### The University of North Carolina

**Internal Processing Form--Application for Grant, Contract, or Cooperative Agreement**

**Type:**  
- New Proposal  
- Revised Request  
- Renewal  
- Supplement

**Constituent Institution:**  
EAST CAROLINA UNIVERSITY

**Proposal Number:**  
002923

### 1. School-College/Admin. Unit

- Department (1) _____________________ (2) _____________________ (3) _____________________

**Title of Proposal**

**Investigators & Senior Personnel (1) (2) (3) (4) (5)**

### 2. Funding Agency (Complete Mailing Address)

**Total Amount Requested**

**1st Year $ Request**

**Proposed Beginning Date**

**Mailing Deadline**

Please answer the following questions. Explain on a separate sheet any Items 3-5 marked “yes” and any Items 6c, 9b and 10b marked “no.”

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Has The University or the institution expressed or implied commitment to continue this activity or to retain personnel employed exclusively for this activity beyond the expiration date of this project?</td>
<td></td>
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<tr>
<td>4. Does the proposal involve the creation of a new organization unit within the institution?</td>
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<td>5. Does the proposal involve the creation of or planning for a new degree program or program track? (A degree program is defined as “all courses of study leading to a degree or to professional certification at a specific level within a given discipline specialty of the HEGIS taxonomy.” A program track is a course of study within a program which leads to a degree or to professional certification.)</td>
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</table>
| 6. a. Does the proposal include funds or contributions in the form of cash matching (☐) or cost sharing (☐)? (Check any that are applicable.)  
   b. If included, are they required by the sponsor?  
   c. If included, can they be provided from current institutional resource level? (a campus concern)  
   d. If yes, has the commitment of cash, released time, or other in-kind contributions been approved by the persons responsible for the allocation of those resources? |   |
| 7. Does this proposal involve one or more institutions or organizations? If yes, please list participants. |   |
| 8. Does the proposal involve research with any subject or substance which requires review by a designated individual, office, or committee? If yes, check as applicable and indicate date reviewed or scheduled for review, and results as Approved (A), Pending (P), or Exempt (E). |   |

#### Date of Review

- A  
- P  
- E

**Human Subjects**

**Animal Subjects**

**Radioactive Material**

**Biological Hazards (Viruses, Recombinant DNA, etc.)**

**Chemical Hazards (poisons, explosives, reagents, flammables, carcinogens, etc.)**

#### SUPPORT SIGNATURES

Signatories below agree to comply with all relevant polices and procedures established by The University, and state and federal regulations in the conduct of the proposed project. When required by federal regulations, signatories also assert the following: 1) that 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 them to criminal, civil, or administrative penalties; and 3) that they agree 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.

**Investigators (1) (2)**

**& Senior Personnel (3) (4) (5)**

**Department Head**

**Director of Institute/Center**

**Dean of School**

**Chancellor or Designee**

**ECU Rev. 2/07**