

# UNIVERSITY OF HAWAII AT HILO PROPOSAL COORDINATION RECORD

## Research Corporation of the University of Hawai'i

**CALL FOR PICKUP**

**CHECK ONE**

Proposal must be mailed by:

Proposal due at sponsor by:

Electronic submission due by:

Name/Phone: \_\_\_\_\_

PI e-mail address: \_\_\_\_\_

**GENERAL INFORMATION**

Principal Investigator: \_\_\_\_\_ Phone: \_\_\_\_\_

Department/Division to be credited for this proposal: \_\_\_\_\_  Check here if agency is located in Hawai'i

Funding Agency: \_\_\_\_\_ Agency Program Name: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

**CHECK ONE**

New  Continuation\*

Renewal\*  Supplement\*

Revision

\*Previous Award #:

**CHECK THOSE THAT APPLY**

CFDA #:

RFP or Solicitation #:  
(attach copy w/ terms & conditions)

**CHECK ONE**

Research

Instruction and Training

Facility Renovation/Construction

Other Sponsored Activities:  
Specify:

**1st YEAR PROPOSAL PERIOD or CONTINUATION YEAR**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ \$ \_\_\_\_\_

**INDIRECT COSTS**

Rate: \* \_\_\_\_\_ %  
\*if other than currently established rate, attach copy of agency limitations

**TOTAL PROPOSAL PERIOD**

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_



**PRINCIPAL INVESTIGATOR CERTIFICATIONS**

Does this proposal require and/or involve:

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The use of human subjects? Date of CHS application _____ or CHS # _____.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The use of animal subjects? Date of IACUC application _____ or Approval # _____.<br><small>Attach LAS cost estimate.</small>                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Equipment purchases with an estimated unit cost of \$5,000 or more? If yes, submit RCUH Form 2   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The use of compressed-gas (SCUBA) diving?<br><small>If yes, submit approval of the Environmental Health and Safety Office (EHSO) with this proposal.</small> |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The use of recombinant DNA? If yes, submit approval of the EHSO with this proposal.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The importation of microorganisms? If yes, submit approval of the EHSO with this proposal.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. The use of radioactive material? If yes, submit approval of the EHSO with this proposal.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. The use of hazardous material? If yes, submit approval of the EHSO with this proposal.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. University commitments beyond the grant period? If yes, provide details on a separate sheet.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. The use of subcontracts, including consultant and consortium agreements?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. The use of proprietary/confidential information? If yes, provide details on a separate sheet.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. The use of lobbying efforts?<br><small>If yes, attach a separate sheet describing lobbying activities and funding source lobbying activities.</small>       |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. The establishment and/or use of a University-founded private, non-profit organization 501(c)(3) corporation?  |

