



**Title:**

**Project Director:** \_\_\_\_\_ **Signature/Date:** \_\_\_\_\_

**Co-Investigator:** \_\_\_\_\_ **Signature/Date:** \_\_\_\_\_

**Co-Investigator:** \_\_\_\_\_ **Signature/Date:** \_\_\_\_\_

**Funding Agency:** \_\_\_\_\_ **Funds Requested:** 1<sup>st</sup> Yr. \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**Proposal Type:** New  Renewal  Continuation  Supplement  **Duration:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**If renewal or continuation, indicate prior year and existing ASU Account number:** \_\_\_\_\_

**INITIATOR DATA:** (Please check appropriate responses; please attach additional information as needed.)

		Yes	No			Yes	No
(a) Human research subjects involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Radioactive material, Lasers, or radiation-producing material involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pending committee review				(e) Conflict of Interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protocol Number				(f) Will the project be conducted on campus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Laboratory animals involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Subcontractor(s) required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pending committee review				(h) Project-related income expected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approval Date				(i) Faculty release time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Involves recombinant DNA, microorganisms, biological toxins, blood borne pathogens, human clinical specimens, and/or regulated or particularly hazardous chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(j) New credit course or degree program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pending committee review				(k) Currently debarred, suspended, or ineligible to receive federal funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approval #				Approval Date			

**COST-SHARING COMMITMENTS** **If there are no cost-sharing commitments, check here:**

(a) Contributed Faculty Time:

Name(s)	%Time	Period	Amount	Approval (Initials Required)
			\$	

(b) Contributed Funds: (Includes cost-sharing/matching in the areas of non-faculty salaries, equipment, travel or other direct costs.)

Type(s) of Expenditure(s)	Amount	Source of Funds (Acct. No.)	Approval (Initials Required)
	\$		

(c) Third-Party Contributions: (Cash, goods or services contributed by non-Federal third parties. Attach documentation.)

Nature of Contribution(s)	Value & How Estimated	Source
	\$	

**COPY/MAILING INSTRUCTIONS:**

**Deadline Date:** \_\_\_\_\_

Postmark  **Delivered?**  **or Electronic submission?**

Mail original and \_\_\_\_\_ copies

Certified Mail  or Overnight delivery

Mailing address: \_\_\_\_\_

**APPROVALS:** (Signatures certify that the proposal is consistent with unit policies and objectives, that unit commitments to the project are noted and approved, that to the knowledge of the signer, no principals on this project are debarred by the federal government, and that any disclosures of significant interests have been reviewed and either no conflicts were identified or conflicts have been or will be managed, reduced to an acceptable level, or eliminated.)

(1) _____	(5) _____
Director of Sponsored Projects (preliminary) _____ Date _____	Vice President for Finance & Administration _____ Date _____
(2) _____	(6) _____
Department Head _____ Date _____	Provost & Vice President for Academic Affairs _____ Date _____
(3) _____	(7) _____
Dean of College _____ Date _____	President (if request is ≥\$500,000) _____ Date _____
(4) _____	
Dean of the Graduate School _____ Date _____	

## GRANT APPROVAL FORM INSTRUCTIONS

### PROJECT/PI/CO-INVESTIGATOR INFORMATION

This information will be entered into the Office of Sponsored Projects' database. Choose a title that is descriptive of the project, but keep it as brief as possible. List all investigators who should receive credit for the proposal or award. All investigators should sign here.

### INITIATOR DATA

- (a) If human subjects are to be involved in the proposed research, approval is required from the Human Subjects Review Board. Indicate whether approval has been received, and date of approval.
- (b) If laboratory animals are to be used in the proposed research, approval is required from the Animal Care and Use Committee. Indicate whether approval has been received, and date of approval.
- (c) Research involving recombinant DNA, microorganism, biological toxins, bloodborne pathogens, human clinical specimens, and/or regulated chemicals & particularly hazardous chemicals may require the approval of the Institutional Biosafety & Hazardous Material Committee (IBC).
- (d) No approval of the project is required; however, the work must be reviewed by the Office of Environmental Health and Safety.
- (e) "No" indicates that significant financial interests have been reviewed and that no conflicts exist. If "Yes" is checked, a plan for managing or eliminating the conflict or reducing it to an acceptable level must be attached. (See OP 56.08)
- (f) If "no" is checked, include a statement as to what proportion of the project will be off-campus and identify the project site.
- (g) If subcontractors or professional services agreements will be required, the proposal should include evidence that the subrecipient has agreed to do the work for the amount specified in the budget. For proposals to federal agencies, additional certifications may be required.
- (h) If the project is expected to produce income (ticket sales, conference participants, sale of materials, etc.), check "yes."
- (i) If the project is expected to require faculty release time, indicate "yes," and submit a justification and approval for the release time from the department head.
- (j) Indicate whether the project requires a new credit course or degree program.
- (k) Indicate whether the Project Director is currently debarred, suspended or ineligible to receive federal funds.

### COST-SHARING COMMITMENTS

This section must be completed if the proposal includes any formal cost-sharing commitments from Angelo State or from a third party. IF MORE SPACE IS NEEDED, ATTACH AN ADDITIONAL PAGE. Such commitments should usually be included only if required by the agency and approved by the faculty member's department head.

DO NOT PAD COST-SHARING AMOUNTS IN THE HOPES THAT THIS WILL MAKE THE PROJECT MORE FUNDABLE.

### COPY/MAILING INSTRUCTIONS

If there is a deadline, enter the date; indicate whether this is a Postmark or Delivery deadline.

Indicate the number of copies to be mailed. OSP will cover the cost of making the number of copies required by the agency and one copy for the PI. Unless instructed otherwise, OSP will mail the original copy of the proposal.

Indicate whether the proposal is to be mailed by Certified Mail (2-4 day delivery) or Overnight delivery.

Fill in the full address to which the proposal is to be mailed, along with any other instructions. Attach additional sheets if needed.

### APPROVALS

All proposals must be approved by the appropriate department chair(s) or center director(s). Proposals from units that report to a dean must be approved by the dean. Proposals involving multiple units require multiple approvals.

Additional information is available from the Office of Sponsored Projects, Porter Henderson Library Room 203, Phone: 942-2530