

## Internal Review Form

Rev. 10-14-22

Upload all final proposal documents to your shared folder and send an email notification to your pre-award contact person **at least seven (7) business days** prior to submission deadline.

### General Information

<b>Date Proposal Submitted for Internal Approvals:</b>					
<b>Proposal Submission Deadline:</b>					
<b>Project Director/ Principal Investigator:</b>					
<b>Co-PI/PD or Co-author(s):</b>					
<b>Department:</b>					
<b>College:</b>					
<b>Project Title:</b>					
<b>Project Dates:</b>					
<b>Funding Source:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Private (non-profit)	<input type="checkbox"/> Private (for-profit)	<input type="checkbox"/> Other
If Fund Source is Other, please specify:					
<b>Sponsor:</b>					
<b>International Funding?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

### Amount Requested

<b>A. Direct:</b>		*Please note these totals must match the totals listed in the budget and budget justification
<b>B. Indirect</b>		
<b>*TOTAL (A+B):</b>		
<b>Project Type:</b>	<input type="checkbox"/> Grant	<input type="checkbox"/> Cooperative Agreement
	<input type="checkbox"/> Sub-award (working with separate lead institution)	<input type="checkbox"/> Contract

### Cost-Sharing (i.e. match, in-kind, cash match)

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Describe</b>
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### Staffing

<input type="checkbox"/> Faculty CAS (Max 22.2%)	<input type="checkbox"/> Overload (During 9 or 12 mo contract Max 20%)
<input type="checkbox"/> Reassigned Time	<input type="checkbox"/> Course Buyout Rate
	<input type="checkbox"/> Full Recovery <input type="checkbox"/> Replacement
<b>Detail</b>	
<b>Name</b>	<b>Describe</b>
1	
2	
3	
4	
5	
6	

**Indirect Costs**

<input type="checkbox"/> On-Campus 31% MTDC	<input type="checkbox"/> Off-Campus 12% MTDC	<input type="checkbox"/> Disallowed by Sponsor (attach doc of sponsor policy)	<input type="checkbox"/> Other Describe:
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**Institutional Commitments** (new positions, office/lab space, renovations)

<input type="checkbox"/> No	<input type="checkbox"/> Yes Describe
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**Research Compliance**

<b>Does your project involve:</b> <input type="checkbox"/> Human subjects <input type="checkbox"/> Animal subjects <input type="checkbox"/> Recombinant DNA <input type="checkbox"/> Synthetic nucleic acids <input type="checkbox"/> Hazardous biological agents/ toxins <input type="checkbox"/> Bloodborne Pathogens	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Describe:</b>
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Principal Investigator Statement: I have read and understand the relevant UW Oshkosh policies pertaining to those matters marked YES above and certify these statements are true.

PI Approved via Email	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date
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**Approval for Submission via DocuSign: Office Use Only Below**

Approver Title:	Approval Status	Signature:	Date:
Grants Accountant:			
OSP Director:			
Chair/Supervisor #1:			
Director/AVC/Dean:			
Controller/AOR:			

Chair/Supervisor #2: Signature: Date:

**Additional Comments/Remarks on Page 3:**

**Comments:**

OSP Admin Comments:

OSP Director Comments:

Chair/Dean/Director/AVC Comments:

Grants Accountant Comments:

Controller/AOR Comments: