

# UNIVERSITY APPROVAL FORM FOR EXTERNALLY SPONSORED PROGRAMS & PROJECTS



**Instructions:** Route both pages of this form with one copy of the Request for Proposal/Program Guidelines, proposal narrative, budget and budget justification for review and approval to the offices listed in Section D **at least 5 business days** prior to proposal submission.

**Routing guidance:** <http://www.sulross.edu/page/1671/external-funding-responsibilities>

**Proposal/Application Submission Deadline:** \_\_\_\_\_

**Check Applicable:**     Postmark             Electronic             Received by Agency  
                                   New Project             Continuation             Supplement

## Section A: General Information

**Applicant & Co-Applicant Information:**

(Principal Investigator/Project Director/Co-PI if applicable)

**Department(s)/Office(s):**

(Involved/Impacted)

**College(s)/Division(s):**

(Involved/Impacted)

**Program/Project Title:**

(As it appears on proposal/application)

**Brief Descriptive Summary:**

**Funding Agency Information** (Program Officer/Point of Contact):

**Physical Address/E-mail/phone:**

**CFDA #** (if applicable):

**Proposed Project Begin Date:**

**Proposed Project End Date:**

## Section B: Assurances, Protocols & Special Requirements *(attach protocols assurance documentation if applicable)*

- |  |                               |
|--|-------------------------------|
| 1. This Project <input type="checkbox"/> <b>DOES</b> <input type="checkbox"/> <b>DOES NOT</b> Involve Research with <b>Human Subjects</b>                                | Protocol Approval Date: _____ |
| 2. This Project <input type="checkbox"/> <b>DOES</b> <input type="checkbox"/> <b>DOES NOT</b> Involve Research with <b>Live Animals</b>                                  | Protocol Approval Date: _____ |
| 3. This Project <input type="checkbox"/> <b>DOES</b> <input type="checkbox"/> <b>DOES NOT</b> Involve Research with <b>Hazardous Materials</b>                           | Protocol Approval Date: _____ |
| 4. This Project <input type="checkbox"/> <b>DOES</b> <input type="checkbox"/> <b>DOES NOT</b> Involve Research with <b>Controlled Substances</b>                         | Protocol Approval Date: _____ |
| 5. This Project <input type="checkbox"/> <b>DOES</b> <input type="checkbox"/> <b>DOES NOT</b> involve university obligations <b>BEYOND</b> the effective funding period. |                               |
| 6. This Project <input type="checkbox"/> <b>DOES</b> <input type="checkbox"/> <b>DOES NOT</b> involve remodeling.  |                               |
| <i>If affirmative, has the Director of Facilities, Planning and Construction reviewed plans?</i>   |                               |
|  | <b>Date:</b> _____            |
| 7. This Project <input type="checkbox"/> <b>DOES</b> <input type="checkbox"/> <b>DOES NOT</b> involve software/hardware/technological installation/support.              |                               |
| <i>If affirmative, has Assistant Vice President, Office of Information Technology reviewed plans?</i>  |                               |
|  | <b>Date:</b> _____            |

## Section C: Budget Summary (Provide details on page 2)

$$\begin{array}{ccccccc}
 \$ & + & \$ & + & \$ & = & \$ \\
 \underline{\hspace{2cm}} & & \underline{\hspace{2cm}} & & \underline{\hspace{2cm}} & & \underline{\hspace{2cm}} \\
 \text{(Direct Cost)} & & \text{(Indirect Cost)} & & \text{(SRSU Cost Sharing)} & & \text{TOTAL PROJECT COST}
 \end{array}$$

This Project  **DOES**  **DOES NOT** require cost share \_\_\_\_\_%

This Project  **WILL**  **WILL NOT** require funds from additional sources to complete (SRSU budget, ticket sales, additional fundraising, etc.)

## Section D: Signatures of Review & Approval (OBTAINED IN SEQUENCE ORDER)

The undersigned have reviewed and approve the attached scope of work and budget and assure university commitments stated in the scope of work will be dedicated toward fulfillment of the proposed project.	4. DEAN (IF APPLICABLE) <span style="float: right;">DATE</span>
1. PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR <span style="float: right;">DATE</span>	5. PROVOST/VICE PRESIDENT <span style="float: right;">DATE</span>
2. VICE PRESIDENT FOR FINANCE & OPERATIONS <span style="float: right;">DATE</span>	6. ASSISTANT PROVOST FOR GRADUATE STUDIES & RESEARCH <span style="float: right;">DATE</span>
3. DEPARTMENT CHAIR/DIRECTOR (IF APPLICABLE) <span style="float: right;">DATE</span>	7. UNIVERSITY PRESIDENT <span style="float: right;">DATE</span>

**UNIVERSITY APPROVAL FORM FOR EXTERNALLY SPONSORED  
PROGRAMS AND PROJECTS**

<b>PROPOSAL BUDGET</b>	<b>Requested Funding from this Source</b>	<b>Funding Needed from SRSU for this proposal- Match/Cost Share budgeted</b>	<b>Total Project Cost</b>	<b>SRSU FOAPAL: Specify source of matching funds</b>	<b>Authorized Account Mgr Approval for Cost Share (Chair, Dean, VP)</b>
PI/Faculty Salary				#	
Other Personnel Salary				#	
Fringe Benefits				#	
Travel				#	
Equipment (>\$5K)				#	
Participant Support				#	
Other Materials & Supplies (Under \$ 5K)				#	
Contractual/ Subawards				#	
<b>SUBTOTAL DIRECT COSTS:</b>				* Unless otherwise limited by funding program guidelines, budget SRSU F&A/ Indirect Cost Recovery at 32% of MTDC (Modified Total Direct Costs). If using an Indirect Rate other than 32%, please indicate the rate and the justification in the comments section below.	
<b>F&amp;A/Indirect Cost Recovery Budgeted*</b>					
<b>GRAND TOTAL</b>					

**SPECIAL BUDGET COMMENTS: Provide specific information related to third party matching funds, local matching funds and/or project related fundraising. Attach additional pages if necessary.**