**Approval Form for Sponsored Research KHSC**

**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. Faculty and staff are prohibited from submitting grant applications without the prior approval of the supervising dean.

*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.

If you have questions, please contact the office of Research and Scholarly Activity.

**Project Description**

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

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

**Projected Funding Amount**

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

**Submission Deadline**

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

**Faculty Member Name (aka Primary Investigator)**

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

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated % of time to be bought out by the grant**

**Co-PIs or potential Co-PIs**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Co-PI 1**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Institution (or Department if KHSC)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated % of time to be bought out by the grant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Co-PI 2**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Institution (or Department if KHSC)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated % of time to be bought out by the grant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Co-PI 3**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Institution (or Department if KHSC)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated % of time to be bought out by the grant**

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

**Supervisor Approval**

**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**

Kansas Health Science Center aligns its research agenda with 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 Name**

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

**Funder Type:**

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

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

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

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

**Opportunity Details**

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

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

**\_\_\_ Upload**

**Required Resources**

 **Matching Funds**

Are any matching funds required?

**\_\_\_ Yes**

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

**\_\_\_ No**

**\_\_\_ INPUT TEXT: copy the text from the opportunity announcement here regarding matching funds.**

**Faculty Release**

Will faculty releases be sought?

**\_\_\_ Yes**

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

**\_\_\_ No**

**Human Subjects**

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

**Select expected level of review:**

**\_\_\_ Full**

**\_\_\_ Expedited**

**\_\_\_ Exempt**

**Office Use Only**

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

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

**Workflow Approvals Required (levels depend on funding amount and fiduciary commitments)**

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

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

**\_\_\_ Senior Associate Dean for Academic Affairs**

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

**\_\_\_ CAO**

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

**\_\_\_ CFO**

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

**\_\_\_ Cabinet**

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

**\_\_\_ President**

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