



An endorsement form must be completed for every proposal submission, clinical trial, and grant/contract award letters. For proposals, the completed endorsement form with PI signature is required five (5) business days before the proposal deadline. The endorsement form, complete with all signatures, is required two (2) business days before the proposal deadline. In addition, please review the proposal submission guidelines, as outlined in the "[Proposal Preparation and Submission of the Proposal](#)" policy, for information on the other documents that must be submitted with the endorsement form. For clinical trials and grant/contract award letters, a completed endorsement form should be sent to ORSP or OCC once the sponsor agreement is fully executed.

## FOR ORSP/OCC USE ONLY

PROPOSAL LOG NUMBER

DATE RECEIVED

 RU RBHS

PI (1)	PI Last Name		PI First Name		E-mail	
	Phone		Employee ID		Salary Account No.	
PROPOSAL INFORMATION (2)	Proposal Type		Activity Type		Character of Work	Due Date
	Project Title					
	Sponsor Name			RFA/RFP/Program Number		Will project accounts be needed if awarded? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Prime Sponsor/Funding Source (if RU is sub-awardee)			Science Code		
DEPARTMENT INFORMATION (3)	Pre-award Administrator Last Name		Pre-award Administrator First Name		E-mail	
	Post-award Administrator Last Name		Post-Award Administrator First Name		E-mail	
	Administering Department				School/Unit	
	UDO (11 digits)	Location Code (4 digits)	Backup UDO (11 digits)	Current Project Number (6 digits)	Backup Project Number (6 digits)	
	Legacy RU Org ID			Legacy RBHS Z-Org ID		
FINANCIAL COI (4)	Please list all individuals below who qualify as "investigators" under <a href="#">FCOI</a> policy. Attach additional sheets if needed.					
	Last Name		First Name		Department/Center/Institute	School
	Last Name		First Name		Department/Center/Institute	School
	Last Name		First Name		Department/Center/Institute	School
New and continuing research studies, regardless of sponsor, require Financial Disclosures for all "investigators" on the study prior to application submission. If there are financial disclosures indicated, your study may require Financial Conflict of Interest Committee (FCOIC) Review:						
Have the financial disclosure forms for all investigators been submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes						
EXPORT CONTROL (5)	To the extent known at the time of submission, does this proposal involve any of the following, subjecting it to U.S. Export Control Laws? For assistance, please contact the Export Compliance Officer at <a href="mailto:export-support@rutgers.edu">export-support@rutgers.edu</a> or please call (848)-932-4522 or visit <a href="http://vpr.rutgers.edu/export.php">http://vpr.rutgers.edu/export.php</a>					
	Foreign Nationals involved in research		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> To be Determined	
	Funding by an international sponsor		<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please provide the sponsor name and country in the space provided below)		
Work outside of the USA		<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please provide the country)			

COMPLIANCE (6)	Please indicate whether the project includes any of the following: If the response to any of the items is "Yes", please enter the Protocol Number, the Protocol Status, the Approval Date and the Expiration Date as appropriate. Please attach another sheet if you require more space to list additional protocols.						
	Protocol Type	No	Yes	Protocol No.	Status	Approval Date	Expiration Date
	Human Subjects (IRB)	<input type="checkbox"/>	<input type="checkbox"/>				
				Protocol Title			
	Animal Subjects (IACUC)	<input type="checkbox"/>	<input type="checkbox"/>				
				Protocol Title			
	Biohazards, Toxins, Pathogens, rDNA, Human Tissues/Cells. (Biosafety)	<input type="checkbox"/>	<input type="checkbox"/>				
	Materials, Machines, Lasers, Chemicals (REHS)	<input type="checkbox"/>	<input type="checkbox"/>				
Human Embryonic Stem Cell Research (hESCRO)	<input type="checkbox"/>	<input type="checkbox"/>					
Does the proposed research activity or funding agency require permits and/or registrations from a non-Rutgers organization, such as Fish & Wildlife, USDA, CDC, or other Federal/State Government Agency. <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>							
BUDGET INFORMATION (7)	Sponsor Funding	Initial/Continuation Budget Period	Total Project Budget Period	Cost Sharing		Is any Program Income anticipated as a result of this project? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Requested Start Date			Cost Sharing	Total Costs		
	Requested End Date			F&A			
	Total Direct Costs			F&A Rate (%)	F&A Base	If Other, please define	
	Total F&A Costs			F&A Reduction		<input type="checkbox"/> No <input type="checkbox"/> Yes, attach Sponsor guidelines or exception approval	
	Total Costs			<input type="checkbox"/> On Campus	<input type="checkbox"/> Off Campus		
	Please answer the following questions as they relate to ALL Investigators						
CERTIFICATION (8)	Are you presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any Federal Department or agency?						<input type="checkbox"/> No <input type="checkbox"/> Yes
	Have you or will you lobby any Federal agency on behalf of this award? (Lobbying is defined as using Federal funds in an attempt to influence, either in the executive or legislative branch, a specific Federal award. The term Federal award includes grants, contracts, loans, loan guarantees, insurance and/or other assistance programs.)						<input type="checkbox"/> No <input type="checkbox"/> Yes
	Does the project require additional facilities (space) outside of your existing facilities?						<input type="checkbox"/> No <input type="checkbox"/> Yes
	Does the project require additional equipment, renovation/construction/rental space and/or expanded use of Rutgers personnel or services?						<input type="checkbox"/> No <input type="checkbox"/> Yes
SIGNATURES (9)	<b>Required Signatures:</b> The PI must endorse and agree to the attestation below. The remaining unit level signatures should be obtained based upon how your unit's internal approval process has been defined.						
	Principal Investigator _____ Date _____			Department Chair/Head _____ Date _____			
	I agree and certify that I will abide by current University policies on cost sharing, financial conflict of interest, intellectual property, and the use of human subjects/vertebrate animals in research. I certify that the information contained on this form and within this application is true, accurate and complete and any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. The proposal budget includes all the cost sharing, necessary equipment, installation, shipping, new space, renovation and/or facility modification costs; I do not expect the University to share in such costs. If an award is made, I am responsible for compliance with award terms and conditions and University policies and procedures, particularly for the technical conduct of the work, submission of technical reports, regulatory compliance, and financial management. I am not aware of potential sponsor publishing restrictions or sponsor requirements for patent rights, which are in violation of University policies.			Center Director/Provost _____ Date _____			
				Dean/Chancellor _____ Date _____			
				Additional Signature _____ Date _____			
				RU Foundation _____ Date _____			
				ORSP/Corporate Contracts _____ Date _____			