co-PI #2

☐ ☐ Co-PI #3

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

Are there any relatives working on this project? ☐ Yes ☐ No

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

Name Cost Center Alternate Cost Center

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)

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 _____