

UAB EXTRAMURAL SUPPORT CHECKLIST

Complete all applicable fields based on your submission type (e.g. proposal or contract) .

All submissions must be submitted [electronically](#) in accordance with the [Proposal Submission Requirements](#).

For additional information, please see references at [UAB Extramural Support Checklist Instructions and Glossary](#) and [Required Documents](#).

<input type="checkbox"/> N/A	Sponsor Portal:	Sponsor Portal Application #:		
1	PD/PI Last Name:	First Name:	MI:	
	UAB PI BlazerID:	Phone:	Email:	
	Policy Street Address:			
	Submitting School:	Dept:	Div:	
	<i>The submitting unit should normally be the primary appointment of the Principal Investigator, not a Center.</i>			
Graduate Student Fellowship?	<input type="checkbox"/> No <input type="checkbox"/> Yes	VA-IPA Assignee?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Trainee / Assignee	Last Name:	First Name:	MI:	
	BlazerID:	Phone:	Email:	
2	Funding Source/Sponsor:			
<input type="checkbox"/> N/A	If pass through award, indicate Originating Sponsor:			
3	<input type="checkbox"/> N/A	ALN # (if applicable):	Will this project utilize Single IRB ? <input type="checkbox"/> No <input type="checkbox"/> Yes	
4	Submission Type:	* The Responsible Personnel List (RPL) is required (1) for all new applications (submission types of Original/New; Competing Continuation/Renewal; Transfer In; Change in PI; Resubmission; or Fee for Service) and (2) at any time there is a change in Responsible personnel on a sponsored project. Note that for program projects/center grants (P series grants), a separate RPL is required for each subproject. The RPL should not be submitted for the parent or overall project of a program project.		
	<input type="checkbox"/> Original/New *			
	<input type="checkbox"/> Fee for Service *			
	<input type="checkbox"/> Transfer In *			
	<input type="checkbox"/> Study Startup Agreement			
	<input type="checkbox"/> Resubmission *	Previous OSP#:	Start Date:	
<input type="checkbox"/> Competing Continuation/Renewal *	Original OSP#:	Previous PI:	Change Date:	
<input type="checkbox"/> Change in PI *	Current OSP#:	If awarded, Sponsor Award #:		
<input type="checkbox"/> Amendment/Modification	Current OSP#:	If awarded, Sponsor Award #:		
<input type="checkbox"/> Supplement/Revision	Current OSP#:	If awarded, Sponsor Award #:		
<input type="checkbox"/> Transfer Out	Current OSP#:	If awarded, Sponsor Award #:		
5	<input type="checkbox"/> N/A	Sponsor Deadline Date:	Do not include a deadline date for industry contracts. Instead, mark N/A.	
6	Is this project being conducted:	<input type="checkbox"/> On-Campus <input type="checkbox"/> Off-Campus		
<i>If more than 50% of UAB's portion of the project is performed off-campus, the off-campus F&A rate will apply to the entire project.</i>				
7	Check all performance sites, as applicable:			
<input type="checkbox"/> UAB Research Lab/Non-Clinical Office		<input type="checkbox"/> VA	<input type="checkbox"/> Children's Hospital	
<input type="checkbox"/> UAB Highlands		<input type="checkbox"/> Kirklin Clinic (including outlying clinics)	<input type="checkbox"/> UAB Hospital	
<input type="checkbox"/> Callahan Eye Foundation		<input type="checkbox"/> Off-Campus or Other Location:		
8	Will there be cost sharing?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
If there will be Cost Sharing, indicate the type:		<input type="checkbox"/> Mandatory <input type="checkbox"/> Mandatory and Voluntary Committed <input type="checkbox"/> Voluntary Committed		
<i>Complete the appropriate cost sharing forms, as applicable: Cost Sharing Commitment Form or In Kind Cost Sharing Contribution Report.</i>				
9	Project Title – Include the complete title, no abbreviations. The title must match the protocol title for clinical trial agreements.			
10	Award Manager	Last Name:	First Name:	MI:
		BlazerID:	Phone:	Email:
	Primary Contact	Last Name:	First Name:	MI:
		BlazerID:	Phone:	Email:
	Secondary Contact	Last Name:	First Name:	MI:
		BlazerID:	Phone:	Email:
11	Does this project involve any renovation as part of a sponsored project?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<i>If you selected "yes", Facilities Planning (4-1219) must sign this checklist.</i>				

OSP ASSIGNED NUMBER: _____

12	<input type="checkbox"/> N/A	If this project has international involvement, check all that apply and list the country(ies) below.		
	<input type="checkbox"/> International Sponsor	<input type="checkbox"/> International Subcontractor	<input type="checkbox"/> Activities in foreign country/countries	
Indicate foreign country(ies):				

13	Project Keywords						
A:		B:		C:		D:	

14	Grants Accounting Financial Management Affiliation. Department and Organization # are required .				
Dept:		<input type="checkbox"/> N/A		ORG#:	
		Div:			

15	Billing/Collection Responsibility Designation, if applicable:		<input type="checkbox"/> Department (PI/Award Manager)	<input type="checkbox"/> Grants and Contracts Accounting (GCA)
<input type="checkbox"/> N/A	Address to Receive Payment:			

16	Will funds be leaving UAB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, will the funds be for a:	<input type="checkbox"/> Subaward/Subcontract? <input type="checkbox"/> Consultant?	How many subawards/subcontracts?	
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17	<input type="checkbox"/> N/A	Announcement ID No. (e.g. RFA/PA, RFP, BAA, etc. or other solicitation number assigned by the sponsor):	
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18	<input type="checkbox"/> N/A	Program – Include the specific program name to which proposal is being submitted. Include URL address if applicable.

19	Purpose (Program Type):	<input type="checkbox"/> Sponsored Research	<input type="checkbox"/> Sponsored Instruction	<input type="checkbox"/> Other Sponsored Activities
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20	Instrument Type:	<input type="checkbox"/> Grant	<input type="checkbox"/> Contract
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21	Activity Description:	<input type="checkbox"/> Non-Sponsor Funded Research – Entity Providing Product/Material/Equipment			
	<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Training	<input type="checkbox"/> Cooperative Agreement	<input type="checkbox"/> Compassionate Use Agreement	
	<input type="checkbox"/> Program/Center	<input type="checkbox"/> Institutional Training	<input type="checkbox"/> Equipment	<input type="checkbox"/> Research Collaboration	
	<input type="checkbox"/> Educational Activity (e.g. CPE)				

22	CCTS Research Type:	<input type="checkbox"/> Clinical Research	<input type="checkbox"/> Translational Research	<input type="checkbox"/> Not Applicable
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23	Complete all applicable questions below regardless of sponsor type or activity description:			
Sponsor / Contract Research Organization (CRO)	<input type="checkbox"/> N/A	CRO Name:		
	<input type="checkbox"/> N/A	Sponsor/CRO Contact Info	Full Name:	
	<input type="checkbox"/> N/A		Phone:	
			Email:	
	<input type="checkbox"/> N/A	Sponsor/CRO Reference # for project:		
Source of Protocol/SOW/Research Plan:				
<input type="checkbox"/> N/A	<input type="checkbox"/> Sponsor Provided/Written Protocol	<input type="checkbox"/> UAB Investigator Initiated	<input type="checkbox"/> Non-UAB Investigator Initiated	
Is this project a clinical trial ?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Funding Source's Protocol #:	
Will there be Human Subjects?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Is this industry sponsored? <input type="checkbox"/> No <input type="checkbox"/> Yes (If both yes) IRB# :	
<input type="checkbox"/> N/A	Phase:	<input type="checkbox"/> I <input type="checkbox"/> I/II <input type="checkbox"/> II <input type="checkbox"/> II/III <input type="checkbox"/> III <input type="checkbox"/> III/IV <input type="checkbox"/> IV <input type="checkbox"/> Post IV <input type="checkbox"/> No Phase		
<input type="checkbox"/> N/A	IND #:		<input type="checkbox"/> N/A	IDE #:

24	Requested Project Period Dates	From:		To:	
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25	Requested Funding	Direct: <input type="text"/>	F&A: <input type="text"/>	Total: <input type="text"/>	F&A Rate: % <input type="text"/>	F&A Rate Basis <input type="checkbox"/> MTDC <input type="checkbox"/> TDC <input type="checkbox"/> Clinical <input type="checkbox"/> Fee for Service	<i>F&A rates must be in accordance with the applicable rate agreement:</i> F&A Rate (Indirect Cost) or Clinical Trials Indirect Cost Rate .
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26	Will F&A costs be allocated to or shared with a unit other than the unit of the PI/PD's primary appointment?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If yes, complete and attach the UAB Facilities and Administrative Cost (IDC) Revenue Redistribution Agreement.</i>

27	<input type="checkbox"/> N/A	Related Agreements – If this project is related to any of the agreement types below, please check applicable boxes and provide the proposal number.			
<input type="checkbox"/> Project Master Agreement	PMA#		<input type="checkbox"/> Confidentiality Disclosure Agreement	CDA#	
<input type="checkbox"/> Study Startup Agreement	SSA#		<input type="checkbox"/> Pre-Application	OSP#	
<input type="checkbox"/> Other OSP#	OSP#		<input type="checkbox"/> Other # (e.g., MTA #, etc.)	#	

28	I have reviewed the Export Control Decision Tree on the Export Control website and answered:	
<input type="checkbox"/> No to every question	<i>If you answered yes, an export license may be required before you ship, transmit or transfer the item or information.</i>	
<input type="checkbox"/> Yes to at least one question	<i>Please contact the UAB Director of Export Control & International Compliance at exportcontrol@uab.edu for further determination</i>	

29	<p>Existing Intellectual and/or Tangible Property</p> <p>a.) Will you use any existing intellectual property ¹ in the conduct of the proposed project?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please briefly describe the existing intellectual property being used (including UABRF IPD number, if applicable):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Existing Property:</td> <td style="height: 40px;"></td> </tr> </table> <p>Please also indicate if the existing intellectual property was developed by...</p> <p><input type="checkbox"/> only UAB employee(s) (including UAB employee(s) other than you)</p> <p><input type="checkbox"/> UAB employee(s) jointly with employee(s) of an outside entity</p> <p><input type="checkbox"/> only by employee(s) of an outside entity</p> <p>If applicable, please identify the relevant outside entity(ies):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Outside Entity:</td> <td style="height: 40px;"></td> </tr> </table> <p>b.) Will you use any existing tangible property ² in the conduct of the proposed project?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please briefly describe the existing tangible property being used (including UABRF IPD number, if applicable):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Existing Property:</td> <td style="height: 40px;"></td> </tr> </table> <p>Please also mark <u>all</u> of the following statements that apply. The existing tangible property to be used...</p> <p><input type="checkbox"/> was (or will be) obtained from an outside entity</p> <p><input type="checkbox"/> was developed by UAB employee(s) jointly with employee(s) of an outside entity</p> <p><input type="checkbox"/> was developed by UAB employee(s)...</p> <p style="padding-left: 20px;"><input type="checkbox"/> with the use of tangible property obtained from an outside entity</p> <p style="padding-left: 20px;"><input type="checkbox"/> with funding from an outside entity</p> <p style="padding-left: 20px;"><input type="checkbox"/> without funding or use of tangible property obtained from an outside entity</p> <p>If applicable, please identify the relevant outside entity(ies):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Outside Entity:</td> <td style="height: 40px;"></td> </tr> </table> <p><small>¹“Existing intellectual property” can include existing datasets, as well as any other intangible property potentially protectable by patent (e.g., novel compositions, devices, methods, etc.) or copyright (e.g., written works, images, etc.). Please note that you <u>do not</u> need to list (i) the sponsor’s intellectual property rights in its own products or methods, or (ii) the research plan or protocol.</small></p> <p><small>²“Existing tangible property” can include research tools (such as antibodies, vectors, plasmids, cell lines, and animal models), other biological materials (such as clinical samples), and equipment. Please note that you <u>do not</u> need to list (i) general lab or clinical supplies that have been purchased commercially (unless associated with a “limited use license” or other such restriction on use), or (ii) any tangible property to be obtained from the sponsor of the project.</small></p>	Existing Property:		Outside Entity:		Existing Property:		Outside Entity:	
Existing Property:									
Outside Entity:									
Existing Property:									
Outside Entity:									

30	<p>Intellectual Property Declaration – Check the appropriate box.</p> <p><input type="checkbox"/> I plan to participate in this project regardless of the intellectual property terms in the agreement. I understand and agree that if the sponsor requires ownership of, or a royalty-free license to, inventions developed by me and/or other UAB employees during this project, (i) UAB will not receive any financial consideration arising from the sponsor’s commercial exploitation of the UAB-developed invention(s), and (ii) as a result, neither I nor any other UAB employee who has made an inventive contribution to the invention(s) will be entitled to receive any of the financial consideration that might otherwise be allocated to us in accordance with the UAB patent policy.</p> <p><input type="checkbox"/> I will not participate in this project if UAB is unable to ensure that ownership rights to all inventions developed by me and/or all other UAB employees during this project remain with UAB/UABRF, or if UAB is unable to retain its right to receive financial consideration arising from commercial exploitation of such inventions.</p>
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Program Director/Principal Investigator (PD/PI) Certifications and Signatures

I certify as PD/PI, by completing this form:

- i. I am aware of the [University's Patent Policy](#) and agree to comply with its terms;
- ii. I am aware of the [UAB Enterprise Conflict of Interest and Conflict of Commitment Policy](#) and the [Responsible Personnel list and Instructions](#) and agree to comply with the terms and requirements respectively.
- iii. All appropriate individuals and units of UAB or other institutions have been informed of any involvement or changed involvement they have in this project;
- iv. All sub recipients are able to perform the work assigned to them;
- v. I have ensured that information submitted within the application is true, complete and accurate to the best of my knowledge;
- vi. I have not been debarred, am not aware of any investigation that could lead to my disbarment and hereby consent to a background check;
- vii. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and
- viii. As [PD/PI](#), I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a project is awarded as a result of this submission.

NOTE: Projects involving Centers must have the signature of the Department Chair and Dean of the Principal Investigator's primary faculty appointment. The submitting unit, in accordance with number 1 on page 1, should normally be the primary appointment of the Principal Investigator, not a Center.

X _____ Date _____
Program Director/Principal Investigator
PI's signature is required. No "per" signatures allowed. For NIH projects with Multiple Principal Investigators, this should be the **Contact PI**.

Printed Name

X _____ Date _____
Program Director/Principal Investigator For NIH projects with Multiple PD/PI's, NIH requires signature from all individuals serving in this role (PD/PI). This is not required of Co-Investigators.

X _____ Date _____
Program Director/Principal Investigator

X _____ Date _____
Division Director If required by Department.

By signing below on this Extramural Checklist, the supervising administrator (chair, dean, vice president, or provost as appropriate) assures that the named UAB principal investigator or the student with the named mentor's oversight will have access to the adequate facilities as well as provide the scientific, technical, administrative, and financial leadership required for the proper conduct of the project or program including submission of all required reports.

X _____ Date _____
Department Chair of Primary Faculty Appointment of PD/PI
(or Dean if the School of Nursing) The Department Chair of the primary faculty appointment of the principal investigator approves submissions of the project, including new space or renovation and new personnel, and certifies that new equipment requested does not unnecessarily duplicate existing resources.

Printed Name: Department Chair

X _____ Date _____
Facilities & Planning Facilities & Planning (as applicable per #11)

This section below is applicable if the project involves any of the following (please check all that apply):

- Cost Sharing (attach the cost sharing commitment form) CME / CPE New Faculty Positions Additional Space Transfer In / Out

X _____ Date _____
Dean The Dean approves submissions of the project including new programs, space, and renovation and assures that:
a) new programs requiring approval of Provost, the President or the Chancellor have been submitted for appropriate review and approval;
b) new space requirements have received approval of the Provost; and
c) agreement between or among the appropriate deans has been reached if collaboration among schools requiring sharing of indirect cost reimbursement is involved.

Printed Name