



PROPOSAL SUMMARY AND APPROVAL

revised 03/07/2024

INVESTIGATOR DATA

PI(s): Name: RU Id: Dept: Title: Phone: Email: Name: RU Id: Dept: Title: Phone: Email:

PROJECT INFORMATION

Proposal Type: Project Activity: Purpose: Title: Sponsor Name: Sponsor Type: Prime Sponsor (if applicable): CFDA Number: Proposal Due Date: Project Start Date: Project End Date:

PROJECT ABSTRACT (1,500 character limit) (please include number of students affected by this proposal, if any)

REGULATORY & INSTITUTIONAL ISSUES

Does the proposal involve or require any of the following

Table with 4 columns: Question, Yes, No, Question, Yes, No. Rows include Human Research Participants, Laboratory Animal Care, IRB/IACUC review, Potentially Infectious Agents, IBC, Cost Sharing, Budget Restrictions, and Known or Suspected Carcinogens.

** If any of these questions are answered yes please fill out the Bio-Chemical or Hazardous Material Form.

Any potentially patentable or proprietary information? Are you requesting an offload of courses? Is this project related to a Seed grant? Have you taken the CITI RCR Training?

(Mandatory for NSF and NIH grants)

BUDGET INFORMATION

Requested Start Date		
Requested End Date		
Budget Summary	First Year	Total (if multi-year)
Salaries		
Wages		
Fringe Benefits		
Contractual		
Telephone		
Travel		
Supplies		
Transfer Payments		
Continuous Charges		
Equipment		
Total Direct Costs		
Total F&A Costs		
TOTAL		

The proposed F&A rate is __%
of Modified Total Direct Cost

Is this the maximum F&A rate
allowed by sponsor?

Yes No

(if no, please attach justification)

Please list any subcontractors:

Is there cost sharing? Yes No *If yes, please complete table below. Attach more detail to this form if needed.*

Type	Source (Accounts)	Amount	Approved by (signature)

Sustainability: Does this proposal obligate the University to ongoing financial commitments after the grant ends?

Yes No *If yes, please complete table and provide a brief explanation below. Attach more detail to this form if needed.*

Type	Source (Accounts)	Amount
Sources of Revenue (i.e., tuition, registration fees, etc.)		
Full-Time Personnel Costs		
Part-Time/Wage Costs		
Fringe Benefit Costs		
Participant Costs		
Other NPS Costs		

Provide a brief explanation:

APPROVALS AND CERTIFICATIONS

The undersigned certify that neither the PI nor anyone proposed to work on this project are, to the best of their knowledge, excluded from participation in Federally funded activities as a result of government-wide suspension or debarment.

Principal Investigator: I certify that the above information is accurate and complete as of this date. I agree to accept responsibility for scientific, technical and financial conduct of this project and for provision of required technical reports if a grant or contract is awarded as a result of this proposal. If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and the University.

Conflict of Interest: I hereby certify by my signature below as project director that I have read the Radford University Conflict of Interest Policy pertaining to sponsored projects and that (choose one):

To the best of my knowledge, no disclosure(s) of an actual or potential conflict of interest is (are) required with respect to this proposal.

A disclosure is required and a completed Radford University Significant Financial Interest Disclosure form has been submitted to the Director of the University's Office of Sponsored Programs & Grants Management.

SIGNATURES

Collect signatures in order of listing below and return the completed form with proposal to SPGM, Cook 232.

Reviewed by Sponsored Programs and Grants Management Date

_____ PI Signature	_____ Date	_____ Department	_____ Chair	_____ Date
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_____ Co-PI Signature(s)	_____ Date	_____ School/College Dean	_____ Date
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Please bring to SPGM for the Director's signature before seeking the other signatures below.

_____ Director of the Office of Sponsored Programs	_____ Date	_____ CFO & Vice President for Finance and Administration <small>(If Over \$500k or if there is \$10k or more in cost sharing)</small>	_____ Date
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_____ Provost / Vice President	_____ Date	_____ President (If Dept. Reports)	_____ Date
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