

(For Internal Use Only)	
Date _____	
S-Number: _____	
Funded _____	Not Funded _____

**Submission Deadline:** \_\_\_\_\_ No deadline: \_\_\_\_\_      **Application:** New \_\_\_\_ Continuation \_\_\_\_  
**Project Director/PI:** \_\_\_\_\_ **DSUID:** \_\_\_\_\_  
**College/School of:** \_\_\_\_\_ **Department/Division:** \_\_\_\_\_

**Proposal Data**

**Funder/Sponsor:** \_\_\_\_\_  
**Title of Project:** \_\_\_\_\_  
**Type of Funder:** \_\_\_\_ Federal \_\_\_\_ State \_\_\_\_ Local \_\_\_\_ Private/Non-Profit \_\_\_\_ Other University

**Budget Information**

**Initial Budget Period From:** \_\_\_\_\_ **To:** \_\_\_\_\_      **Total Budget Period From:** \_\_\_\_\_ **To:** \_\_\_\_\_

<b>Initial Budget</b>		<b>Total Budget</b>	
Requested Direct:	\$ _____	Requested Direct:	\$ _____
Requested Indirect:	\$ _____	Requested Indirect:	\$ _____
Total Request:	\$ _____	Total Request:	\$ _____

Include indirect rate at federal negotiated rate unless otherwise directed by funder. Give reason if indirect is not included: \_\_\_\_\_

**Cost-Sharing (Match)**

In Kind: \$ \_\_\_\_\_  
 Cash: \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

**Terms of Funding:**

\_\_\_\_ Cost-reimbursement  
 \_\_\_\_ Advance  
 \_\_\_\_ Installments

Please list source of Match: \_\_\_\_\_

**Project Director (PD)/Project Investigator (PI) Disclosures and Assurances**

By signing below, I certify the following:

- The information submitted with the application is true, complete and accurate to the best of my knowledge.
- I understand that any false, fictitious, or fraudulent statements or claims may be subject to penalties.
- I have no financial interests that presents an actual or potential conflict of interest in this project.
- I have not been barred or suspended from doing business with the federal government.
- I have submitted an initial Request for IRB Clearance to the Institutional Review Board.

Exemption # \_\_\_\_\_ N/A \_\_\_\_\_

Furthermore, if funded, I will conduct the project in accordance with the terms and conditions of the sponsoring agency and the policies of the University, and I will be fully responsible for meeting the requirements of the award, including providing the proper stewardship of the funds, and submitting all required technical reports and deliverables on a timely basis.

**Project Director/PI Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing below, I certify that I have had the opportunity to review the above-described proposal and I approve it for submission to the funder listed above:	
<b>PD/PI is responsible for obtaining signatures in this column:</b>	Director of Institutional Grants: Signature _____ Date _____
Department/Division Chair: Signature _____ Date _____	Dean, Graduate & Continuing Studies & Research: Signature _____ Date _____
Dean: Signature _____ Date _____	Provost/Vice President of Academic Affairs: Signature _____ Date _____
Chief Technology Officer (if equipment is included): Signature _____ Date _____	Vice President of Finance and Administration: Signature _____ Date _____

**Please return completed form with proposal & budget attached to the Office of Institutional Grants, Kent Wyatt Hall 248 no later than 4 business days prior to the submission deadline. Proposals submitted less than 4 days will not be reviewed.**