

# VIRGINIA STATE UNIVERSITY

## Proposal Processing and Approval Form

<b>OSR&amp;P Use Only</b>	
Date Proposal Received	_____
Date Proposal Due to	_____
<input type="checkbox"/> Mail	<input type="checkbox"/> Electronic Submission
<input type="checkbox"/> Personal Delivery	
Potential CFDA #	_____
Current Account #	_____

**Type of Document:** ( ) New Proposal ( ) Renewal  
 ( ) Re-submission ( ) Other \_\_\_\_\_

**Project Type:** ( ) Research ( ) Teaching/Instruction  
 ( ) Equipment ( ) Service ( ) Other

**(Please submit this form along with your proposal)**

### 1. Investigator Data

1A.

Principal Investigator:	Department:
Tel:	Fax:
Co-PI:	Department:
Tel:	Fax:

### 2. Proposal Data

**Proposal Title:** \_\_\_\_\_

**Purpose of Project:** \_\_\_\_\_

Name of Agency:	
Agency Contact Person:	Phone No:
Web site where RFP can be found:	
Proposal Deadline Information:	

**Type of Agency:** Federal ( ) State ( ) [check one]

### 3. Budget Data

**3A. Faculty and Staff Participation in Project**

Name	% of effort on project	Salary Paid by Grant	Summer Salary	Total
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

**3B. Total Value of Grant by Year: (including IDC) \$ \_\_\_\_\_**

Yr 1 - \$ \_\_\_\_\_ Yr 2 - \$ \_\_\_\_\_ Yr 3 - \$ \_\_\_\_\_ Yr 4 - \$ \_\_\_\_\_ Yr 5 - \$ \_\_\_\_\_

**3C. Indirect Cost Recovery Rate.** Does your budget include VSU's negotiated indirect cost recovery rate of 66.22% of O V F E?

Yes ( ) or No ( ). If not, enter the indirect cost recovery rate here: \_\_\_\_\_ %

Is the latter rate specified by the agency ( ) or by VSU ( )

Yr 1 - \$ \_\_\_\_\_ Yr 2 - \$ \_\_\_\_\_ Yr 3 - \$ \_\_\_\_\_ Yr 4 - \$ \_\_\_\_\_ Yr 5 - \$ \_\_\_\_\_

3D. Current Funding & Percentage (OSR&P Use Only)

3E. University Contributions (Cash-Match, In-Kind Contribution or Cost Share) \_\_\_\_\_

3F. For cash contributions, Dept. Account Number and Account Manager signature is required

\_\_\_\_\_  
BANNER Acct. No.

\_\_\_\_\_  
Account Manager Signature

**4. Special Issues**

4A. Subcontractor:  
Name & Contract Amount:

4B. Does this project involve use of the following? Please, check all that apply:  
 Human Subjects     Animal Subjects     Hazardous Chemicals     Radioactive Materials  
 Biohazards     Subcontractors     Collaborations

If yes to any, please explain

4C. Is space available? Yes ( ) No ( ) If yes, Building \_\_\_\_\_

4D. Research Equipment: Does project require acquisition of equipment? Yes ( ) No ( ) . If yes, are funds included in the budget of the proposal? Yes ( ) No ( ) If not, indicate cost \$ \_\_\_\_\_

Installation of Equipment: Will acquisition of major equipment items require installation and building modification at a cost to the University? Yes ( ) No ( ) ; To the project? Yes ( ) No ( ) ; If yes, estimate cost \$ \_\_\_\_\_

4E. Will students participate in the project? Yes ( ) No ( ) If yes, identify the levels and numbers:  
**Undergraduate Level:** Senior ( ) Junior ( ) Sophomore ( ) Freshmen ( ) ; Indicate the number of students  
**Graduate Level** ( ) Indicate the number of students \_\_\_\_\_

**5. Administrative Approval**

A. \_\_\_\_\_  
Chairperson of the Principal Investigator's Department

Date \_\_\_\_\_

B. \_\_\_\_\_  
Dean of the Principal Investigator's School

Date \_\_\_\_\_

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C. \_\_\_\_\_  
Provost/VP for Academic Affairs

Date \_\_\_\_\_

