

**Electronic Proposal Routing Approval Form (ePRAF):**

1. *Proposal Title:*
2. *Project Start Date:*
3. *Project End Date:*
4. *Location of Project (Office or Lab Room #):*
5. *Funding Opportunity Number:*
6. *Grant Type:* Choose an item.
7. *Is this related to COVID-19?* Choose an item.
8. *Center and Institutes: If this proposal is associated with a Center or Institute, please enter it below. If no response is provided this project will default to the PI’s Home Department for account setup and reporting purposes:*
9. *If this proposal is associated with a Preeminent or Emerging Preeminent program, please enter it below. This field may be left blank if this proposal is not associated with a Preeminent or Emerging Preeminent program.*  Choose an item.*:*
10. *Project Team F&A Share % Distribution:*

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| --- | --- | --- |
| **Name** | **Project Role** | **F&A Share % \*** |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |

*\*This is the Facilities & Administrative percentage that will be shared among the project team members.*

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| **\*Layman’s Proposal Description (up to 4,000 characters).** Provide a brief description geared towards the general public about your proposed project. | | | | |
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|  | **Main Section** |  | **Comment(s)** |
| 1. | Does the agency forbid Facilities and Administrative (F&A) Costs?  If so, please check 'Yes' and attach documentation. | **Choose an item.** |  |
| 2. | Is this proposal a result of a previously executed Non Disclosure Agreement or Teaming Agreement? | **Choose an item.** |  |
| 3. | Will this proposal span across multiple colleges? If so, please check 'Yes' and indicate F&A percentage split between colleges in the comment box. | **Choose an item.** |  |

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| 4. | If funded, would you permit the Office of Research & Economic Development to include your proposal as part of the successful proposal collection? The proposal collection is used as a reference for other faculty members interested in pursuing external funding. (Note: The file will be password protected so only FIU faculty can access the information.) | **Choose an item.** |  |
| 5. | If this project is funded would you be willing to provide research opportunities to undergraduate students? If yes please indicate in the comment box whether such opportunities would be paid or unpaid. | **Choose an item.** |  |
| 6. | Did you disclose on the sponsor’s current and pending support form (or similar other form which may be required by the sponsor) all financial resources, whether federal, non-federal, foreign, commercial or institutional, available or to be provided in direct support of project personnel’s research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards? | **Choose an item.** |  |

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|  | **Safety Assurance** |  | | **Comment(s)** | | |
| 7. | Does this project involve any of the following?  (1) Hazardous Chemicals/Nanomaterials  (2) Biohazard/Biomedical Materials or Waste  (3) Medical Surveillance  (4) Explosives/Carcinogens  (5) Research Diving/Boating  (6) Select Agents  (7) Radioactive Materials  (8) Lasers  (9) Controlled Substances  (10) Environmental Permits and/or Licenses  If 'Yes', please provide brief description in the comment box. | **Choose an item.** | |  | | |
|  | **Research Compliance** |  | | **Comment(s)** | | |
| 8. | Human Subjects: Is IRB approval necessary for the work on this project? (refer to the "Determining if IRB Review is Needed" at <http://research.fiu.edu/irb/determine-irb-review> to determine if your project requires IRB approval). If yes then please note that approval will need to be in place before award can be released. Please note if your research will involve any interaction with vulnerable populations (these groups, as outlined in 45 CFR 46.111(b) are children, wards of the state, prisoners, pregnant women and fetuses, persons who are mentally disabled or otherwise cognitively impaired, and economically or educationally disadvantaged persons) then please specify in the comment box. | **Choose an item.** | |  | | |
| 9. | Will this be an HHS funded study that involves cooperative human subject research (i.e., more than one collaborating institution/site)? If yes, all institutions that are engaged in conducting research with human subjects will need to use a Single IRB. More information: <http://research.fiu.edu/irb/single-irb/> | **Choose an item.** | |  | | |
| 10. | Animal Use: Is IACUC approval necessary for the work on this project? (refer to "Animal Care and Use Policy" at <http://research.fiu.edu/iacuc/obtaining-approval> to determine if your project requires IACUC approval).  If yes then please note that approval will need to be in place before award can be released | **Choose an item.** | |  | | |
| 11. | Recombinant or Synthetic Nucleic Acid (i.e., transgenic, targeted mutant, etc): Is IBC approval necessary for the work on this project?  (refer to the IBC's webpage  to <http://research.fiu.edu/ibc/required-approval> to determine if your project requires IBC approval).  If yes, please note that approval will need to be in place before award can be released | **Choose an item.** | |  | | |
| 12. | Dual Use Research of Concern (DURC): Is IRE approval necessary for the work on this project? (refer to "IRE Assessment Process" at <http://research.fiu.edu/ire/pages/assessment-process.html> to determine if this project requires IRE approval). If yes, then please note that approval will need to be in place before award can be released. | **Choose an item.** | |  | | |
|  | **Export Controls** |  | | **Comment(s)** | | |
| 13. | Will you hire personnel outside the United States?  If 'Yes', please explain the types of employees, their levels of effort, nation of citizenship and country of employment | **Choose an item.** | |  | | |
| 14. | Do you intend to have subcontractors operating in foreign countries? | **Choose an item.** | |  | | |
| 15. | Will any part of this project involve work outside the United States?  If 'Yes', please identify countries. | **Choose an item.** | |  | | |
| 16. | Do you intend to make any payments to persons or organizations in a foreign country?   If 'Yes', are any of those proposed payments to a foreign government entity or foreign government official or representative? | **Choose an item.** | |  | | |
| 17. | Will you seek to export or take any equipment, technology or non-published written know-how  to any foreign country?  If 'Yes', please identify countries and the equipment, technology or written know-how. Note that if the only matter to be exported is information that is already in the public domain/published or written information that is the result of fundamental research (i.e., that can be freely published), you should answer 'no' to this question. | **Choose an item.** | |  | | |
| 18. | Will this project require restriction on open sharing of information, limitation of project personnel to US citizenship or US permanent residents or any security classification? If  'Yes', please identify in the comment box. | **Choose an item.** | |  | | |
| 19. | Do you currently have any affiliations (whether paid or unpaid and even if described as honorary or adjunct) with foreign entities or foreign governments, including any talent programs (e.g. programs in which you have been recruited by a foreign entity)? If yes, please provide additional details in the comment box. | **Choose an item.** | |  | | |
| 20. | As part of this project will the sponsor be providing any information under a non-disclosure agreement (NDA) (or other confidentiality agreement) which is both proprietary and export controlled, or which you believe will require federal data security requirements (e.g. NIST 800-171 controlled unclassified information)? If yes, please provide additional details in the comment box. | **Choose an item.** | |  | | |
|  | **Compliance Commitment** |  | | **Comment(s)** | | |
| 21. | Have all Employees on this proposal completed their outside activities and financial interests disclosure form via the HR electronic disclosure portal pursuant to the FIU Conflict of Interest in Research policy #2370.005?   An ‘Employee’ includes all Key Personnel listed on this ePRAF and anyone engaged in or responsible for the design, conduct or reporting of the proposed research.  Disclosure is required by September 30th annually and also within 30 days of acquiring any new outside activity or financial interest, including any Significant Financial Interests. Please see the FIU Conflict of Interest in Research policy #2370.005 for more details | **Choose an item.** | |  | | |
| 22. | Is there any conflict of interest in relation to this proposed project for any Employee who will be working on this project?   If  'Yes', ORED may require further information and if the project is awarded, a management plan may be required to manage, reduce or eliminate the conflict of interest. | **Choose an item.** | |  | | |
| 23. | In order to comply with the requirements of Florida Statute Section 1012.977 each Employee on this proposal must complete the Employee Report of Financial Interests in Research form on the ORED website at  <http://research.fiu.edu/forms/>]   and submit those forms as attachments to this ePRAF at proposal stage. You are reminded that, pursuant to Conflict of Interest in Research policy #2370.005, you must report any newly acquired outside activity or financial interest, including any Significant Financial Interests within 30 days. Has the Employee Report of Financial Interests in Research form been uploaded as an attachment for each employee? | **Choose an item.** | |  | | |
| 24. | Has any lobbying been done relating to this proposal? | **Choose an item.** | |  | | |
| 25. | Will anyone working on the project for FIU be permitted access to Florida public school grounds when Florida public school students are present OR have direct contact with Florida public school students OR have access to or control of Florida public school funds?  If 'Yes', such person(s) must undergo Level 2 background screening as required by Florida law to work on the project. | **Choose an item.** | |  | | |
| 26. | Will the proposed project involve any collaboration with Miami-Dade County Public Schools (MDCPS)? Please note if a letter from MDCPS is required please follow the process outlined at <http://research.fiu.edu/forms/proposal-preparation/MDCPS-Letter-of-Support-Guidance.pdf> | **Choose an item.** | |  | | |
| 27. | Will the proposed project involve or potentially involve classified or sensitive research? | **Choose an item.** | |  | | |
| 28. | Will the proposed project involve or potentially involve sensitive data (i.e. Protected Health Information, Controlled Unclassified Information, Personally Identifiable Information)? | **Choose an item.** | |  | | |
| 29. | Does a "relationship" as defined in the Office of Research & Economic Development Nepotism Policy exist among any project staff OR any project staff and other University employee(s)?  If 'Yes' and project is awarded, PI will be required to complete the form found on the Nepotism Policy and provide copy of approved form to Office of Research & Economic Development before the award may be released. | **Choose an item.** | |  | | |
| 30. | Will this project require additional Insurance Coverage (equipment, foreign travel, etc)? | **Choose an item.** | |  | | |
| 31. | Is a Subcontract to another organization planned?   If 'Yes', please attach a letter of collaboration and budget endorsed by an official of that organization for EACH subcontract. | **Choose an item.** | |  | | |
| 32. | Is Cost Sharing required?  If 'Yes', please complete the Cost Sharing Form available at <http://research.fiu.edu/forms/forms.html> | **Choose an item.** | |  | | |
| 33. | Is this submission to a State University System of Florida Board of Governors (BOG) defined high value faculty award or fellowship program (list available at <http://research.fiu.edu/ored/high-value-faculty-awards-and-fellowships/>)? | **Choose an item.** | |  | | |
| 34. | Is this project a clinical trial? If "Yes" and if you are submitting an application to an agency other than NIH, please attach the ePRAF Clinical Trials Form for Non-NIH Applications available at <http://research.fiu.edu/forms/proposal-preparation/eICFAttachment.docx>.   Please note that the NIH requires all staff involved in the conduct, oversight and management of NIH funded clinical trials to receive Good Clinical Practice (GCP) training. Additional details on CITI based GCP training to meet this NIH requirement is available at <http://research.fiu.edu/irb/training-requirements/>. | **Choose an item.** | |  | | |
| 35. | Is this proposal being submitted to another sponsor?  If 'Yes', please indicate which sponsor. | **Choose an item.** | |  | | |
| 36. | Does the proposed project contain funding for graduate student's research assistantships? | **Choose an item.** | |  | | |
| 37. | Does the proposed project contain funding for graduate student's tuition? | **Choose an item.** | |  | | |
| 38. | Will the proposed application request funds towards the acquisition or development of shared research instrumentation with an acquisition value greater than $25,000? | **Choose an item.** | |  | | |
| 39. | Do the research activities in your proposed application need computational computing resources (HPC, visualization, GPU processing)? If the answer to this question is yes, please visit <http://ircc.fiu.edu/research/index.html> for additional details. | **Choose an item.** | |  | | |
| 40. | Do you anticipate that the research proposed in this project will lead to commercialization activities or industry collaboration? If so please provide additional details in the comment box. | Choose an item. | |  | | |
| 41. | Does this project involve collaboration with StartUP FIU or the Office of Technology Management and Commercialization? | Choose an item. | |  | | |
| **Space Required** | |  | | **Comment(s)** | | |
| 1. Will this project use any Off-Campus Facilities or Site? | | **Choose an item.** | |  | | |
| 1. Will more than 50% of FIU's proposed work be conducted/located Off-Campus? | | **Choose an item.** | |  | | |
| 1. Do you or someone related to the project have access to all the project space required? | | **Choose an item.** | |  | | |
| **Additional Space Required** | | |  | |  |
| **If the project will require additional space not specified above, please provide a brief description of the additional space required below. Pertinent information includes what space will be used for (Office, Lab, Classroom, etc), square footage required and any special equipment/installations required (fume hoods, special exhaust, 220 volt outlets, etc) at the location. Please note that arrangements for Additional Space need to be made with and approved by the Dean or Unit Head and the Vice President for Research.** | | | | | |
| **Comment(s):** | | | | | |