



Submission Deadline: _____ No deadline: _____ **Application:** New ____ Continuation ____
Project Director/PI: _____ **Phone Number:** _____
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:** _____

Requested Direct: \$ _____
 Requested Indirect: \$ _____
 Total Request: \$ _____

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 Requested Indirect: \$ _____
 Total Request: \$ _____

Include indirect rate at federal negotiated rate (50% of salaries and fringes) unless otherwise directed by funder. Reason 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:	
PD/PI is responsible for obtaining signatures in this column:	Director of Institutional Grants: Signature _____ Date _____
Department/Division Chair: Signature _____ Date _____	Dean of Graduate and Honors Studies : 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 _____