

## UNIVERSITY RESEARCH/CREATIVE AWARD (URCA) APPLICATION

WSU PROP #:  Date:  Amount Requested:

Name:  myWSU#:  Date Joined WSU:

Rank/Title:  Department/College:

Project Title:

Project Period From:  To:

Check here if teaching in the Summer

Check appropriate box(es) if this proposal includes any of the items listed below. **The cost of animal care must be included in the proposal budget. PIs whose research/work generates radioactive/hazardous waste should ensure that funds are available for appropriate hazardous waste disposal (either grant funds or SRO funds).**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Human Subjects              | <input type="checkbox"/> Biological Materials    | <input type="checkbox"/> Infectious Agents            |
| <input type="checkbox"/> Animal Subjects             | <input type="checkbox"/> Clinical Trials         | <input type="checkbox"/> Proprietary Information      |
| <input type="checkbox"/> Hazardous Chemicals / Waste | <input type="checkbox"/> Medical Devices / Drugs | <input type="checkbox"/> Foreign Nationals            |
| <input type="checkbox"/> Radioactive Materials       | <input type="checkbox"/> Recombinant DNA or RNAi | <input type="checkbox"/> International Collaborations |
| <input type="checkbox"/> HIPAA / PHI / PII*          | <input type="checkbox"/> Subrecipients           | <input type="checkbox"/> Foreign Travel               |
| <input type="checkbox"/> ITAR / CUI*                 | <input type="checkbox"/> Independent Contractors | <input type="checkbox"/> Foreign Shipping             |
| <input type="checkbox"/> FERPA                       |  |   |

*Prior to award setup, you must have approval from any applicable committees (i.e. IRB/IACUC/IBC), a current COI disclosure on file, and have completed any required training in CITI including "Externally Funded Researchers" (Responsible Conduct of Research).*

**Proposals to Outside Agencies (Last 3 years): Please attach an additional page if necessary**

TITLE (Abbreviated)	AGENCY	DATE	AMOUNT	STATUS

Prior URCA, MURPA, ARCS or PCSI Grants: **You must include a copy of your most recent Final Report with your application.**

Fiscal Year	Amount	Type (URCA, MURPA, ARCS, PCSI)	Did this internal award lead to external funding? If so, please provide the name of the external sponsor and award amount.

**If you have received additional internal awards, please add them to the Supplemental Internal Awards page and attach the supplemental page to this application form.**

Final Report(s) Filed:  Yes  No

**Scholarly Activity and/or Creative Work and resulting from the last three URCA/MURPA/ARCS/PCSI (e.g. papers, books, presentations, performances, grant applications, etc.)**

**Scholarly Activity:**

**Creative Work:**

**\*\*\*FORM WILL LOCK ONCE APPLICANT SIGNS\*\*\***

Applicant Signature:  Date:

*By signing this page, you are endorsing the project for consideration by the Faculty Support Committee.*

CHAIRPERSON:  DATE:

DEAN:  DATE:

**ELECTRONIC APPLICATIONS MUST BE SUBMITTED TO [PROPOSALS@WICHITA.EDU](mailto:PROPOSALS@WICHITA.EDU) AS ONE PDF DOCUMENT.**

**HARDCOPY APPLICATIONS MUST BE SUBMITTED TO THE OFFICE OF RESEARCH, JARDINE HALL 409 OR CAMPUS BOX 7, AS ONE SINGLE-SIDED DOCUMENT.**

**APPLICATIONS MUST BE RECEIVED NO LATER THAN 5:00 PM ON THE DUE DATE.**