

THE NORMAN CAMPUS RESEARCH COUNCIL FACULTY INVESTMENT PROGRAM (FIP)

Application Cover Sheet

PROJECT INFORMATION

Date of Submission: _____ Resubmission: YES NO

Applicant Name: _____ EMPL ID: _____

Title and Department: _____

Telephone: _____ Email: _____

Co-Applicant Name: _____ EMPL ID: _____

Title and Department: _____

Attach an additional page if project has more than one co-applicant.

Project Title: _____

Department financial administrator: _____

SPECIAL CONSIDERATIONS

If the project involves any item(s) listed below, please check the appropriate box(es). Formal written approval from the appropriate organization (e.g., IRB, IACUC, Export Controls Office, Biosafety Committee) must be provided to the Office of the Vice President for Research prior to the receipt of Research Council funds.

HUMAN SUBJECTS
 LABORATORY ANIMALS
 EXPORT CONTROLS*
 TOXINS
 RADIOISOTOPES
 BIOHAZARDS
 RECOMBINANT DNA
 OTHER (list below)

Other Special Considerations: _____

*International travel requires the completion of the Export Controls Decision Wizard <http://www.ou.edu/exportcontrols.html>

PROPOSAL DEVELOPMENT CHECKLIST

- | | |
|---|--|
| <p>1. Completed cover sheet including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> → Disclosure of all Special Considerations <input type="checkbox"/> → Budget summary <input type="checkbox"/> → Conflict of Interest disclosure <input type="checkbox"/> → Abstract <input type="checkbox"/> → Signatures of applicant(s), deans, and chairs <p>2. Project Description:</p> <ul style="list-style-type: none"> <input type="checkbox"/> → 6 pages or less, correctly formatted <input type="checkbox"/> → Organized in sections A-F (see guidelines) <p>3. References</p> | <ul style="list-style-type: none"> <input type="checkbox"/> 4. Budget and Budget Justification <input type="checkbox"/> 5. Applicant/Co-Applicant 2-page CVs <input type="checkbox"/> 6. Statement of Funding History <p>7. Supplementary Documentation (as required):</p> <ul style="list-style-type: none"> <input type="checkbox"/> → Approval form for teaching release <input type="checkbox"/> → Plan for obtaining approval for use of Human Subjects, Laboratory Animals, rDNA, radioactive materials, or biohazards <input type="checkbox"/> → Additional documentation such as book contract or commitments of matching/in-kind support |
|---|--|

BUDGET SUMMARY (enter funds requested from Research Council in all applicable categories)

ITEM	AMOUNT	ITEM	AMOUNT
Materials/Supplies/Services	\$ _____	Travel	\$ _____
Equipment	\$ _____	Computer Hard/Software	\$ _____
Other: Specify	\$ _____	Personnel/Stipends	\$ _____

TOTAL BUDGET REQUEST: \$ _____

CONFLICT OF INTEREST DISCLOSURE

Describe any conflicts of interest that may exist, or may be perceived to exist between any current members of the Research Council (see <https://www.ou.edu/research-norman/about/research-council/current-members>) and you, your co-applicants, and other investigators on the project. This includes individuals on the Council who: are in your department or program; are named as investigators on any of your projects, or those of your co-applicants, currently funded by the Council, by other University entities, or by external sources; have a financial interest or formal relationship with any company or other non-OU organization involved in your proposal; are related (spouse, child, sibling) to you or co-applicants or are participants in the project; or who, in any way because of their review of your proposal, compromise the integrity of the review process. Direct questions to the Research Council Chair.

ABSTRACT OF THE PROPOSED ACTIVITY

In 200 or fewer words, describe in the space below the proposed project in a manner that a non-expert can understand and also describe the expected scholarly outcome(s) and impact(s).

SIGNATURES

Your signatures formally indicate your consent for the proposal to be reviewed by members of the Research Council as well as possibly by other non-Council OU faculty (in a discipline generally related to your own), all of whom agree to hold in strict confidence the contents of the proposal and any recommendations made upon it.

Also, by submitting this proposal as the applicant, you agree, if funded, to review no more than three Research Council proposals (**if needed**) in a two-year period that begins when your proposal is approved.

This is a reimbursement program. If funded, the OVPR commits to reimbursing the Department for expenditures up to the award amount. The reimbursement will be made after the completion and approval of the Final Report. The Final Report must be completed within the time frame outlined in the award letter.

SIGNATURE OF APPLICANT: _____

SIGNATURE OF CO-APPLICANT(S): _____

SIGNATURE OF DEPARTMENT CHAIR(S)/DIRECTOR(S): _____

SIGNATURE OF DEAN(S)/ASSOCIATE DEAN(S): _____