

UNIVERSITY OF SAN FRANCISCO

PROPOSAL APPROVAL FORM

Office of Contracts and Grants
2130 Fulton Street, MA 119
PHONE: (415) 422-5203
FAX: (415) 422-6222

Corporate and Foundation Relations
2130 Fulton Street, LMR 313
PHONE: (415) 422-2688
FAX: (415) 422-2644

Principal Investigator/Program Director: _____ **Email:** _____
University Appointment: _____ **Phone:** _____
Academic Department: _____ **College/Unit:** _____
Proposed Project Dates: _____ **to** _____ **Amount Requested:** _____
Project Title: _____

Sponsor Information

Provide all available sponsor information for all proposals. For proposals where USF is not the Lead Institution, please provide prime sponsor name and the subaward section is required.

Sponsor: _____
Prime Sponsor (if any): _____
Sponsor Due Date: _____
Program Name/Solicitation #: _____

Proposal and Budget Information

Proposal Type: _____
Indirect Cost: _____ **Rate:** _____
Fringe Benefits: _____ **Rate:** _____
Cost Share Amount: \$ _____
Budget Prepared By: _____
Proposal Prepared By: _____

Compliance and Special Review

- Human Subjects (Application filed) Vertebrate Animals (Permission granted)
- This is a project that requires research on and (or) modification to existing USF campus grounds or buildings.
- Environmental, Health, & Safety Issues – including radioactive isotopes and recombinant DNA.
- This project includes release or buy-out time for personnel. Dean has approved.

SUBAWARD INFORMATION
If USF is included as a subaward on another institution's proposal, please provide:
Lead PI/PD: _____
Lead Institution Contact: _____
Phone: _____
Email: _____
If the budget includes subawards from USF to other institutions, please list the institutions:

Comments: (Use this section to explain cost share contributions, any significant changes to the project since the Intent to Apply Form, and/or any other special information relevant to this proposal)

As the Principal Investigator/Project Director, I certify that information provided above is accurate and complete. I understand all of the university and agency regulations pertaining to this proposal. I accept responsibility for the design, execution, and management of this project. If this proposal is funded, my effort on USF and all other grants will not exceed 1 FTE.

Signature: _____

Date: _____

Printed Name: _____

I concur, as the Co-PI Fellow on this project.

Signature: _____

Date: _____

Printed Name: _____

As the Dean, I have reviewed the budget and project summary for this proposal. I approve this proposal for submission. I agree that we will honor all commitments in the proposal, including but not limited to personnel and resources.

Signature: _____

Date: _____

Printed Name: _____

This proposal is approved for submission by the administration of USF.

Director, Corporate and Foundation Relations: _____ Date: _____

Director, Office of Contracts and Grants: _____ Date: _____

Vice Provost for Academic Affairs: _____ Date: _____

Provost: _____ Date: _____