**Sponsored Research Approval Form (KERN)**

# Purpose

*The purpose of this early sponsored research application is to ensure that all necessary stakeholders are advised of and prepared for a potential sponsored research award. Sponsored research typically involves some fiduciary responsibility, and therefore, the executive team may be required to lend approval prior to submission.*

*Note: Prospective PIs should consider this as a tool for discussion with their supervising dean or, if staff, supervisor. PIs may be well-served to complete this form in its entirety prior to visiting with their supervisor and prior to submitting it to this portal.*

# Timeline

*Primary Investigators (PIs) are required to submit this form as soon as is feasible. Ideal timelines vary, from as little as 10 days for small private grants to up to several months in advance for large federally-funded projects. For the purpose of approval to proceed, researchers must declare their intent to apply through this process and provide the information requested in the form.*

*You may add additional pages to this proposal if more space is needed for this or any other area*

*If you have questions, please contact* [*Duane Brandau*](mailto:dbrandau@kansashsc.org?subject=Sponsored%20Research%20Question) *Office Research and Scholarly Activity.*

**Primary Investigator**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email**

**Project Description**

Provide a brief description of the proposed activity, under 200 words if possible.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Research Personnel

## Primary Investigator

PI Name

PI Email

Home Institution or Department if KansasCOM

Anticipated % of time to be bought out by grant

## Co-PIs or potential Co-PIs

Proposed Co-PI 1 Name

Co-PI 1 Email

Home Institution or Department if KansasCOM

Anticipated % of time to be bought out by grant

Proposed Co-PI 2 Name

Co-PI 2 Email

Home Institution or Department if KansasCOM

Anticipated % of time to be bought out by grant

Proposed Co-PI 3 Name

Co-PI 3 Email

Home Institution or Department if KansasCOM

Anticipated % of time to be bought out by grant

# Project Summary

*Provide a brief description of the proposed activity, under 500 words if possible.*

Click or tap here to enter text.

**Opportunity Details**

Provide a link to the opportunity details or upload the solicitation here.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Link(s)**

**\_\_\_ Upload**

# Supervisor Approvals

*For faculty PIs (and KHSC co-PIs), their respective supervising chair and/or dean must provide approval prior to submission of this form to the Office of Sponsored Research.*

*For staff PIs, their respective supervisor must provide approval prior to submission of this form to the office of sponsored research.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Supervising Dean

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Approval

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email

\_\_\_ Upload documentation if available

# Alignment with Research Agenda

The Kansas Education and Research Network is mindful of broader conversations in health care. It incorporates the principles of the Quadruple Aim, published by the Institute for Healthcare Improvement (IHI). Select one or more of the four aim’s listed below that are buoyed by the proposed project.

Improved Population Health

Improved Patient Experience

Reducing Per Capita Cost of Health care

Clinician Wellbeing

# Funder Information

**Funder Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name**

**Funder Type:**

**\_\_\_ Private Foundation**

**\_\_\_ Federal Government**

**\_\_\_ State or Local Government**

**\_\_\_ Private Corporation or Private Partner**

# Required Institutional Resources

**Matching Funds**

Are any matching funds required?

**\_\_\_ Yes**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Yes: Estimate Matching Funds Required**

**\_\_\_ No**

**Faculty Release**

Will faculty releases be sought?

**\_\_\_ Yes**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Yes: Estimate Release Requested by each Faculty Name**

**\_\_\_ No**

# Protected Health Information

Provide a short summary of any protected health information (PHI) that may become a part of this project and an overview of the privacy protections planned. Attest for the record that the project will conform to necessary policies and regulations to safeguard the PHI among all parties.

*Provide a short summary of any protected health information (PHI) that may become a part of this project and an overview of the privacy protections planned. Attest for the record that the project will conform to necessary policies and regulations to safeguard the PHI among all parties.*

Click or tap here to enter text.

# IRB Approval

For sponsored research, will human subjects be involved? (IRB review required)

Yes

If yes, select the expected level of review:

Full

Expedited

Exempt

No

# Office Use Only

**Application Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IRB Application Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ Executive Director**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ Office of Research and Scholarly Activity**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ Advisory Board Approval**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ CAO**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ CFO**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ Cabinet**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ President**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

# Proposal Summary Instructions

KERN members who seek to engage in sponsored research should provide a detailed narrative summary of the sponsored program opportunity. This allows stakeholders and KERN to ensure that sponsored projects are in compliance with necessary regulations and policies, while ensuring that involved parties are well communicated with. The form also provides the necessary information for the Advisory Board to consider the degree to which any proposal fits with organizational goals and objectives. The staff is available to assist members with questions as needed.

Wherever possible, the form should be submitted no later than 1 week prior to the Advisory Board Meeting prior to the submission deadline. This form should be completed whether you are seeking a grant, or merely submitting a pre-proposal or letter of intent if it includes a budget. This form should also be completed if the member seeks to be a sub-grantee to a PI at another institution or organization.

**Instructions**

Prepare a brief narrative summary containing all of the following elements. This will be the document circulated to Advisory Board members when considering approval of the project.

**Elements**

**Principal Investigator(s)**: The parties responsible at KERN who will oversee the project. In cases where another organization or institution is the lead partner, this section identifies the name(s) of the KERN lead or leaders.

**Sponsor:** The funding agency, foundation, or other party offering the opportunity (e.g. Agency for Healthcare Research and Quality, AHRQ). For federal or state proposals, please include the funding opportunity number (e.g. CFDA #, RFA #) if available.

**Sponsor Program:** The competition name or sub-agency.

**Sponsor Deadline:** The date by which the proposal must be submitted or received. (For your own timing, be sure you know the time of day, method of submission (via mail or electronically), and whether the time deadline refers to the time it must be received by the agency or the time it must be postmarked—that varies among grant competitions). If it is to be mailed, note the number of copies that must be sent.

**Project Title:** The title of your proposal or project.

**Project Period:** The length of the project period, as well as the start and end dates.

**Direct Costs:** Direct costs are the amount of funds to be used to carry out the program or project. Applicants should include all direct costs, which include salary, fringe, travel, equipment, participant costs (if any), and “Other Expenses” (such as material and supplies, publication costs, sub-contracts, etc.) Staff at KHSC Office of Sponsored Programs can help with building a budget and calculating fringe benefits. The direct costs should be projected over the lifetime of the project. The summary should include the funds that are to be covered by the funding agency, and any matching costs (sometimes called cost-share). This matching costs may include cash, in-kind services or salary and third party cash or inkind contributions that are not supported by the funding agency. See the section below on Source of University Commitments for more information. All university commitments must be approved prior to proposal submission and are only offered when the funder requires it.

**Indirect costs**: Where applicable, the federally negotiated rate that reimburses costs associated with the facilities, utilities, services, and other elements provided by the organization that are of use in carrying out federally-funded projects. Consult with KHSC Office of Research and Scholarly Activity for assistance with indirect cost calculations. [Note: While foundation grants often do not include indirect costs, some of these expenses can be built into the budget.]

**Faculty Release Time Detail:** If applicable to KHSC faculty, indicate the amount of release time, name of the faculty member, and semester(s) requested.

**Source of Matching Commitments:** Some grant opportunities require a cost-share or matching funds. We do not offer cost share unless it is required, so this section is completed only if the funder specifies it. If required, indicate personnel time that is being assigned as in-kind cost share, as well as other categories of match (including other grants, departmental budgets, etc.) The KHSC Office of Research and Scholarly Activity can assist with this area and calculating the fringe benefit amounts (which vary if it is during the academic year or the summer for faculty or students). You must obtain the signature (or provide an email) from the authorized representative to approve each budget expenditure being allocated toward the match. Most federal grants requiring matching funds stipulate that they cannot come from other federal sources.

**Special Considerations:** This section ensures the University knows about any space, cost, and other implications that the proposed project might create. This section is also to provide advance notice of potential hiring, training or intellectual property implications.

**Compliance Information:** Indicate whether IRB approval has been obtained or will be submitted. Since approval is required by law before a project begins, be sure to notify the IRB well in advance to have sufficient time for them to review the project. If you already have approval for the proposed project, indicate the approved protocol number. Indicate whether you have any conflicts of interest.

**PI Attestation:** Attest for the record that you are not debarred from dealing with the federal government and that the PI is responsible for compliance.

**Executive Director’s Approval:** Include an email or other attestation that the KERN executive director endorses this application for consideration. Proposals should not be submitted without this approval.