

Today's Date: \_\_\_\_\_

Proposal Deadline Date: \_\_\_\_\_

Type of Proposal:  Standard proposal  Subaward/Collaborative  Consultant  Transfer of Equipment (request additional information from ORSP)

Transfer of Grant (request additional information from ORSP)  Retroactive proposal that was not internally approved

Electronic Submission? Yes  No

**- APPLICATION DATA -**

Title of External Funding Opportunity: \_\_\_\_\_ Proposal Working Title: \_\_\_\_\_

Sponsoring Agency/Program: \_\_\_\_\_ Catalog of Federal Domestic Assistance (CFDA#), if applicable: \_\_\_\_\_

Principal Investigator/Program Director: \_\_\_\_\_ Title: \_\_\_\_\_

School or Unit: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Co-PI/PD: \_\_\_\_\_ Title: \_\_\_\_\_

School or Unit: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Co-PI/PD: \_\_\_\_\_ Title: \_\_\_\_\_

School or Unit: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Co-PI/PD: \_\_\_\_\_ Title: \_\_\_\_\_

School or Unit: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Co-PI/PD: \_\_\_\_\_ Title: \_\_\_\_\_

School or Unit: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please use back of this page for additional names.**

**- PROPOSAL SUMMARY INFORMATION -**

**Proposal Status:**  New  Preliminary or Pre-proposal  Revised  Competitive Renewal  Continuation  Supplement to existing grant

**Project Type:**  Education and Teaching  Research  Public Service  Scholarship  Fellowship

**Funder Type:**  Federal  Federal flow-through  Business/Industry  National Foundation  Local Foundation  Organization

**Anticipated Award Terms (check all that apply):**

Grant  Cooperative Agreement  Contract  Other: \_\_\_\_\_

Subcontract  Cost-Reimbursement  Fixed-Price

**Anticipated Special Considerations (check all that apply):**

Animal Research

Human Subject Research (You must request IRB approval)

Course release time requested and number: \_\_\_\_\_  GGC Cost-Sharing and Required Amount: \_\_\_\_\_

Partner Cost-Sharing: \_\_\_\_\_  Equipment purchases greater than \$50,000

Recurring costs for equipment maintenance and supplies  Support required from Information Technology Services (OET signature required)

Alterations to the physical plant or commitment of college space  Possible patents/copyrights

Consultant(s) proposed  Subcontract(s) proposed

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**- COLLABORATION INFORMATION -**

Will there be any collaborating organizations? Yes  No

Who will serve as the primary fiscal agent? \_\_\_\_\_

If so, please provide the following:

Collaborating organization 1: \_\_\_\_\_

Collaborating organization 2: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**- BUDGET INFORMATION -**

Maximum Award Amount: \_\_\_\_\_

Anticipated Award Request: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Project End Date: \_\_\_\_\_

**- PI/PROGRAM DIRECTOR AND CO-PI/PD INFORMATION AND CERTIFICATION -**

Principal Investigator/Program Director: (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Co-PI/PD: (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Please use back of this page for additional names.**

**- SUPERVISOR CERTIFICATION -**

PI/PD Supervisor: (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Co-PI/PD supervisor (if different) : (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**- ORSP APPROVAL & SUBMISSION TIMELINE (to be completed by ORSP)-**

ORSP Director Approval: (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

ORSP Denial Comments: \_\_\_\_\_

**BE SURE TO READ AND COMPLETE ALL 6 PAGES OF THIS FORM**

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**PROJECT ABSTRACT**

**(Please provide a summary of your project. Be sure to include a description of any institutional resources that will be needed in the project, e.g., you will need space to store supplies and a 5' X 5' equipment for the project.)**

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**CONFLICT OF INTEREST FORM**

**Disclosure of Significant Financial Interests (SFI) and Obligations**

As part of its commitment to promoting objectivity in research and in compliance with applicable federal regulations, non-federal agency guidelines, and GGC's Financial Conflict of Interest (FCOI) policy, ORSP requires an Investigator to submit a conflict of interest disclosure form with the proposal Notice of Award and prior to submission to a Public Health Service (PHS), agency, the National Science Foundation (NSF) and other applicable sponsors to ensure the design, conduct, and reporting of sponsored program/project activity will not be biased by a significant financial interests or obligations of any investigator.

**The Disclosure of Significant Financial Interest or obligations previously disclosure is a two-section form. All investigators meeting the definition referenced above must complete Section I of the disclosure form. If any answer to Section I is "yes", Section II of the disclosure form must also be completed. The completed and signed disclosure form should be included with the Notice of Intent.**

Completed and signed disclosure forms will be reviewed and maintained in the Office of Research and Sponsored Programs. Should a significant financial interest be identified within the disclosure form, the review and subsequent recommendation for management will be conducted by the Senior Vice President for Academic Affairs/Provost. Questions concerning any research-related disclosure should be addressed to the Office of Research and Sponsored Programs.

**DEFINITION OF TERMS**

1. Submission of Financial Disclosure is required on an annual basis and for first-time submitters.
2. Who is considered an "Investigator," and therefore required to disclose? "Investigator" means the project director or principal investigator and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research funded by the agency, or proposed for such funding.
3. What is an entity? Entity means any domestic or foreign, public or private, organization (excluding a Federal agency) from which an Investigator (and spouse and dependent children) receives remuneration or in which any person has an ownership or equity interest.
4. What are institutional responsibilities? "Institutional Responsibilities" is defined as teaching/education, research, outreach, clinical service, training and College and public service, on behalf of Georgia Gwinnett College and directly related to those credentials, expertise and achievements upon which the Investigator's Georgia Gwinnett College position is based.
5. What is a "Significant Financial Interest"? A significant financial interest consisting of one or more of the following interests of the Investigator (and those of the Investigator's spouse and dependent children) that reasonably appears to be related to the Investigator's institutional responsibilities:
  - Equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.
  - With regard to any non-publicly traded entity, any remuneration received from entity in 12 months preceding disclosure, when aggregated, exceeds \$5,000; or when Investigator holds any equity interest (e.g., stock, stock option, or other ownership interest). Exclude income from seminars, lectures, or teaching engagements sponsored by a U.S. Federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education;
  - Intellectual property interest held by the Investigator, or Investigator's spouse or dependent children on a patent, patent application, or a copyright of software assigned or to be assigned to a party other than GGC upon receipt of income related to such rights and interests that exceed \$5,000 in 12 months preceding disclosure.
  - Any reimbursed or sponsored travel in excess of \$5,000 per entity in the 12 months prior to disclosure (i.e., that which is paid on behalf of Investigator and not reimbursed to Investigator so that the exact monetary value may not be readily available) related to your institutional responsibilities. The investigator must disclose travel reimbursed or sponsored by commercial/corporate entities as well as by non-profit entities, such as professional associations, that is more than \$5000 from any single entity. Excludes travel reimbursed or sponsored by a U.S. Federal, state, or local government agency, an institution of higher education as defined, an academic teaching hospital, a medical center, or a research institute affiliated with Institution of higher education.
6. What is not a "Significant Financial Interest"? This does not include (1) payments made by USG/GGC (salary, royalties, honoraria, expense reimbursement or any other remuneration) or (2) income from seminars, lectures, or teaching engagements sponsored by exclusions above; (3) an investment by a mutual fund, pension fund or other investment fund over which the investigator or his/her immediate family member does not exercise management of fund investment.
7. **Records:** These records will be retained for 3 years after termination of sponsored project.

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**CONFLICT OF INTEREST FORM**  
**Disclosure of Significant Financial Interests (SFI) and Obligations**

Instructions: Place a check in the appropriate column for each questions. Once every question is answered, the investigator must certify the information by signing the bottom of the form.

**Investigator's Name:**

**School/Unit:**

**Sponsoring agency:**

**Project Title:**

**Type of Disclosure:** New Proposal  Annual Reporting

**SECTION 1**

**Information and Questions for ALL Projects**

Refer to Definition of Terms

**1. OWNERSHIP INTEREST IN SPONSOR.** Do you or your family have any ownership interest in any entity providing funds for this research?

**Yourself:** Yes  No

**Family Member:** Yes  No

**2. OWNERSHIP INTEREST IN INTELLECTUAL PROPERTY.** Do you or your family have any ownership interest in any entity that owns intellectual property that could reasonably appear to be affected by this research project?

**Yourself:** Yes  No

**Family Member:** Yes  No

**3. OWNERSHIP INTEREST.** Do you or your family have any ownership interest in any entity that could reasonably appear to be affected by this research project?

**Yourself:** Yes  No

**Family Member:** Yes  No

**4. CONSULTING AND OTHER ACTIVITIES.** Have you or any member of your research team ever consulted with this Sponsor in the past? **Yourself:** Yes  No

**Family Member:** Yes  No

b. Do you serve as a paid consultant, officer, administrator, board member, or speaker for any entity (1) that is providing funds for this research in the last 12 months that could reasonably appear to be affected by this research or (2) that has an interest in intellectual property that could reasonably appear to be affected by this research? (This includes sitting on a board or providing paid/unpaid consulting to entities that may be interested in the current or anticipated results of the research.)

**Yourself:** Yes  No

**Family Member:** Yes  No

**5. PAYMENTS.** Have you received in the last 12 months or will receive in the next 12 months more than \$5,000 (in cash or of monetary values) from an entity that could reasonably appear to be affected by this research (other than you salary from GGC)? To answer this question, you should add the amount you received to the amount/s family members receive.

**Yourself:** Yes  No

**Family Member:** Yes  No

7. Is there anything not covered in the above questions that you believe might constitute a potential or create the appearance of being a conflict of interest related to this research?

**Yourself:** Yes  No

**Family Member:** Yes  No

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**SECTION II**

**Additional Questions Applicable to Federal Projects**

**1. SFI AND INSTITUTIONAL RESPONSIBILITIES.** Do you (or your spouse or dependent children) have a significant financial interest related to your institutional responsibilities, which when aggregated would exceed the value of \$5,000? (Refer to #5 definition of Significant Conflict of Interest.)

**Yourself:** Yes  No

**Family Member:** Yes  No

**2. TRAVEL REIMBURSEMENTS/SPONSORSHIP.** Have you received any travel reimbursement or been sponsored for travel (i.e. travel expenses paid on behalf of Investigator and not reimbursed to Investigator) in excess of \$5,000 per entity in the 12 months prior to disclosure, by any entity (commercial, corporate and/or non-profit entity) related to the research project? (Refer to #5 definition of Significant Conflict of Interest.)

This does not include travel sponsored by: Federal, State, or Local Government, U.S. institution of higher education (IHE), academic teaching hospital, medical center, or research institute that is affiliated with a U.S. IHE.

**Yourself:** Yes  No

**Family Member:** Yes  No

**SECTION III**

**Detailed Financial Disclosure**

If you answered YES to any of the questions in the form, please describe the financial interest or affiliation and its relationship to this research project, or in the case of a federal grant, your institutional responsibilities. If the interest consists of money or something else of value that you or your family members have received or will receive, you must disclose the amount of money or value. If the interest consists of equity that you own, you must provide the current value (if any) of the equity and the percentage of ownership of the company that it represents.

1. Entity name from which you or your family received or will receive remuneration:

2. Dollar amount or value of your financial disclosure including percent interest in entity:

3. Relationship to the entity:

4. Travel Disclosure:

- Dollar amount or value, if known: \_\_\_\_\_
- Purpose of the trip: \_\_\_\_\_
- Sponsor's Name: \_\_\_\_\_
- Destination: \_\_\_\_\_
- Duration: \_\_\_\_\_

**Investigator's Certification**

By signing below, the Investigator hereby certified that all of the information contained on this form is true and correct to the best of his or her knowledge and that he or she has made reasonable efforts to assure that accurate and complete information has been provided. By signing below, investigator acknowledges, among other things, GGC's policy on financial conflict of interest and the Investigator's responsibilities regarding disclosure of significant financial interests, and of 42 CFR 50, subpart F, Promoting Objectivity in Research.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

An electronic signature is provided and attests to my confirmation.