

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"/> DOES <input type="checkbox"/> DOES NOT Involve Research with Human Subjects | Protocol Approval Date: _____ |
| 2. This Project <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT Involve Research with Live Animals | Protocol Approval Date: _____ |
| 3. This Project <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT Involve Research with Hazardous Materials | Protocol Approval Date: _____ |
| 4. This Project <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT Involve Research with Controlled Substances | Protocol Approval Date: _____ |
| 5. This Project <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT involve university obligations BEYOND the effective funding period. | |
| 6. This Project <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT involve remodeling.
<i>If affirmative, has AVP for Facilities Planning, Construction & Operations reviewed plans? Date: _____</i> | |
| 7. This Project <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT involve software/hardware/technological installation/support.
<i>If affirmative, has Chief Information Officer reviewed plans? Date: _____</i> | |

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) DATE
1. PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR DATE	5. PROVOST/VICE PRESIDENT DATE
2. VICE PRESIDENT FOR FINANCE & OPERATIONS DATE	6. OFFICE OF SPONSORED PROGRAMS DATE
3. DEPARTMENT CHAIR/DIRECTOR (IF APPLICABLE) DATE	7. UNIVERSITY PRESIDENT DATE

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

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

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.