

Office of Research  
 Division of Sponsored Programs  
 PO Box 115500 / 219 Grinter Hall  
 Gainesville, FL 32611-5500  
 Phone: (352) 392-1582  
 Fax: (352) 392-4400



**DSP—1**  
 Sponsored Projects  
 Approval Form

<b>Principal Investigator:</b> _____		<b>Multiple PI Project:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		For Multiple PI Projects one Contact PI must be identified in the signature block.	
<b>Department:</b> _____		<b>College:</b> _____		<b>Current UPN#:</b> (DSP Completes)	
<b>Project Title:</b> _____					
<b>Funding Agency:</b> _____					
<b>Type:</b> New <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Supplemental <input type="checkbox"/> Revised <input type="checkbox"/> Change of PI <input type="checkbox"/> Change Dept ID <input type="checkbox"/>		<b>Category:</b> Research <input type="checkbox"/> Training <input type="checkbox"/> Extension <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Other* <input type="checkbox"/>		<b>UF/Dept Person to discuss Application (name/phone/email):</b> _____ _____ _____	
<b>Check all that apply:</b> *Human Subjects (IRB) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> *Animal Subjects (IACUC) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Recombinant DNA/RNA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Biohazards <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> *(If yes, attach the IRB and/or the IACUC approval letter)		<b>Application Mailing Instructions:</b> Mail Original and ___ Copies to: _____ _____ _____		<input type="checkbox"/> Grants.gov <input type="checkbox"/> Other Electronic System <input type="checkbox"/> FedEx <input type="checkbox"/> Other Overnight <input type="checkbox"/> First Class Mail <input type="checkbox"/> Fax to: _____ <input type="checkbox"/> Email PDF <input type="checkbox"/> Release back to PI <input type="checkbox"/> Internal Only (no mailing)	
<b>Cost Sharing:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>If yes, complete the following:</b> <b>Mandatory:</b> \$ _____ Attach the <b>required cost share letter and agency guidelines</b> <b>Voluntary Committed:</b> \$ _____ Attach the <b>"Dean's Approval" Letter</b>			
<b>(DSR Use) DSR Staff:</b> _____ <b>Received</b> _____ <b>Action</b> _____ <b>Date</b> _____				_____ <b>(FedEx Account Number)</b>	

**Multiple Principal Investigator Projects:** For those projects designated as a Multiple PI Project the listed PIs share the responsibility for directing and managing the project in accordance with University and Sponsor policies and procedures. The Contact PI will be responsible for relaying communications between all of the PIs, University Officials and the Sponsor.

**Principal Investigator Endorsement:** By signing below you agree to perform the work and manage the project in accordance with University and Sponsor policies and procedures.

**Investigator(s) Assurance Statement as Required by Federal Regulation:** Investigator (s), by signing this DSP-1 form, further certify that: (1) the information submitted within the application is true, complete and accurate to the best of their knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the Investigator(s) to criminal, civil, or administrative penalties; and (3) that the Principal Investigator(s) agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports and the final report if a grant is awarded as a result of the application.

**University Endorsement:** This project has been reviewed by the officials whose signatures appear below as they relate to their areas and are satisfied that all faculty involved in the project have agreed to participate and that all obligations and commitments described herein are acceptable.

**Indirect Cost Distributions:** Upon receipt of DSP's Notice of Award, Principal Investigator(s) are instructed to use the [Office of Research web-based F&A Manager](#) to declare how the indirect costs collected under the award shall be distributed. The return of indirect costs generally occurs in the Fall of each year and is based upon the indirect costs collected from grants and contracts during the preceding fiscal year (July 1 - June 30).

**Principal Investigator: Check here if Contact PI**

**Co-Principal Investigator:**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 UFID #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 UFID #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_

**Department Chair:**

**Other Endorsement (Where Needed):**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 ACADEMIC UNIT: \_\_\_\_\_

**College Dean:**

**Vice President for Research:**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
 COLLEGE: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
 Division of Sponsored Research

## Additional Signature Sheet

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**Principal Investigator: Check here if Contact PI**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

TITLE:

UFID #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

DEPARTMENT:

**Other Endorsement (Where Needed):**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

TITLE:

ACADEMIC UNIT:

**Principal Investigator: Check here if Contact PI**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

TITLE:

UFID #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

DEPARTMENT:

**Other Endorsement (Where Needed):**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

TITLE:

ACADEMIC UNIT:

**Principal Investigator: Check here if Contact PI**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

TITLE:

UFID #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

DEPARTMENT:

**Department Chair:**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT:

**Co-Principal Investigator:**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

TITLE:

UFID #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

DEPARTMENT:

**Department Chair:**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT:

**Co-Principal Investigator:**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

TITLE:

UFID #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

DEPARTMENT:

**College Dean:**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

COLLEGE:

**College Dean:**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

COLLEGE: