

College of Pharmacy
Internal Proposal Approval Form

The College of Pharmacy administration must approve all proposals before submission. Every effort should be made to submit your proposal to SRS at least Five FULL (5) WORKING DAYS before the deadline. The Internal Proposal Approval Form must be submitted to the Department Head, who will supply a copy to the Office of the Dean.

PROJECT INFORMATION

Principal Investigator: _____ E-mail: _____

Department: _____

Co-PI/Co-I : _____ E-mail: _____

Department: _____

Project Title: _____

Study Location(s): _____

Agency/ Sponsor: _____

Program announcement and website: _____

Direct cost: _____ Indirect cost: _____ Total: \$ _____

Project Start Date (MM/DD/YY): _____ Ending Date (MM/DD/YY): _____

Proposal Type: _____

Discipline Category: _____

Check one box in each section:

Proposal is:

| | | | |
|---|---|---|---|
| New <input type="checkbox"/> | Applied Research <input type="checkbox"/> | Conference <input type="checkbox"/> | Instruction <input type="checkbox"/> |
| Competing Renewal <input type="checkbox"/> | Basic Research <input type="checkbox"/> | Equipment Req <input type="checkbox"/> | Research <input type="checkbox"/> |
| Noncompeting Renewal <input type="checkbox"/> | Clinical Research <input type="checkbox"/> | Patient Ser <input type="checkbox"/> | Public Service <input type="checkbox"/> |
| Supplemental Response to RFP/RFQ # <input type="checkbox"/> | PostDoc Res/Training <input type="checkbox"/> | International Dev <input type="checkbox"/> | Other sponsored activity <input type="checkbox"/> |
| | Graduate Training <input type="checkbox"/> | Multipurpose/Other <input type="checkbox"/> | |
| | Undergrad Training Specify <input type="checkbox"/> | | |

BUDGET INFORMATION

| BUDGET SUMMARY | |
|-------------------------------------|-----------|
| Total Funds Requested from Sponsor: | \$ |
| Direct : | |
| Indirect: | |
| University Cost Share: | \$ |
| Third Party Contributions: | \$ |
| TOTAL BUDGET: | \$ |

F&A Rate and Recovery:

- Full Recovery
(based on activity & location)
- Agency Limitation **Rate (%):** **Base:**
(Attach documentation of Sponsor Policy)
- Voluntary Waiver / Reduction Requested **Rate (%):** **Base:**
(Attach F&A Waiver/ Reduction Request Form)

If the indirect cost is lower than 51.5%: explain how the indirect cost will be covered

No Yes

Amount: \$

COST SHARING/MATCHING: Does the proposal budget include cost sharing or matching funds from a university source?

If yes, Explain

No Yes

Amount: \$

SUBAWARDS/SUBCONTRACTORS: Does the project budget include funds for subawards / subcontracts? If so, please provide the information in separate page.

No Yes

Amount: \$

THIRD PARTY CONTRIBUTIONS: Does the project budget include contributions from third parties? If yes, attach letter of commitment from each entity providing a contribution.

CERTIFICATIONS, ACKNOWLEDGEMENTS & APPROVALS

PI should sign below.

INVESTIGATOR CERTIFICATIONS - My signature below certifies that:

- 1) The information contained on this form and the corresponding proposal is true, complete and provides an accurate representation of this project and needed resources.
- 2) If the project is funded, I will accept responsibility for the conduct and management of the project and will administer the project in accordance with the terms and conditions of the grants or contract, including the fulfilment of reporting requirements indicated by the funding agency.
- 3) I will abide by all relevant university policies, including its research policies, conflict of interest and research integrity policies, intellectual property and copyright policies, and Drug Free Workplace policy.

DEPARTMENT/UNIT HEADS : I certify that the project is consistent with the department/unit/college and university mission. I approve the department/unit/college effort and resources that will be used and adequate facilities and space will be provided for the project, and faculty and other personnel can be committed to the project as described in the proposal.

Principle Investigator

Date

Department Head

Date