



# Sponsored Project Approval Form (SPO-1)

## 1. Investigator and Proposal Information

Principal Investigator/Project Director/Fellowship Sponsor: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Department: \_\_\_\_\_ School: \_\_\_\_\_  
 Project Title: \_\_\_\_\_

Co-Investigator(s)/Fellowship Recipient (list SCU co-investigators only):  
 1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_

Sponsor/Agency: \_\_\_\_\_  
 Sponsor Deadline: \_\_\_\_\_  Receipt date or  Postmarked date  
 Total Project Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of Project:  Research  Instruction  Equipment  Public Service  Student Aid  
 Type of Submission:  New  Continuation  Supplement  Renewal  Revision

<b>Budget:</b>	Indirect Rate Used:	%	
		<b>Cost Share</b>	<b>Cost Share</b>
<b>Requested Costs:</b>	<b>Sponsor Total</b>	<b>SCU In-Kind</b>	<b>SCU Cash</b>
Direct Cost:	\$ _____	\$ _____	\$ _____
Indirect Cost:	\$ _____	\$ _____	\$ _____
<b>Total Request:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

If SCU contributes cash, the source of the funds will be: \_\_\_\_\_

## 2. Special Review Checklist

<b>Will your project involve:</b>	<b>Yes</b>	<b>No</b>	<b>If yes, provide:</b>
1. Human subjects?	<input type="checkbox"/>	<input type="checkbox"/>	Approval date: _____
2. Laboratory animals?	<input type="checkbox"/>	<input type="checkbox"/>	Approval date: _____
3. Recombinant DNA or other biological agents?	<input type="checkbox"/>	<input type="checkbox"/>	Approval date: _____
4. Radioactive materials/radiation-generating machines?	<input type="checkbox"/>	<input type="checkbox"/>	Approval date: _____

**Is there a possibility that your project may result in an invention?**   If yes, please notify the Office of Research Initiatives of potential invention development.

<b>Will your project require:</b>	<b>Yes</b>	<b>No</b>
1. A reduction in current course load for yourself or any of your co-investigators? If yes, complete form SPO-2.	<input type="checkbox"/>	<input type="checkbox"/>
2. A commitment of new facilities/space or any alterations to existing facilities? If yes, describe needs here or on a separate sheet:	<input type="checkbox"/>	<input type="checkbox"/>
3. SCU to issue any subcontracts or to enter into any consortia agreements?	<input type="checkbox"/>	<input type="checkbox"/>

**To determine if export controls may be needed, is the proposed project:**

• with or on encryption commodities, software, or source code?	<input type="checkbox"/>	<input type="checkbox"/>
• designed for military use or modified for or conducted in cooperation with, on behalf of, or for any military end user?	<input type="checkbox"/>	<input type="checkbox"/>
• on satellites or to be conducted in outer space?	<input type="checkbox"/>	<input type="checkbox"/>
• conducted with information or items used in the development of a weapon of mass destruction, including the proliferation of nuclear explosive devices or chemical or biological weapons or missile technology nuclear materials?	<input type="checkbox"/>	<input type="checkbox"/>
• conducted with interactions with embargoed countries, such as Cuba, Iran, Sudan, and North Korea?	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Principal Investigator/Project Director Assurance

**Assurances:** The information in the attached proposal is true, complete and accurate to the best of my knowledge. If the proposal is funded, I agree to conduct the project in accordance with the terms, conditions and policies of the sponsoring agency and the applicable policies of the University. I understand that any type of misconduct, including, without limitation, false, fictitious, or fraudulent statements or claims may subject me to criminal or civil penalties as well as University disciplinary action.

I have submitted a completed Financial Conflict of Interest (FCOI) Form (SPO-3) or update with this proposal and I have completed an Intellectual Property and Confidentiality Agreement. I assure that all funded personnel listed below will submit a completed FCOI Form and an Intellectual Property and Confidentiality Agreement within two weeks of this proposal submission. I also assure that anyone hired during the course of the award will complete these forms as part of their hiring process.

By signing below, I certify that I have read the above statements, and I further certify that the statements are accurate and truthful to the best of my knowledge and belief.

\_\_\_\_\_  
Principal Investigator/Project Director

\_\_\_\_\_  
Date

### 4. Co-Investigator(s) Assurance

By signing below, I certify that I will participate in the project at the level of effort proposed in this application and that a current Financial Conflict of Interest Form and an Intellectual Property and Confidentiality Agreement have been submitted or are on file with the Sponsored Projects Office.

\_\_\_\_\_  
Co-Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Investigator

\_\_\_\_\_  
Date

(All Santa Clara University Co-investigators must sign; attach additional signature page if necessary)

### 5. Department and College/School Approvals

Approvals given on the Sponsored Project Approval Form represent general approval of technical merit, allocation of department or college/school space and resources, and fiscal budgeting.

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Investigator's Department Chair  
(if different than PI's)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Investigator's Dean or Director

\_\_\_\_\_  
Date

### 6. Institutional Approvals

Approvals given on the Sponsored Projects Approval Form represent general approval of technical merit, allocation of institutional space and resources, and fiscal budgeting.

\_\_\_\_\_  
Sponsored Projects

\_\_\_\_\_  
Date

\_\_\_\_\_  
University Authorizing Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Counsel (contract only)

\_\_\_\_\_  
Date

### 7. Personnel Disclosures

The following Personnel will submit a Financial Conflict of Interest Form and an Intellectual Property and Confidentiality Agreement:

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

### 8. Exclusion Review (SPO to complete)

No individual listed on this project has been excluded by the Office of the Inspector General (OIG) from participation in federal health care programs or has been excluded from participation in government projects by the General Services Administration (GSA).

OIG database reviewed on \_\_\_\_\_ by \_\_\_\_\_

GSA database reviewed on \_\_\_\_\_ by \_\_\_\_\_