



Authorization Form

This form (and applicable attachments) must be submitted for external grant funding to support research and non-research projects. All appropriate signatures must be obtained prior to submitting. For Non-research proposals, complete page one only. For research proposals, complete all pages.

Please notify Katy Gilbert (Katy.Gilbert@bannerhealth.com) of your intent to submit a research proposal and the Sponsor's deadline date.

Principal Investigator (PI):		Co-Principal Investigator:	
Project Title:			
Project Sponsor Contact, Company Name and Address:			
Sponsor Deadline:		Total Budget:	
Project Start Date:		End Date:	
Proposal Type:	<input type="checkbox"/> New	<input type="checkbox"/> Continuation* <input type="checkbox"/> Supplement* <input type="checkbox"/> Renewal*	<input type="checkbox"/> Resubmission
*Indicate current Award Number:			

Administrative and Policy Considerations

1. Does this project require additional and/or new space or renovation of current space or facilities? If Yes, explain briefly what additional and/or new space or renovation of current space or facilities will be required (<i>attach additional pages as needed</i>):	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does this proposal involve cost sharing or matching funds? Note: Cost sharing includes any expenses that will not be fully reimbursed by the sponsor, such as donating percent effort/salary. If Yes, proposals involving cost sharing or matching must have prior approval from the Banner Research CFO. For assistance, contact your designated Grants Manager. COO/CFO/Designee Signature _____ or email approval date (attach email)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will there be subcontracts with other institutions? If yes, list institution(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the Indirect Cost (IDC) Rate for this proposal less than our approved federal rate? If Yes, proposals using less than our approved federal rate must have prior approval from the Research CFO or COO. Attach justification explaining why the project should be carried out. For assistance, contact your Grants Manager COO/CFO/Designee Signature _____ or email approval date (attach email)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Principal Investigator Certification

The Principal Investigator (PI) is defined as the initiator and director of the research proposal. The PI's signature indicates that he/she will adhere to Institute and federal/sponsor policies affecting the proposal, including compliance with the Financial Conflict of Interest Disclosure and Management Policy, monitoring expenditures, and submission of the various reports as required by the Institute and/or sponsor. In signing below the Principal Investigator certifies: 1) that the information submitted within the application is true, complete and accurate to the best of the PI's knowledge; 2) that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; and 3) that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

Principal Investigator: _____ Date: _____

Research Administration Signatures Only (Email approval is acceptable, note email approval and attach email)			
Grants Manager/Date:		Research or Facility Financial Manager or designee/Date:	
CSO/Regional President/Scientific Director or designee/Date		Other/Date:	

*For Non-Research projects – **STOP** here. For Research complete the following pages.*

Research Proposal Checklist

<p>1. Will this proposal involve the use of radioactive materials or isotopes? Proposals that involve the use of radioactive materials or isotopes must be approved by the Radiation Safety Officer to insure that appropriate training and safety precautions are in place. For BSHRI, contact the Radiation Safety Officer at 623-832-5623. For BAI, the number is 602-839-4119.</p> <p>Radiation Safety Officer Signature or _____ email approval date (attach email)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Will this proposal involve the use of biohazards (includes recombinant DNA), investigational drugs or carcinogens?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Will this proposal require the use of other facilities, services or resources? Proposals involving the use of hospital services and/or staff should be discussed with the Department's Director prior to submission to insure that the services/support will be available to perform the study procedures.</p> <p>List the Department name, your contact for the Department and their phone number below.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Will this proposal involve human subjects, the use of human specimens, or personally identifiable information (i.e., Tissue Bank or Institute databases)? If Yes, list IRB Approval Date_____ and Title (if different from proposal) Proposals involving human subjects, or the use of human specimens or personally identified information, must be approved by the Banner's Institutional Review Board (IRB) before the project is <u>initiated</u>. IRB approval is not required at the time of submission to HHS/NIH; however, it is recommended that you discuss/review your proposal with an IRB Coordinator to determine the IRB procedures necessary for approval. For assistance, contact Research Regulatory Affairs at 602-839 -4583 or the Research Regulatory Affairs Coordinator at BSHRI 623-832-5627.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Will this proposal require resources of the Institute's Cleo Roberts' Center for Clinical Research? Proposals that involve the use of space or the services of staff within the Center must be approved by the Center's Director. If appropriate a budget for utilization of resources may be recommended. It is best to contact the Center Director early in the grant planning process to discuss this. Marwan.Sabbagh@bannerhealth.com or ext. 2-6500</p> <p>Center Director Signature or _____ email approval date (attach email)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Will this proposal require resources of the Sun Health Institute's Vivarium? Proposals that require animals to be housed and/or brought in to the Institute's Vivarium must be approved by the Vivarium's Director, or an authorized designee, to verify that adequate space is available and procedures are in place for the safety of the caretakers. Contact the Vivarium at ext. 25609 or 623-832-5609.</p> <p>Vivarium Director/designee Signature or _____ email approval date (attach email)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>7. Will this proposal involve vertebrate animals?</p> <p>Proposals involving the use of animals must be approved by the BSHRI Institutional Animal Care and Use Committee (IACUC) <u>before</u> the animals may be purchased and/or transported to the Institute. For assistance, contact the IACUC Secretary at ext. 25466 or 623-832-5466.</p>	<p>If Yes, list IACUC#: _____</p> <p>Date Approved: _____</p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Will this proposal require brain and/or body tissue from the BSHRI Brain and Body Donation Program?</p> <p>Proposals that involve tissue or resources of the BSHRI Brain and Body Donation Program must be approved by the Brain & Body Donation Program Director. If appropriate a budget for utilization of resources may be recommended. It is best to contact the director early in the grant planning process to discuss this. Thomas.Beach@bannerhealth.com or ext. 25643.</p> <p>Brain & Body Donation Program Signature _____</p> <p>or email approval date (attach email)</p>		<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Do you believe that the proposal contains or will generate ideas, processes, or principles that could be commercialized?</p>		<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Have all investigators completed the <i>Disclosure of Financial Interest</i> form.</p>		<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Research Administration Only				
Grant Sections:	<input type="checkbox"/> Checklist Page	<input type="checkbox"/> Budget Pages	<input type="checkbox"/> Other Support (if required)	<input type="checkbox"/> COI
	<input type="checkbox"/> Face Page	<input type="checkbox"/> Budget Justification	<input type="checkbox"/> Resources & Environment	
Assignment #:		Accounting Unit/Activity Code:		
First Yr Budget:	Direct \$: _____	Indirect \$: _____	Total \$: _____	
Project Period:	Direct \$: _____	Indirect \$: _____	Total \$: _____	
Agreement:	<input type="checkbox"/> Grant	<input type="checkbox"/> Contract	<input type="checkbox"/> Subcontract	<input type="checkbox"/> Clinical Trial <input type="checkbox"/> Coop Agreement