

## **PROPOSAL APPROVAL FORM**

Investigator Data								
Project Director/ Principal Investigato	or: ———							
Department:								
Email:			PI	none:				
	Agei	ncy/ Program D	ata					
Agency Name:								
Submission Deadline:								
Time:								
	_	Proposal Data	_	_	_			
Title of Proposal:		·						
Proposed Start Date: (mm/dd/yyyy)	ce: (mm/dd/yyyy) Proposed End Date: (mm/dd/yyyy)							
	Proposal Class							
<b>Project Location:</b> □ On Campus	Other (specify)							
Where will the project be conducted?	Bldg:		Room:	Other:				
Will additional space or renovation be	required?	]Yes □No						
Will this project generate <b>program inc</b>	ome?	]Yes □No						
Will there be fabrications of equipment	<b>nt</b> on this project? $\Box$	]Yes □No						
Budget Data								
Requested Direct Cost: \$ Requested Indirect Cost: \$								
Total Amount Requested: (Direct Costs +	F&A Costs) \$			F&A Ra	nte %			
<b>F&amp;A Base:</b> □MTDC (Modified Total Direct Costs) □TDC (Total Direct Costs) □S&W (Salary & Wages) □ Other (Specify)								
Will there be Cost Sharing or Matching Cost Sharing/Matching Source Accou	_		ccount Number(s)		Am	ount(s)		
Cost Sharing/Matching Source Accou	nt Name(s)	Source A	ccount Number(s)		\$	ount(s)		
					\$			
					\$			
Key Personnel Data								
Name	Title	Department	/Unit	Release Time %	Salary Requested	Fringes Requested		
Nume	THE	Department	- Oilit	%	\$	\$		
				%	\$	\$		
				% %	\$	\$		
				/0	٠	٠		

□Vos □Ns	Have all investigators comple	Compliance and Certificat		form(c) portaining to				
□Yes □No	Have all investigators completed training and submitted to ORSP the required disclosure form(s) pertaining to Significant Financial Conflict of Interests?							
□Yes □No	Is this project likely to result in Intellectual Property?							
□Yes □No	Are any of the investigators currently debarred, suspended or ineligible to receive federal or non-federal funds? (to							
□Yes □No	search, please visit <a href="https://www.sam.gov">https://www.sam.gov</a> ) Have any funds (federal or non-federal) been used to influence an officer or employee of any agency, a							
	member of Congress, an office	cer of Congress or any oth	er person with regard to this contr	act/proposal?				
D 4b		tn -2						
	osed work include and of the foll	_	U					
□Yes □No	Human Subjects Research*	□Yes □No	Hazardous Chemicals*					
□Yes □No	Vertebrate Animals*	□Yes □No	Radiation *					
□Yes □No	Invertebrate Animals*	□Yes □No	Bloodborne Pathogens*					
□Yes □No	Recombinant DNA*	□Yes □No	FDA/EPA GLP Compliance*					
□Yes □No	Cancer Related Research	□Yes □No	RCR Training Required					
☐Yes ☐No Collaboration with Foreign Nationals; If yes, list nation(s) **:								
Does the proposed work include possible export controls? (OFAC license may be required or prohibited based on answers)								
□Yes □No	☐TBD Will there be foreig	n national project personnel	(including ASU personnel)?					
☐Yes ☐No Will there be shipping or travel to foreign nation(s)** If yes, list nation(s):								
☐Yes ☐No Will any equipment (including laptops and/or smartphones), technology, or software be taken outside the U.S.?								
☐Yes ☐No Will you be working on a U.S. military base abroad?								
*No project activity is allowed without protocol review approval and/or registration and training.								
**Foreign nation(s) must be listed if "yes" is marked by collaboration with and/or travel to foreign nation(s).								
As the Project Director/ Principal Investigator or Co-Investigator of this proposed project, I acknowledge the responsibility associated with my role and agree to comply with the sponsoring agency's terms and conditions for awards. I approve the proposed project's technical content and budget. I also certify that the information submitted								
within 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 subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific/programmatic conduct of the project and to provide the								
required progress	reports if a grant is awarded as a result	of this application.						
Princi	oal Investigator Signature:		Date:					
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Approval Signatures								
Depart	tment Chair/Unit Director:		Date:					
	Dean:		Date:					
Office of Rese	arch Sponsored Programs:		Date:	_				
Vice Presi	dent for Academic Affairs:		Date:					