

# MIAMI UNIVERSITY – OARS PROPOSAL APPROVAL FORM (PAF)

Office for the Advancement of Research and Scholarship  
102 Roubush Hall, Oxford, OH 45056  
Voice: 513-529-3600 Fax: 513-529-3762 Web: [www.muohio.edu/oars](http://www.muohio.edu/oars)

OARS LOG #
Rev. 1/01/2008

**Miami University Requirement:** Faculty, staff, and students **must** use this form to obtain University approval of grant proposals to all external organizations OARS **prereview** of the budget is necessary **prior to** this approval process.

## A. PROPOSAL INFORMATION

1. Principal Investigator(s)/ Project Director(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Phone(s): \_\_\_\_\_
2. Department(s)/ Center(s)/ Program(s)/ Institute(s): \_\_\_\_\_  
 \_\_\_\_\_
3. Project Title: \_\_\_\_\_
4. Funding Agency: \_\_\_\_\_
5. Funding Program: \_\_\_\_\_
6. Proposal Type (check all that apply):  
 New Project     Continuation     Revision     Supplement     Subcontract
7. Start Date: \_\_\_\_\_ 8. End Date: \_\_\_\_\_
9. Submission Deadline: \_\_\_\_\_  Receipt     Postmark     N/A
10. E-Submission Required:  No     Yes    Name of Site: \_\_\_\_\_

## B. COMPLIANCE WITH AGENCY AND UNIVERSITY GUIDELINES

1. By signing on page 2, the principal investigator(s) make(s) the following declaration:  
*"I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by a federal department or agency."*
2. Is there a significant financial interest (as defined by greater than 5% stock ownership of, or \$10,000 per year in consulting income from the entity funding this research) of the investigator(s) or family member(s) in the entity funding this research that would reasonably appear to be affected by the proposed project?  
 No     Yes *If yes, please complete a financial disclosure statement with details and attach it to this Proposal Approval Form. For guidance on required disclosures see section 15.5 of the Miami Policy and Information Manual and consult with the Associate Dean for Research.*
3. Does this project involve the use of the following?
 

Category	Checkmark Applicable Answer	
Human Subjects	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Live Vertebrate Animals	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Radioactive Materials	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Recombinant DNA	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Toxic Agents or Human Pathogens	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If yes, the Principal Investigator/ Project Director is responsible for obtaining appropriate compliance committee approval. **Detailed information available at: [www.muohio.edu/oars/research\\_compliance/](http://www.muohio.edu/oars/research_compliance/)**
4. Does this project involve credit instruction?  No     Yes  
*If yes, contact the Office of Life Long Learning 529-8600 for University approval.*
5. Does this project require use of additional or renovated space:  No     Yes; new instrumentation space:  No     Yes; new instructional space:  No     Yes; new office or meeting space:  No     Yes?  
*If any box is checked YES, then your Department Chair/Director and/or Dean must identify the space and source of funds for any required renovations by memo to Dick Pettitt, 204 RDB.*

**C. BUDGET DATA**

Future salaries and wages are **estimates only**. Subsequent payment levels and raises **must be** reviewed and approved by the appropriate supervisors and Academic Personnel Office.

	<u>Funding Agency</u>		<u>Miami U. Cost Sharing Commitments</u>	
	1st Year	Total	1st Year	Total
1. Direct Costs	\$ _____	_____	\$ _____	_____
2. Indirect (F&A) Costs	\$ _____	_____	\$ _____	_____
3. Total Costs	\$ _____	_____	\$ _____	_____

**D. APPROVALS**

Principal Investigators/ Project Directors **must** allow individuals approving the proposal adequate time for reading the proposal, reviewing the budget and evaluating the cost sharing requests. OARS needs a **minimum of 5 working days** for reviewing and processing. Once the approval process is completed, submit two copies of your final proposal to the Office for the Advancement of Research and Scholarship.

\_\_\_\_\_  
Print Sign Date  
 1. Principal Investigator/Project Director

\_\_\_\_\_  
Print Sign Date  
 4. Associate Provost/Authorized OARS Staff Member

\_\_\_\_\_  
Print Sign Date  
 2. Department Chair/Center/Program/Institute Director

\_\_\_\_\_  
Print Sign Date  
 5. Provost Office (if appropriate)

\_\_\_\_\_  
Print Sign Date  
 3. Dean of College/School/Regional Campus

\_\_\_\_\_  
Print Sign Date  
 6. (Additional Special Approvals, if any)

For multiple Principal Investigators additional signatures can be written in Section E.

**E. COMMENTS BY SIGNERS and COST-SHARE COMMITMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. Attach Abstract**

**\*\*\*FOR RESEARCH AND SCHOLARSHIP OFFICE USE ONLY\*\*\***

Classification:

- Research
- Instruction
- Fellowship
- Service

Funding Source:

- Federal Government
- State of Ohio
- Other Government Agencies
- Foundations and Associations
- Industry and Business

Does the project associated with this contract have an **Intellectual Property** component?  No  Yes  
 Does the project have an Ohio Board of Regents Action Fund Commitment?  No  Yes