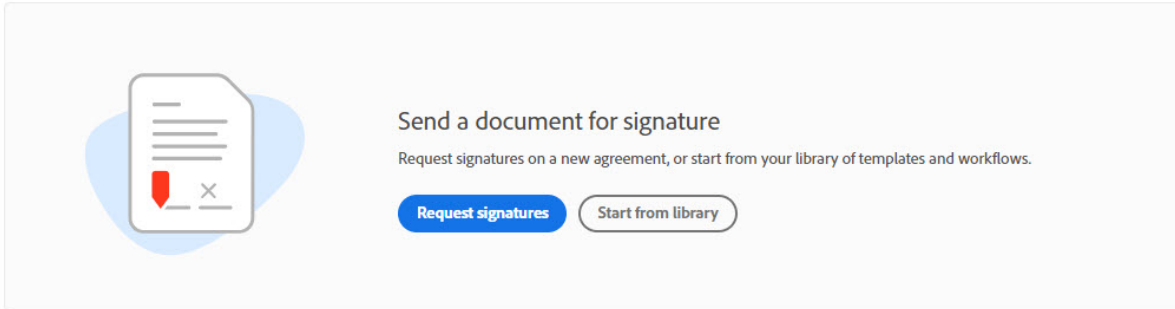


Extramural Support Checklist Adobe Sign Guide

In Adobe Sign choose Start from library.



Select Workflows and search for the Extramural Support Checklist. Once highlighted select start at the lower right hand of the page.

Start from library		
	x ex	
Library	Name	Last Modified
Recent Templates	Account Workflows	
Templates	Extramural Support Checklist	11/24/2020
Workflows	SOM - Deficit Account Exception Form	10/30/2020
	SOM - Travel >60 Days Exception request	11/02/2020

Enter all the names that need to sign. The Department Personnel completing the checklist will go in the first spot. The Principal Investigator (PI) will be required. Enter other PIs, Division Director, Department Chair, Facilities & Planning, Dean as required. If the signature field is blank, then the signature will be neither required nor able to be added later. The emails will need to be BlazerID@uab.edu in order to have the correct signatures.

Extramural Support Checklist

How this workflow works?
Instructions:

Recipients



Department Personnel *

Myself Email

Program Director/Principal Investigator 1 *

Enter recipient email Email

Program Director/Principal Investigator 2

Enter recipient email Email

Program Director/Principal Investigator 3

Enter recipient email Email

Division Director

Enter recipient email Email

Department Chair

Enter recipient email Email

Facilities & Planning

Enter recipient email Email

Dean

Enter recipient email Email

When you select Send at the bottom it will begin the processing of the checklist.

Files

Document * Extramural Checklist 120120

Send

When you see the following page and start, most areas are required. Some selections may appear or disappear based on your selection.

UAB EXTRAMURAL SUPPORT CHECKLIST

Complete all applicable fields based on your submission type (e.g. proposal or contract).
 All submissions must be submitted [electronically](#) in accordance with the [Proposal Submission Requirements](#).
 For additional information, please see references at [UAB Extramural Support Checklist Instructions and Glossary and Required Documents](#).

Start →

1	<input type="checkbox"/> N/A	Sponsor Portal: *	Sponsor Portal Application #: *
	<input type="checkbox"/> PD/PI <input checked="" type="checkbox"/> UAB PI <input type="checkbox"/> Policy	Last Name: * BlazerID: * Street Address: *	First Name: * Phone: * Email: * MI:
	Submitting Unit	School: *	Dept: * Div:
<i>The submitting unit should normally be the primary appointment of the Principal Investigator, not a Center.</i>			
	Graduate Student Fellowship?	<input type="radio"/> No <input type="radio"/> Yes	VA-IPA Assignee? <input type="radio"/> No <input type="radio"/> Yes
	Trainee / Assignee	Last Name: * BlazerID: *	First Name: * Phone: * Email: * MI:
2	Funding Source/Sponsor: *		
	<input type="checkbox"/> N/A If pass through award, indicate Originating Sponsor:		
3	<input type="checkbox"/> N/A	CFDA # (if applicable): *	Will this project utilize Single IRB ? <input type="radio"/> No <input type="radio"/> Yes
4	Submission Type:	* The Responsible Personnel List (RPL) is required (1) for all new applications (submission types of Original/New; Competing Continuation/Renewal; Transfer In; Change in PI; Resubmission; or Fee for Service) and (2) at any time there is a change in Responsible personnel on a sponsored project. Note that for program projects/center grants (P series grants), a separate RPL is required for each subproject. The RPL	
	<input type="radio"/> Original/New * <input type="radio"/> Fee for Service * <input type="radio"/> Transfer In *		

At the end of the document, you will be able to add any other attachments that you need for internal review.

This section below is applicable if the project involves any of the following (please check all that apply):

Cost Sharing (attach the cost sharing commitment form)
 CME / CPE
 New Faculty Positions
 Additional Space
 Transfer In / Out

X _____
 Dean

_____ Date

Printed Name

Click to Attach File Attachment 1

The Dean approves submissions of the project including new programs, space, and renovation and assures that:

- a) new programs requiring approval of Provost, the President or the Chancellor have been submitted for appropriate review and approval;
- b) new space requirements have received approval of the Provost; and
- c) agreement between or among the appropriate deans has been reached if collaboration among schools requiring sharing of indirect cost reimbursement is involved.

Once all the required areas are completed, a Submit button will appear. It will begin to route for signature once the Submit button pushed.

without funding or use of tangible property obtained from an outside entity

If applicable, please identify the relevant outside entity(ies):

Outside Entity:	
-----------------	--

¹“Existing intellectual property” can include existing datasets, as well as any other intangible property potentially protectable by patent (e.g., novel compositions, devices, methods, etc.) or copyright (e.g., written works, images, etc.). Please note that you **do not** need to list (i) the sponsor’s intellectual property rights in its own products or methods, or (ii) the research plan or protocol.

²“Existing tangible property” can include research tools (such as antibodies, vectors, plasmids, cell lines, and animal models), other biological materials (such as clinical samples), and equipment. Please note that you **do not** need to list (i) general lab or clinical supplies that have been purchased commercially (unless associated with a “limited use license” or other such restriction on use), or (ii) any tangible property to be obtained from the sponsor of the project.

30 Intellectual Property Declaration – Check the appropriate box.

I plan to participate in this project regardless of the intellectual property terms in the agreement. I understand and agree that if the sponsor requires ownership of, or a royalty-free license to, inventions developed by me and/or other UAB employees during this project, (i) UAB will not

I agree to the Terms of Use and Consumer Disclosure of this document Submit

The Signatory will receive an email asking them to review and sign.

Extramural Support Checklist

Review and sign

Please review and sign the Extramural Support Checklist.

It will require a Digital Signature using blazer names and passwords. The Signatory if required to add their name if required to do so before they can sign.

NOTE: Projects involving Centers must have the signature of the Department Chair and Dean of the submitting unit, in accordance with number 1 on page 1, should normally be the primary signatory.

<p>X Sign With Acrobat</p> <hr/> <p>Program Director/Principal Investigator PI's signature is required. No "per" signatures allowed.</p> <p>* <input style="width: 80%; border: 1px solid black;" type="text"/></p> <hr/> <p>Printed Name</p>	<p>11/24/2020</p> <hr/> <p>Date</p>
<p>X _____</p> <hr/> <p>Program Director/Principal Investigator</p>	<p>_____</p> <hr/> <p>Date</p>

Once the signatory completes any required field, they will see the Submit and Proceed to Sign button.

Program Director/Principal Investigator PI's signature is required. No "per" signatures allowed.	Date	be the Contact PI.
_____ Tim Parker	_____	
Printed Name		
X _____ Program Director/Principal Investigator	_____	For NIH projects with Multiple PD/PI's, NIH requires signature from all individuals serving in this role (PD/PI). This is not required of Co-Investigators.
Date	_____	
X _____ Program Director/Principal Investigator	_____	
Date	_____	
X _____ Division Director	_____	If required by Department.
Date	_____	

I agree to the [Terms of Use](#) and [Consumer Disclosure](#) of this document

Submit and Proceed to Sign

They will need to download the document in order to sign it.

Just a few more steps

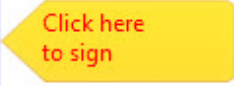
To finish signing, you'll need to download the agreement, open it in Adobe Acrobat or Acrobat Reader, and provide a digital certificate.

Download Document

Once downloaded they will click the space to sign.

- vi. I have not been debarred, am not aware of any investigation that could lead to my d
- vii. I am aware that any false, fictitious, or fraudulent statements or claims may subject i
- viii. As PD/PI, I agree to accept responsibility for the scientific conduct of the project and a result of this submission.

NOTE: Projects involving Centers must have the signature of the Department Chair and D The submitting unit, in accordance with number 1 on page 1, should normally be the prin

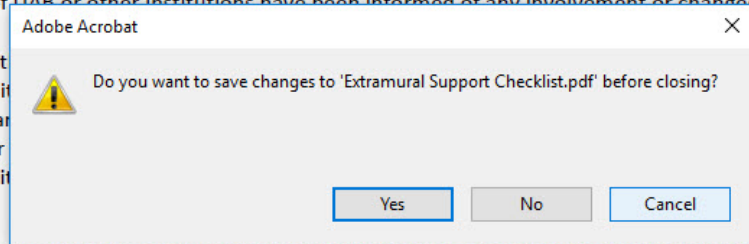
X _____		11/24/2020
Program Director/Principal Investigator PI's signature is required. No "per" signatures allowed.		_____
Date		
Tim Parker		

Printed Name		

The signature has been changed from an Adobe Sign Electronic signature to a Digital Signature to allow an easier signature process. As a result the Department will need to print out and save the audit report to authenticate the signatures.

When asked to save the changes, please do so.

... aware of the [University's Patent Policy](#) and agree to comply with its terms;
... aware of the [UAB Enterprise Conflict of Interest and Conflict of Commitment Policy](#) and the [Responsible Personnel list and Instr](#)
... comply with the terms and requirements respectively.
... appropriate individuals and units of UAB or other institutions have been informed of any involvement or changed involvement the
... ject;
... sub recipients are able to perform t
... ve ensured that information submit
... ve not been debarred, am not awar
... n aware that any false, fictitious, or
... [PD/PI](#), I agree to accept responsibilit
... sult of this submission.



... ojects involving Centers must have the signature of the Department Chair and Dean of the Principal Investigator's primary facul
... itting unit, in accordance with number 1 on page 1, should normally be the primary appointment of the Principal Investigator,

Timothy Parker Digitally signed by Timothy Parker
Date: 2020.11.24 14:02:15 -08'00' [Click here to sign](#) 11/24/2020

Director/Principal Investigator
... re is required. No "per" signatures allowed.

Date

For NIH projects with Multiple Principal Invest
be the Contact PI.

arker

ame

For NIH projects with Multiple PD/PI's, NIH re

The parties will receive the attachment in an email. Please now email the Extramural Checklist, with the Audit Report, and other required document to osp@uab.edu.