



15. **SPECIAL CONSIDERATIONS FOR THIS PROJECT:** Check (✓) only those items below that apply to this project:

<input type="checkbox"/> New Positions		Use Approved by Appropriate UNH Regulatory Body?		
<input type="checkbox"/> Personnel from Other USNH Depts.*				
<input type="checkbox"/> Faculty A/Y Release Time				
<input type="checkbox"/> Faculty A/Y Supplemental Salary**		Pending	Yes	If Yes, Protocol #
<input type="checkbox"/> Faculty Summer Salary	<input type="checkbox"/> Human Subjects**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Graduate Students	<input type="checkbox"/> Vertebrate Animals**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Cost Sharing**	<input type="checkbox"/> Radioactive Materials**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Subawards**	<input type="checkbox"/> Recombinant DNA**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Patents/Copyrights/Licenses**	<input type="checkbox"/> Infectious Agents/BL **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Equipment w/\$50K+ Purchase Price	<input type="checkbox"/> Carcinogens/Oncogenes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Renovations, Additions, etc.	<input type="checkbox"/> Controlled Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

\* If this project includes effort of UNH employees from other than the Project Director's department, a Form for Additional Faculty or Staff is required for each such employee.

\*\* Complete and submit appropriate forms or applications.

16. **SUBMITTAL TO PROSPECTIVE SPONSOR:**

Number of copies to submit (including original):

Deadline Date: \_\_\_\_\_ ASAP \_\_\_\_\_ Postmark \_\_\_\_\_ Sponsor Receipt

Sponsor Mailing Name/Address:

I certify that I have read and understand UNH's policy on Financial Conflict of Interest in Research; have made all required financial disclosures; as project leader, have made every effort to ensure that all responsible for the design, conduct, or reporting of the research have submitted the required disclosures; and prior to the expenditure of award funds will have reached an agreement with UNH which provides for conditions or restrictions necessary to manage, reduce, or eliminate any conflicts of interest under UNH policy. See [http://www.unh.edu/osr/compliance/Regulatory\\_Compliance.html](http://www.unh.edu/osr/compliance/Regulatory_Compliance.html) for policy statement.

\_\_\_\_\_  
Project Director's Signature

\_\_\_\_\_  
Co-Project Director's Signature

17. **SIGNATORIES ACCEPT COMPLETE RESPONSIBILITY FOR THIS PROJECT.**

I certify that I am not currently suspended, debarred, or otherwise ineligible to receive federal or state funds.

\_\_\_\_\_/\_\_\_\_\_  
Project Director Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Co-Project Director Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Department/Center/Unit Head Endorsement / Date

\_\_\_\_\_/\_\_\_\_\_  
Department/Center/Unit Head Endorsement / Date

\_\_\_\_\_/\_\_\_\_\_  
Institute/Center Director Approval / Date

\_\_\_\_\_/\_\_\_\_\_  
Institute/Center Director Approval / Date

\_\_\_\_\_/\_\_\_\_\_  
College/School Dean or Vice President Approval / Date

\_\_\_\_\_/\_\_\_\_\_  
College/School Dean or Vice President Approval / Date

Office of Sponsored Research Signature / Date: \_\_\_\_\_/\_\_\_\_\_

## FORM FOR ADDITIONAL FACULTY OR STAFF

Complete this form **only** when faculty or staff from UNH departments/colleges **other than** the project director's are included in the project. Use a separate form for each such faculty or staff member.

PROJECT TITLE: \_\_\_\_\_

PROJECT DIRECTOR: \_\_\_\_\_

Faculty or Staff Name: \_\_\_\_\_

% Time on Project: \_\_\_\_\_

Appointment Type: \_\_\_ AY (9 month) \_\_\_ FY (12 month)

Check type of compensation expected for this faculty or staff member for this project:

- none
- release time
- summer salary
- additional pay (pay in addition to regular, UNH-budgeted salary)

Is the work to be performed over and above the person's regular duties?

Yes \_\_\_ No \_\_\_

I certify that I have read and understand UNH's policy on Financial Conflict of Interest in Research ([http://www.unh.edu/osr/compliance/Regulatory\\_Compliance.html](http://www.unh.edu/osr/compliance/Regulatory_Compliance.html)); and have made all required financial disclosures. I also certify that I am not currently suspended, debarred, or otherwise ineligible to receive federal or state funds.

\_\_\_\_\_/\_\_\_\_\_  
Faculty/Staff Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Department/Center/Unit Head Endorsement / Date

\_\_\_\_\_/\_\_\_\_\_  
Institute/Center Director Approval / Date

\_\_\_\_\_/\_\_\_\_\_  
College/School Dean or Vice President Approval / Date

UNIVERSITY OF NEW HAMPSHIRE

**PROPOSED BUDGET**

	YEAR 1	YEAR 2	YEAR 3	TOTAL
<b>A. <u>FACULTY</u></b>				
Release				
Academic Year Supplemental				
Summer				
<b>B. <u>OTHER PERSONNEL</u></b>				
Graduate Students				
AY SU				
AY SU				
PAT Staff				
Operating Staff				
Student/Non-Student Labor				
<b>C. <u>FRINGE BENEFITS</u></b>				
Full fringe rate: Amount:				
FICA rate: Amount:				
<b>D. <u>TUITION WAIVERS</u></b>				
<b>E. <u>EQUIPMENT</u></b>				
<b>F. <u>TRAVEL</u></b>				
<b>G. <u>OTHER DIRECT COSTS</u></b>				
Materials, Supplies, etc.				
Publication Costs				
Computer Services				
Subcontract(s)				
Consultants				
Service Provider				
Other				
<b>H. <u>TOTAL DIRECT COSTS</u></b>				
<b>I. <u>FACILITIES &amp; ADMINISTRATIVE COSTS</u></b> (RATE % _____)				
<b>J. <u>TOTAL REQUESTED OF SPONSOR</u> (H+I)</b>				
<b>K. <u>COST SHARING</u> (if any)</b>				
<u>PROGRAM INCOME</u> (if any)				
<b>L. <u>TOTAL PROJECT COST</u> (J+K)</b>				

YELLOW SHEET

UNIVERSITY OF NEW HAMPSHIRE

**INSTRUCTIONS AND INFORMATION SUPPLEMENT**

**to**

**“REQUEST FOR INTERNAL APPROVAL OF GRANT OR CONTRACT APPLICATION  
TO EXTERNAL SPONSOR”**

1. UNH Project Director: UNH faculty or staff member who will conduct the project. This name will appear on UNH financial reports and on reports generated by the Office of Sponsored Research. USID is Social Security Number.
2. UNH Co-Director: UNH faculty or staff member who will co-direct the project. Signature from appropriate chairperson and dean must be obtained if different from those of Project Director. USID is Social Security Number.
3. Project Title: Sixty-character (maximum) description of the project. Avoid phrases that do not add meaning (e.g. “a proposal for the study of”) or that embed the prospective sponsor’s name, which will be captured elsewhere. Project title will appear on reports generated by the Office of Sponsored Research. A thirty character description of the project will appear on UNH financial reports for awards.
4. Project Dept./Center/Institute: Academic, research, or administrative department, center, or institute with which the project will be affiliated.
5. Project Location(s): Buildings and rooms where the research or sponsored program will be conducted.
6. Project Duration: Expected duration of the entire project from beginning to ending month, day, and year.
7. Project Cost: Amount being requested of the sponsor; required cost-sharing, if any. 7A: Indicate any anticipated program income. (Financial & Administrative costs will be charged.)
8. Prospective Sponsor: Sponsor to which application is being made. If application is to a specific division or department within the sponsor’s hierarchy, specify that as well (e.g., NSF directorates or an individual NIH).
9. Program: If pertinent, specific program to which application is being made (e.g., NIH AREA, NSF Biological Instrumentation Program). 9A: Catalog of Federal Domestic Assistance number is needed for all federally-sourced projects. See <http://www.gsa.gov/fdac/> for programs and numbers.
10. Primary Sponsor: Originating source of funds if other than Prospective Sponsor. If the application is a request to the University of Maryland to collaborate on an NSF project, e.g., the University of Maryland is the Prospective Sponsor and NSF is the Primary Sponsor.
11. Expected Notification Date: Date by which the Project Director expects to be notified of application’s acceptance or denial for funding.
12. Application Type:
  - New/Preliminary: Application that, if awarded, results in the sponsor issuing a new grant or contract number.
  - Budget Revision: Application to revise the budget of a proposal still pending with sponsor.
  - Resubmission: Application essentially similar to one earlier requested of the same sponsor, but which was denied or withdrawn. Specify previous UNH proposal number.
  - Continuation/  
Supplement: Continuation for a multi-year grant or contract already approved by the sponsor but that requires a request for years 2, 3, etc.; or a supplemental request to an existing grant or contract. Specify the existing UNH Banner Grant Code.
  - Renewal: Application to support a new phase of a previously funded project, generally resulting in a new grant or contract number. Specify previous UNH Banner Grant Code.
13. Purpose: Address questions about project categorization to Office of Sponsored Research Grant/Contract Administrator responsible for the Project Director’s home department.
14. Office Use Only: For the Office of Sponsored Research.

#### 15. Special Considerations for this Project:

<b>New Positions:</b>	If you intend to hire new staff, contact UNH Human Resources to complete a Position Description Questionnaire (x2-0500 or <a href="http://www.unh.edu/hr/index.html">http://www.unh.edu/hr/index.html</a> ).
<b>Personnel from Other USNH Departments:</b>	If this project includes effort of UNH employees from other than the Project Director's department, a Form for Additional Faculty or Staff is required for each such employee.
<b>Faculty AY Release or Supplemental Salary:</b>	Faculty release time or supplemental salary for work on the sponsored project must be approved in advance by the dean. (See UNH Additional Pay policy.)
<b>Faculty Summer:</b>	See UNH Additional Pay policy for limitations on faculty summer pay and time.
<b>Graduate Students:</b>	Project Directors are encouraged to include graduate students in projects.
<b>Cost-Sharing:</b>	If the sponsor requires, or you volunteer to provide additional funds or in-kind services (UNH or other external) in support of this project, complete the "Cost Sharing Supplement." Cost-sharing <b>must</b> be identified and approved prior to proposal submission. (See UNH Cost Sharing Policy at <a href="http://www.unh.edu/osr/unhlocal/cshr.pdf">http://www.unh.edu/osr/unhlocal/cshr.pdf</a> .)
<b>Subawards:</b>	If you expect to subaward part of this project to another institution, company, etc., contact the Office of Sponsored Research (x2-4865) for a form required to be completed by the proposed subawardee <b>before</b> the application for external funds is submitted.
<b>Patents/Copyrights/ Licenses:</b>	The UNH Intellectual Property Policy and further information are available from the Office of Intellectual Property Management (x2-4125 or <a href="http://www.unh.edu/oipm/uiipp.html">http://www.unh.edu/oipm/uiipp.html</a> ).
<b>Equipment Cost \$50K+:</b>	Also complete cost-sharing and/or renovations forms as appropriate.
<b>Renovations/Additions:</b>	If this project will require any renovations, additions, or changes to UNH property, contact Facilities Planning & Construction at x2-4452.
<b>Human Subjects:</b>	If "yes," specify the UNH Institutional Review Board (IRB) protocol number for this project. If an IRB approval request has not been submitted yet, contact the Office of Sponsored Research (x2-2003 or <a href="http://www.unh.edu/osr/compliance/Regulatory_Compliance.html">http://www.unh.edu/osr/compliance/Regulatory_Compliance.html</a> ) <b>well in advance of the sponsor deadline</b> . IRB certification <b>must</b> accompany the external funds application.
<b>Vertebrate Animals:</b>	If "yes," specify the UNH Institutional Animal Care and Use Committee (IACUC) protocol number for this project. If an IACUC approval request has not been submitted yet, contact the Animal Resources Office <b>well in advance of the sponsor deadline</b> (x2-4629 or <a href="http://www.unh.edu/osr/compliance/Regulatory_Compliance.html">http://www.unh.edu/osr/compliance/Regulatory_Compliance.html</a> ). IACUC certification <b>must</b> accompany the external funds application.
<b>Radioactive Materials:</b>	If "yes", attach a current copy of the UNH Radioactive Material Permit that authorizes the specific isotopes, activities, and locations of use for this project. All uses of radioactive material at UNH require authorization from the UNH Radiation Safety Committee (RSC) and Environmental Health & Safety (EH&S) in the form of a written Permit. Contact EH&S (x2-4041 or <a href="http://www.unh.edu/ehs/radsafety2001.htm">http://www.unh.edu/ehs/radsafety2001.htm</a> ) for application forms and guidance if you have not yet submitted an application for a Radioactive Material Permit. A current Permit or other written RSC approval/commitment <b>must</b> accompany your application for external funds.
<b>Recombinant DNA:</b>	If "yes," attach evidence of UNH Biological Safety Committee approval for this project or written indication of NIH rDNA Guidelines "Exempt" status. Contact Environmental Health & Safety (x2-4041 or <a href="http://www.unh.edu/osr/compliance/DNA_Form.pdf">http://www.unh.edu/osr/compliance/DNA_Form.pdf</a> ) for forms and further information if you have not yet submitted a request for approval. Certification of rDNA protocol status <b>must</b> accompany your application for external funds.
<b>Infectious Agents/BL_:</b>	Specify BL level 1,2,or 3. Attach UNH Biological Safety Committee approval certificate for this project, where applicable. If your infectious agent usage is not yet registered, contact Environmental Health & Safety (x2-4041 <a href="http://www.unh.edu/osr/compliance/Infectiousag_form.pdf">http://www.unh.edu/osr/compliance/Infectiousag_form.pdf</a> ) for forms and further information.
<b>Carcinogens:</b>	No prior approval is currently required. For questions regarding safe use, contact Environmental Health & Safety (x2-4041 or <a href="http://www.unh.edu/ehs/">http://www.unh.edu/ehs/</a> ).
<b>Controlled Drugs:</b>	If used, you must have a DEA license. For more information, contact Environmental Health & Safety (x-4041 or <a href="http://www.unh.edu/ehs/">http://www.unh.edu/ehs/</a> ) or, if this project also involves vertebrate animals, the Animal Resources Office (x2-4629).

16. Submittal to Prospective Sponsor: List the number of copies to be submitted to the Prospective Sponsor (including the original), any deadline date to be met (indicating whether a postmark deadline or sponsor's receipt date), full mailing address, and any special instructions related to copying, packaging and shipping the proposal.

17. Certification and Signatures: Policy statements and definitions of terms (conflict of interest, debarment, etc.) are available from the Office of Sponsored Research.

UNIVERSITY OF NEW HAMPSHIRE

**COST-SHARING SUPPLEMENT\***

to

**“REQUEST FOR INTERNAL APPROVAL OF GRANT OR CONTRACT APPLICATION TO EXTERNAL SPONSOR”**

1. UNH Project Director:

2. Project Title:

3. Prospective Sponsor:

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4. Item	5. Amount	6. Fiscal Year	7. Source (Banner fund code)	8. Signature of Person Responsible for Source

TOTAL:
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\_\_\_\_\_ / \_\_\_\_\_  
Project Director's Signature / Date

\* This form is required for all applications for external funding that involve cost-sharing. It is the responsibility of the Project Director to provide documentation for all cost-sharing, once an award is made. To comply with federal regulations, any in-kind cost-sharing must be documented at the time the services are provided. See instructions for completing this form.

## INSTRUCTIONS TO COST-SHARING SUPPLEMENT

1. **UNH Project Director.** The project director whose name appears on the “Yellow Sheet.”
2. **Project Title.** The title as it appears on the “Yellow Sheet.”
3. **Prospective Sponsor.** The sponsor as it appears on the “Yellow Sheet.”
4. **Item.** Enter one of the following:

RELEASE	for proposed release time for faculty or staff to work on this project (salary dollars have already been budgeted).
SALARY	for previously unbudgeted salary dollars.
FRINGE	for fringe benefits associated with both release and unbudgeted salary. (Use UNH as source. NO signature required.)
EQUIP	for equipment.
TRAV	for travel
SUPPLIES	for supplies
TUITION	for tuition or tuition waivers
CSHF&A	for Facilities & Administrative Costs associated with cost-shared items listed above (Signature from Office of Sponsored Research is required.)
CONTSERV	for contributed services such as boat time, equipment maintenance, consulting).
Other	for items other than above, please specify.

5. **Amount.** Enter the dollar value of the item being cost-shared.
6. **Fiscal Year.** Enter the fiscal year in which the cost-sharing obligation is most likely to fall due.
7. **Source.** Enter one of the following:

Banner Fund Code	
UNH	used only with ITEM coded FRINGE.
OSR	used only with CSHF&A.
STATENH	cost-sharing by an agency or office of the State of New Hampshire.
EXTERN	all other external sources of cost-sharing

8. **Responsible Person for Source.** Signature of a person authorized to commit cost-sharing obligations.