


# COMPLIANCE IN PROPOSAL SUBMISSION AND AWARD ACCEPTANCE

Fran Stephens  
Director, Pre-Award Services

# CERTIFICATIONS, DECLARATIONS AND GUIDANCE

- Information Sheet
  - Cayuse
  - Guidance
  - Sponsor Forms
  - Award Acceptance
  - Notice of Award
- 

# INFORMATION SHEET


## Project Information

**Please evaluate the following carefully!**

This information will become part of your authorized proposal. Its accuracy will affect the University's ability to accept your grant/contract/award.

	Yes	No	Reset
Is this proposal OU-Tulsa related? *	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Are you an OUHSC Stephenson Cancer Center member? *	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Is this proposal associated with an OU Institute(s) or Center(s)? Please indicate the involved entity(s) or 'NA' for none: *	<input type="text"/>		
Is additional <b>research space</b> required? *	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Does <b>existing space</b> need renovations? *	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

# INFORMATION SHEET

- Intellectual Property
  - Conflict of Interest (Financial, Relational, PHS FCOI)
  - Export Control (and foreign travel)
  - Compliance (Human Subjects, Vertebrate Animals, Recombinant DNA, Biohazards, Radioisotopes)
  - Special certifications (889 of National Defense Authorization, Human Trafficking laws)
  - Subcontracts
  - Cost Share
- 

# INFORMATION SHEET CERTIFICATION

## Intellectual Property Information

All research has the potential to result in legally-protectable intellectual property (patents and/or copyrights). The following questions are designed to allow the Office of Technology Commercialization (OTC) to identify and assist you in protecting and commercializing the resulting intellectual property as required by University policy (University of Oklahoma Faculty Handbook, Norman Campus, Section 3.29). See more information regarding [Patents](#) and [Copyright](#).

If you have any questions regarding intellectual property, or the appropriate classifications thereof, please contact the Office of Technology Commercialization at 325-3800.

	Yes	No	Reset
Does the proposal involve the development of a technology and/or software currently on file with the University's Office of Technology Commercialization? *	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Are inventions, software, symbols, names, designs, or possible commercial products/processes (Intellectual Property) anticipated as a result of this work or project? *	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Will this proposal contain confidential information related to Intellectual Property which has not yet been disclosed to the University's Office of Technology Commercialization? *	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

\*  By checking this box, I acknowledge that I shall comply with the [University of Oklahoma Intellectual Property Policy](#) and that I will work with the Office of Research Services and other University offices as applicable to follow any regulations and statutes that apply to inventions or creations that result from this work or project, including but not limited to adhering to the [Bayh-Dole Act](#).

# CAYUSE CERTIFICATION

## From the Cayuse certification screen to be signed by all investigators

### >>Proposal Certification

Except as covered by written authorization for this project, this application does not obligate the University for funds for additional facilities, equipment, remodeling, extra operating funds, or matching funds, or the establishment of new organizations, courses or programs not previously approved. (All Principal Investigators and Co-Investigators must sign.) Indicate the appropriate percentage for programmatic/Center recognition after the signature of each investigator.

My signature below confirms my review of this application. For federal applications, in accordance with federal requirements, it also certifies that

1. The information submitted within the application is true, complete and accurate to the best of my knowledge;
2. Any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and
3. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.
4. I am not delinquent on any federal debt;
5. I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transaction by any federal department or agency;
6. I am familiar with and will comply with the Procurement Integrity Act (41 U.S.C. Sec. 423 as amended);
7. No federal appropriated funds have been or will be paid to influence or attempt to influence the granting of this award, and,
8. I am not delinquent in submitting final project reports to sponsors for previous awards I have received.
9. I acknowledge that I shall comply with the University of Oklahoma Intellectual Property Policy and that I will work the Office of Research Services and other University offices as applicable to follow any regulations and statutes that apply to inventions or creations that result from this work or project, including but not limited to adhering to the *Bayh-Doel Act*.
10. I acknowledge that the University owns the full right, title and interest to all inventions/discoveries/works that result from this work or project and further I will and do hereby assign all of my rights, title and interest in and to such discoveries and inventions to the Board of Regents of The University of Oklahoma, including any intellectual property rights associated with or resulting from such disclosed discoveries and inventions.

\*Please enter any comments you might have regarding this proposal.

# CAYUSE CERTIFICATION

## >> Proposal Authorization

As Dean/Chair/Director, I understand and assume the following responsibilities with respect to this application:

- It is an appropriate activity within the Department/Center/Institute; and supports the mission of the University.
- That the Department/Center/Institute has agreed to provide the resources identified in this application.
- When applicable, these resources could include cost sharing and the responsibility for reimbursement of costs to the University in the event that the sponsor is unable to pay the University for research expenses incurred during the period of performance of this project.
- When applicable, since the University policy mandates only full-time, permanent EPA employees may serve as principal investigator (PI); with respect to this application, I approve that this individual is eligible to serve in the role of PI despite his/her part-time employment status.

In the event that I have delegated my signature authority to the person signing this Internal Processing Form in my absence, a copy of the delegation is on file at my organization. However as Dean/Chair/Director, ultimate responsibility remains with me.

\* Please enter any comments you might have regarding this proposal.

# CAYUSE ROUTING APPROVAL

20-0000

PI:

Page: 3 of 3

## Investigator Approval


Investigator	Authorizing Person	Authorized On
PI NAME	Lead Principal Investigator	1/15/2019

## Dean/Chair/Director Authorization

Department	Authorizing Person	Authorized On
DEPARTMENT NAME	CHAIR	1/15/2019
COLLEGE NAME	DEAN	1/15/2019
CO-PI DEPARTMENT	CO-PI	1/16/2019



# GUIDANCE

- CFR Title 2; Office of Budget and Management, other Federal laws/requirements
  - Agency
    - general guidelines
    - specific guidelines
  - State
  - Local
- 

# NIH COVER SHEET (SF 424)

## SF 424 R&R APPLICATION FOR FEDERAL ASSISTANCE

Page 2

### 14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:                      First Name:    Middle Name:    Last Name:    Suffix:

Position/Title:    Organization Name: Board of Regents of the University of Oklahoma

Department:    Division:

Street1:    Street2:

City:    County/Parish: Cleveland    State: OK: Oklahoma

Province:    Country: USA: UNITED STATES    ZIP / Postal Code: 73019-0000

Phone Number:    Fax Number:    Email:

### 15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	\$195,582.00
b. Total Non-Federal Funds	\$0.00
c. Total Federal & Non-Federal Funds	\$195,582.00
d. Estimated Program Income	\$0.00

### 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

- a. YES       THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
- DATE:
- b. NO       PROGRAM IS NOT COVERED BY E.O. 12372; OR
- PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

I agree

*The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.*

# NIH COVER SHEET (SF 424)

## RESEARCH & RELATED Other Project Information

<p>1. * Are Human Subjects Involved? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>1.a. If YES to Human Subjects</p> <p>Is the Project Exempt from Federal regulations? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, check appropriate exemption number</p> <p>Exemption Number:    <input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3   <input type="checkbox"/> 4   <input type="checkbox"/> 5   <input type="checkbox"/> 6   <input type="checkbox"/> 7   <input type="checkbox"/> 8</p> <p>If no, is the IRB review Pending? <input type="radio"/> Yes <input type="radio"/> No</p> <p>IRB Approval Date:</p> <p>Human Subject Assurance Number</p>
<p>2. * Are Vertebrate Animals Used? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>2.a. If YES to Vertebrate Animals</p> <p>Is the IACUC review Pending? <input type="radio"/> Yes <input type="radio"/> No</p> <p>IACUC Approval Date:</p> <p>Animal Welfare Assurance Number</p>
<p>3. * Is proprietary/privileged information <input type="radio"/> Yes <input checked="" type="radio"/> No included in the application?</p>
<p>4.a.* Does the Project have an Actual or Perceived Impact – positive or negative – on the environment? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>4.b. If yes, please explain:</p> <p>4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? <input type="radio"/> Yes <input type="radio"/> No</p> <p>4.d. If yes, please explain:</p>
<p>5.a.* Is the research performance site designated, or eligible to be designated, as a historic place? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>5.b. If yes, please explain:</p>
<p>6.a.* Does this project involve activities outside the U.S. or partnership with International Collaborators? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>6.b. If yes, identify countries:</p> <p>6.c. Optional Explanation:</p>

# NSF COVER SHEET

DATE RECEIVED	NUMBER OF COPIES	DIVISION ASSIGNED	FUND CODE	DUNS# (Data Universal Numbering System)	FILE LOCATION
07/18/2019	1	06020000 AGS	5740	848348348	07/18/2019 4:16pm
EMPLOYER IDENTIFICATION NUMBER (EIN) OR TAXPAYER IDENTIFICATION NUMBER (TIN) <b>736017987</b>		SHOW PREVIOUS AWARD NO. IF THIS IS <input type="checkbox"/> A RENEWAL <input type="checkbox"/> AN ACCOMPLISHMENT-BASED RENEWAL		IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, LIST ACRONYM(S)	
NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE <b>University of Oklahoma Norman Campus</b>			ADDRESS OF AWARDEE ORGANIZATION, INCLUDING 9 DIGIT ZIP CODE <b>Five Partners Place, Suite 3100 NORMAN, OK 730199705 US</b>		
AWARDEE ORGANIZATION CODE (IF KNOWN) <b>0031849000</b>					
NAME OF PRIMARY PLACE OF PERF <b>University of Oklahoma Norman Campus</b>			ADDRESS OF PRIMARY PLACE OF PERF, INCLUDING 9 DIGIT ZIP CODE <b>University of Oklahoma Norman Campus 201 Stephenson Parkway Norman ,OK ,730199705 ,US.</b>		
IS AWARDEE ORGANIZATION (Check All That Apply) <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> MINORITY BUSINESS <input type="checkbox"/> IF THIS IS A PRELIMINARY PROPOSAL THEN CHECK HERE <input type="checkbox"/> FOR-PROFIT ORGANIZATION <input type="checkbox"/> WOMAN-OWNED BUSINESS					
TITLE OF PROPOSED PROJECT					
REQUESTED AMOUNT \$	PROPOSED DURATION (1-60 MONTHS) months	REQUESTED STARTING DATE	SHOW RELATED PRELIMINARY PROPOSAL NO. IF APPLICABLE		
THIS PROPOSAL INCLUDES ANY OF THE ITEMS LISTED BELOW					
<input type="checkbox"/> BEGINNING INVESTIGATOR			<input type="checkbox"/> HUMAN SUBJECTS Human Subjects Assurance Number _____ Exemption Subsection _____ or IRB App. Date _____		
<input type="checkbox"/> DISCLOSURE OF LOBBYING ACTIVITIES			<input type="checkbox"/> FUNDING OF INT'L BRANCH CAMPUS OF U.S IHE <input type="checkbox"/> FUNDING OF FOREIGN ORG		
<input type="checkbox"/> PROPRIETARY & PRIVILEGED INFORMATION			<input type="checkbox"/> INTERNATIONAL ACTIVITIES: COUNTRY/COUNTRIES INVOLVED _____		
<input type="checkbox"/> HISTORIC PLACES					
<input type="checkbox"/> VERTEBRATE ANIMALS IACUC App. Date _____ PHS Animal Welfare Assurance Number _____					
<input checked="" type="checkbox"/> TYPE OF PROPOSAL <b>Research</b>			<input checked="" type="checkbox"/> COLLABORATIVE STATUS <b>Not a collaborative proposal</b>		

# NSF COVER SHEET (CERTIFICATIONS)

## CERTIFICATION PAGE

### Certification for Authorized Organizational Representative (or Equivalent) or Individual Applicant

By electronically signing and submitting this proposal, the Authorized Organizational Representative (AOR) or Individual Applicant is: (1) certifying that statements made herein are true and complete to the best of his/her knowledge; and (2) agreeing to accept the obligation to comply with NSF award terms and conditions if an award is made as a result of this application. Further, the applicant is hereby providing certifications regarding conflict of interest (when applicable), drug-free workplace, debarment and suspension, lobbying activities (see below), nondiscrimination, flood hazard insurance (when applicable), responsible conduct of research, organizational support, Federal tax obligations, unpaid Federal tax liability, and criminal convictions as set forth in the NSF Proposal & Award Policies & Procedures Guide (PAPPG). Willful provision of false information in this application and its supporting documents or in reports required under an ensuing award is a criminal offense (U.S. Code, Title 18, Section 1001).

### Certification Regarding Conflict of Interest

The AOR is required to complete certifications stating that the organization has implemented and is enforcing a written policy on conflicts of interest (COI), consistent with the provisions of PAPPG Chapter IX.A.; that, to the best of his/her knowledge, all financial disclosures required by the conflict of interest policy were made; and that conflicts of interest, if any, were, or prior to the organization's expenditure of any funds under the award, will be, satisfactorily managed, reduced or eliminated in accordance with the organization's conflict of interest policy. Conflicts that cannot be satisfactorily managed, reduced or eliminated and research that proceeds without the imposition of conditions or restrictions when a conflict of interest exists, must be disclosed to NSF via use of the Notifications and Requests Module in FastLane.

### Drug Free Work Place Certification

By electronically signing the Certification Pages, the Authorized Organizational Representative (or equivalent), is providing the Drug Free Work Place Certification contained in Exhibit II-3 of the Proposal & Award Policies & Procedures Guide.

### Debarment and Suspension Certification

(If answer "yes", please provide explanation.)

Is the organization or its principals presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency?

Yes

No

By electronically signing the Certification Pages, the Authorized Organizational Representative (or equivalent) or Individual Applicant is providing the Debarment and Suspension Certification contained in Exhibit II-4 of the Proposal & Award Policies & Procedures Guide.

### Certification Regarding Lobbying

This certification is required for an award of a Federal contract, grant, or cooperative agreement exceeding \$100,000 and for an award of a Federal loan or a commitment providing for the United States to insure or guarantee a loan exceeding \$150,000.

### Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

# PI RESPONSIBILITIES – NOTIFICATION OF AWARD

## ***NOTIFICATION OF AWARD***

10/02/2019

To: PI/Co-PI Name(s), Department(s)

From: SPC Name

This is to notify you an award has been received for the following research activity and an OU department number has been assigned. Expenditures on this award should not begin until the Principal Investigator (PI) has read and understands all award terms and conditions. **By expending funds on this award, the PI agrees to abide by all terms and conditions.**

**Project Title:**

**Department ID:**

**Sponsor:**

**Prime Sponsor:**

**Budget Period:**

**Project Period:**

**Indirect Cost Rate:**

**Financial Coordinator:**

**Proposal No.:**

**Sponsor ID:**

**Project No.:**

**Award Amount:**

**CFDA:**

**Account Type:**

**Task Order**

# OFFICE OF RESEARCH SERVICES CONTACT INFORMATION

- ▶ Michael Purcell, Executive Director, Office of Research Services and Associate Vice President for Research and Partnerships – [mp@ou.edu](mailto:mp@ou.edu)
- ▶ Fran Stephens, Director of Pre-award Services, Office of Research Services – [fran@ou.edu](mailto:fran@ou.edu)
- ▶ Leslie Flenniken, Associate Director, Award Administration – [lflenniken@ou.edu](mailto:lflenniken@ou.edu)
- ▶ Cindy Clark, Research Programs and Training Coordinator, Office of Research Services – [cgclark@ou.edu](mailto:cgclark@ou.edu)
- ▶ Research Information Services [ris@ou.edu](mailto:ris@ou.edu)