



ORE: Núm. Control Interno:

Núm. Identificación Estatal (SAI):

Universidad de Puerto Rico en Cayey
Oficina de Recursos Externos

NOTIFICACION DE INTENCION
Proceso Interno para Solicitud de Propuesta

IMPORTANTE: Este documento debe ser entregado a la Oficina de Recursos Externos con 21 días de anticipación a la fecha límite para someter la propuesta. La Administración de la Universidad de Puerto Rico en Cayey no garantiza el cumplimiento de la fecha límite del patrocinador si no se cumple con este requisito.

TIPO:	Nueva []	Renovación []	Revisada (Enmienda) []
1.	TITULO DE LA PROPUESTA: INVESTIGACION [] SERVICIO [] OTRO []		
2.	NOMBRE(S) DE INVESTIGADOR PRINCIPAL O DIRECTOR DEL PROYECTO:		
3.	DEPARTAMENTO AL CUAL ESTARÁ ADSCRITO EL PROYECTO:		
4.	AGENCIA QUE OTORGA LOS FONDOS:		
5.	TITULO DEL PROGRAMA QUE AUSPICIA EL PROYECTO:	NÚMERO CFDA (SI APLICA):	NUM. DE CONVOCATORIA
6.	FECHA LIMITE PARA ENTREGAR LA PROPUESTA A LA AGENCIA: _____		
7.	DESCRIPCION BREVE DEL PROYECTO:		
8.	COSTO DIRECTO REQUERIDO: \$ _____ POR CIENTO COSTOS INDIRECTOS: % _____ CANTIDAD: \$ _____ PAREO DE FONDOS REQUERIDO: SI [] NO [] CANTIDAD: \$ _____		
9.	EL PROYECTO ENVUELVE: "PROGRAM INCOME": SI [] NO [] "EXPORT CONTROLS": SI [] NO []		
10.	FUENTE DE COSTO COMPARTIDO DE LA UPR EN CAYEY: No aplica: [] Decanato Académico: [] \$ _____ Departamento : [] \$ _____ Oficina del Rector: [] \$ _____ Otros (identifique): [] \$ _____		
11.	Si el proyecto requiere alguna de las siguientes alternativas, identifique los recursos necesarios, los costos estimados y explique en la parte inferior de la hoja sus planes para cubrir estos costos. ____ Renovación, construcción o alquiler de espacio. _____ Personal adicional que requiera la asignación de fondos <u>NO</u> incluidos en la propuesta. ____ Instalación o servicios de Red para apoyar la propuesta; equipo adicional como extractor de humo, computadoras y acondicionador de aire. _____ Personal adicional que requiera la asignación de fondos <u>NO</u> incluidos en la propuesta. ____ Compra o mantenimiento de mobiliario con fondos <u>NO</u> incluidos en la propuesta. _____ Manejo de sustancias químicas. ____ Otros (explique brevemente) _____		

12	ESTE PROYECTO EXIGIRA licencias o reducción de tiempo de enseñanza de la Facultad: <input type="checkbox"/> SI <input type="checkbox"/> NO Si la contestación es sí, indique el por ciento: _____% Fuente de fondos: <input type="checkbox"/> Institucional <input type="checkbox"/> Federal
13	FECHA DE COMIENZO Y TERMINACION DE LA PROPUESTA: Comienza: _____ Termina: _____
14	¿LA PROPUESTA SUPONE EL USO DE ANIMALES O PARTICIPANTES HUMANOS? SI <input type="checkbox"/> NO <input type="checkbox"/> a. Si la contestación es sí, indique cuál: <input type="checkbox"/> ANIMALES <input type="checkbox"/> HUMANOS <input type="checkbox"/> AMBOS b. Si la contestación es sí, ¿Se ha repasado y aprobado el protocolo por el Comité <i>Institutional Review Board for Human Subjects</i> o el de <i>Animal Protection</i> ? <input type="checkbox"/> SI IRB NO. _____ <input type="checkbox"/> NO <input type="checkbox"/> EN PROCESO c. El proceso de aprobación del IACUC debe hacerse entre el Investigador Principal o Director del Proyecto y la Institución que alberga las facilidades para los animales. IACUC NO. _____ <input type="checkbox"/> EN PROCESO
15	En cumplimiento con la política Institucional: "Conflicts of Interest and Disclosure of Financial Interest in Research and Other Sponsored Programs": (Cert. Núm. 8, 2012-2013, JG) <input type="checkbox"/> a. Certifico que leí la Política Institucional sobre Conflicto de Interés en la Investigación y otros proyectos e incluyo el formulario "Disclosure of Investigator's Significant Financial Interest, FORM 1.A" debidamente completado.
16	¿El Investigador Principal o Director del Proyecto realiza funciones para otro(s) proyecto(s) en la Institución? SI <input type="checkbox"/> NO <input type="checkbox"/> Si la respuesta es SI, indique el título del proyecto y tiempo dedicado al mismo.

Certifico que este proyecto ha sido discutido con el Director de Departamento y que no he comprometido a la Institución en gastos que no serán cubiertos por ella, excepto por las contribuciones que han sido discutidas con el Director de Departamento y el Decano y la información que aparece en las líneas 10 al 12. Además, me comprometo a cumplir con la reglamentación aplicable al desembolso de fondos y radicación de informes, en especial los "Time and Efforts Reports" para todo el personal que colabore en este proyecto.

Firma Investigador(a) Principal o Director(a) de Proyecto	Fecha:
Firma Director(a) Departamento/Director de Instituto	Fecha:
Firma Decano(a) Académico	Fecha:
Firma Decano(a) de Administración	Fecha:
Firma Rector(a)	Fecha:

Instrucciones:

1. Contestar todas las preguntas de este formulario.
2. Obtener las firmas del Director de Departamento y Decano correspondiente.
Devolver el formulario completo en todas sus partes a la Oficina de Recursos Externos . Con el formulario debe incluir copia de la propuesta (o sinopsis) y cualquier otro formulario o certificación en original que requiera autorización institucional. Personal de la Oficina de Recursos Externos le notificará al Investigador Principal o Director del Proyecto sobre la aprobación final del documento.
3. Además de los originales de la propuesta que se acompañan con este documento, provea copia en disco de la propuesta a la Oficina de Recursos Externos.

Revisado: septiembre , 2014

University of Puerto Rico
Disclosure of Investigator's Significant Financial Interest
FORM 1.A

*42 CFR Part 50 Subpart F – Title 42: Public Health; Part 50: Policies of General Applicability;
 Subpart F: Promoting Objectivity in Research*

Date of this Disclosure: _____ New Update

Investigator collaborator or consultant at University of Puerto Rico _____ Campus.

First Name	Middle Initial	Last Name

Office phone: _____ E-mail address: _____

If you answer Yes to any of the following questions you may have a significant financial interest in an entity and should file Form B. A *significant financial interest* means a financial interest consisting of one or more of the following interests of the Investigator (and those of the Investigator's spouse and dependent children) that reasonably appears to be related to the Investigator's institutional responsibilities.

ANSWER THE FOLLOWING QUESTIONS	Yes	No
<p>(i) With regard to any publicly traded entity, did you receive any remuneration from the entity in the twelve months preceding this disclosure or have any equity interest in the entity as of the date of disclosure, that when aggregated, exceeds \$5,000?</p> <p>For purposes of this definition, remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.</p>		
<p>(ii) With regard to any non-publicly traded entity, did you receive any remuneration from the entity in the twelve months preceding this disclosure, that when aggregated, exceeds \$5,000, or when the Investigator (or the Investigator's spouse or dependent children) holds any equity interest (e.g., stock, stock option, or other ownership interest)?</p>		
<p>(iii) Do you receive income from intellectual property rights and interests (e.g., patents, copyrights), not assigned to the UPR?</p>		
<p>(iv) Have you had any reimbursed or sponsored travel (i.e., that which is paid on behalf of the Investigator and not reimbursed to the Investigator so that the exact monetary value may not be readily available), related to your institutional responsibilities?</p> <p>Provided, however, that this disclosure requirement does not apply to travel that is reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education. The Institution's FCOI policy specifies the details of this disclosure, and the institutional official(s) will determine if further information is needed.</p>		

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FORM 1.A

The evaluation of these forms by the Financial Conflict of Interest (FCOI) institutional officer will determine if you have a financial conflict of interest that may bias the result of your scientific research funded by the United States Public Health Service and to establish any pertinent actions to mitigate or eliminate the effect of such conflict in the results of the research.

A financial conflict of interest exists when the institution, through its designated official, reasonably determines that an Investigator's significant financial interest is related to a PHS funded research project and could directly and significantly affect the design, conduct or reporting of the funded research. *Institution* means any domestic or foreign, public or private, entity or organization (excluding a Federal agency) that is applying for or that receives a PHS research funding. *Investigator* means the project director or principal Investigator and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research funded by the PHS, or proposed for such funding, which may include, for example, collaborators or consultants. *Entity* means any domestic or foreign, public or private, organization (excluding a Federal agency) from which an Investigator (and spouse and dependent children) receives remuneration or in which any person has an ownership or equity interest.

The term *significant financial interest* does not include the following types of financial interests: salary, royalties, or other remuneration paid by the Institution to the Investigator if the Investigator is currently employed or otherwise appointed by the Institution, including intellectual property rights assigned to the Institution and agreements to share in royalties related to such rights; any ownership interest in the Institution held by the Investigator, if the Institution is a commercial or for-profit organization; income from investment vehicles, such as mutual funds and retirement accounts, as long as the Investigator does not directly control the investment decisions made in these vehicles; income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education; or income from service on advisory committees or review panels for a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

This disclosure is applicable to each Institution that is applying for, or that receives, PHS research funding by means of a grant or cooperative agreement and each Investigator who is planning to participate in, or is participating in, such research. However, this does not apply to SBIR Program Phase I applications.

I agree to abide by the University of Puerto Rico's Policy and Guidelines on Financial Conflict of Interest. I certify that the above information is true to the best of my knowledge and that it has been submitted as required by law, regulation, contract, and by 42 CFR Part 50 Subpart F. I understand and agree that if there is any change in my financial status, I must submit a new disclosure and attachment within 30 days of that change.

Print name: _____

Signature: _____

Date: _____