**Proposal Request Form**: *Please complete this form and return to* [*ceatresearch@okstate.edu*](mailto:ceatresearch@okstate.edu)*. Direct any questions to this email address*. *Date of request:* Click here to enter a date.

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| **Title of Proposal** |  | |
| **Date Due** | Click here to enter a date. | |
| **RFP # or Link to Solicitation** |  | |
| **Sponsor** |  | |
| **PI Name, Department** |  | |
| **Co-PI(s)** |  | |
| **Co-PI(s) Department(s)** |  | |
| **New proposal, Resubmission, or Modification** | Choose an item. | |
| **Cost Share Involved?** | Yes No | |
| **F&A waiver requested?** | Yes No | |
| **Flow through from a Second Agency (Name)** |  | |
| **Subcontractors or External Entities (Name)** |  | |
| **Project Start and End Dates** |  | |
| **Research, Outreach or Instruction** | Choose an item. | |
| **Research Type (Applied, Basic, or Developmental)** | Choose an item. | |
| **Travel (International or Domestic)** | Choose an item. | |
| **Human Subjects** | Yes No | IRB Approval No/Date: |
| **Animal Use** | Yes No | IACUC Approval No/Date: |
| **Recombinant DNA** | Yes No | IBC Approval No/Date: |
| **Infectious Agents, Toxins, Prions** | Yes No | IBC Approval No/Date: |
| **Radioactive Materials/X-ray Devices** | Yes No | App No/Approval Date: |
| **Laser Safety Inspection (Class 3b & 4)** | Yes No | Lab Address/Approval Date: |
| **Space Available?** | Yes No | Building/Room No: |
| **Space Alterations requested?** | Yes No | |
| **HPCC Resources required?** | Yes No | |
| **Is Classified information involved?** | Yes No (If yes, contact Facility Security Officer) | |
| **Do you have foreign nationals involved with research?** | Yes No | |
| **Have EAR/ITAR regulations been reviewed?** | Yes No | |
| **Does sponsor reference FISMA/FISMA-like language or CUI?** | Yes No | |
| **Is this an SBIR/STTR Project?** | Choose an item. | |
| **Is there confidential information?** | Choose an item. | |
| **Has Confidential Agreement/NDA been signed?** | Choose an item. Date Signed: Click here to enter a date. | |
| **Has an MTA been signed?** | Choose an item. Date Signed: Click here to enter a date. | |

**NOTES:**