

2019-20 Proposal Approval Form (PAF)

This form must be accompanied by the following:

• project abstract/summary • draft detailed budget

• IDC Share Worksheet.

Per Chancellor’s Office and University policy, signatures are

required PRIOR to grant or contract proposal submission.

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www.csus.edu/research

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| **1. Project Information** | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Investigator: | | |  | | | | | | | | | | | Dept: | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Co-PIs: (if applicable): | | |  | | | | | | | | | | | Dept: | | | |  | | | | | |
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| Project title: |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Funding agency: |  | | | | | | | | | | | | | | ORIED contact: | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Agency due date: | | Proposal submission deadline: | | | | | | | | | | |  | | | | | |  | | | | |
|  | | Contract or amendment in development; prompt PAF review appreciated. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Funding type: | | New | | Amendment | | | | | | | | Supplement | | | | Revision | | | | | | Fed pass through | |
|  | |  | |  | | | | | | | |  | | | | | | | | | |  | |
| Type of award: | | Grant | | Fellowship | | | | | | | (Fellowship time period:  Academic year | | | | | | | | | | Summer) | | |
|  | | Contract | | | (Fixed price?  Yes) | | | | | | | | | | | Cooperative agreement | | | | | | | |
|  | | Subagreement | | | | | Prime: | |  | | | | | | | | | | | | | | |
|  | | Other | | | Describe: | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Type of project: | | Basic research | | | | | | | | Applied research | | | | | | | Developmental research | | | | | | Training |
|  | | Curriculum development | | | | | | | | Equipment | | | | | | | Student support | | | | | | Other |
|  | | | | | |  | | | | | | | | | | | | | | | | | |

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| **2. Proposed Budget** | | | | | | | | | | | | | | | | | | | | | | |
| Anticipated start date: | | | |  | | | | | | Anticipated end date: | | | | |  | | | | | |  | |
| Requested funds: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Year One | | Direct costs | | | | |  | | | | |  | | Total Project | | Direct costs | | | |  | | |
|  | | F&A costs | | | | |  | | | | |  | |  | | F&A costs | | | |  | | |
|  | | Total costs | | | | |  | | | | |  | |  | | Total costs | | | |  | | |
|  | | |  | |  | |  | | | | | | | | | |  | |  | | | |
| F&A cost rate: | | |  | | | % of | Modified Total Direct Costs (MTDC) | | | | | | | | Total Direct Costs (TDC) | | | | | | | Other |
|  | | |  | | |  | (excludes equip, tuition, scholarships, amt of a sub >25K) | | | | | | | |  | | | | | | |  |
| F&A rate is:  University’s federally approved rate | | | | | | | | | | | Funder mandated rate | | | | | | | For center using billing rates | | | | |
|  | Rate exception: | | | | | | | Describe: |  | | | | | | | | | | | | | |
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| **3. Personnel and Professional Services** | | | | | | | | | | |
| **Yes No** | | | | | | | | | | |
|  | |  | Is reimbursed time requested? | | | | | | | |
|  | |  | Is additional employment requested? | If YES, when? | | | Academic year | | Summer | Winter |
|  | |  | If YES, do one or more faculty requesting additional employment have other commitments during the proposed project period? | | | | | | Yes | No |
|  | | | (If YES, a report from the University’s Faculty Effort Reporting System is attached.) | | | | | | | |
|  | |  | Are there new staff or student positions to be hired through UEI? | | | | |  | | |
|  | |  | Will this project include [sensitive positions](http://www.calstate.edu/hradm/pdf2015/hr2015-08.pdf) (e.g. work with minors, animals, cash/checks/credit cards)? If YES, background checks and fingerprinting may be required at the project’s expense. | | | | | | | |
|  | |  | Will project personnel be paid for work performed in another state(s)? | | | | | | | |
|  | |  | If YES, describe and specify state(s): | |  | | | | | |
|  | |  | Will this project require support from IRT? If YES, please attach details describing support needed. | | | | | | | |
|  | |  | Will this project require institutional data from the Office of Institutional Research or Registrar?  If YES, please attach details describing the data needed and when you will require it. | | | | | | | |
|  | |  | Is additional space needed? If YES, describe: | |  | | | | | |
|  | |  | Will this project require expertise or services from individuals or organizations not affiliated with Sacramento State or UEI? If YES, check all that apply and review [bidding requirements and thresholds](http://www.enterprises.csus.edu/wp-content/uploads/2012/08/Policy2025-Purchasing_Policy.pdf) | | | | | | | |
|  | |  | Subrecipient(s) (e.g.subawardees/subcontractors) | | | Contractor(s) (e.g. consultants, service vendors) | | | | |

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| **4. Cost Sharing/Matching Funds** | | | | | | | | | | | | | | |
| Is **cost sharing** committed in the proposal? | | | | Yes | | No | |  | | | | | | |
|  | If YES, cost share is:  Mandatory | Voluntary | | | | | Type of cost share: | | | | | Cash | In-kind | 3rd party |
|  | Total amount of cost share proposed: | | Year 1: | |  | | | | | Total Project: | | |  | |
|  | Identify what will be contributed and by whom: | | | |  | | | | | | | | | |
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| **5. Institutional and Regulatory Compliance** RICO: | | | | | | | | | | | | |
| **Yes** | | | **No** | | | | | | | | | |
|  | | |  | **Human Subjects Research** (a protocol must be approved before research can commence) | | | | | | | | |
|  | | |  | Will the project involve human subjects research? If YES, complete the following: | | | | | | | | |
| Protocol to be submitted/is pending | | | | | | | Project may involve collab IRB agrmt | | | Protocol approved | | |
|  |  | | | **Animal Subjects Research** (a protocol must be approved before research can commence) | | | | | | | | |
| Will the project involve living vertebrate animals? If YES, complete the following: | | | | | | | | | | | | |
| Protocol to be submitted or is pending | | | | | | | | | Protocol approved | | | |
|  |  | | | Is **intellectual property** likely to be developed duringthis project? | | | | | | | | |
|  |  | | | If YES, please describe: | |  | | | | | | |
|  |  | | | Will this project involve **controlled or hazardous substances**? | | | | | | | | |
| If YES, please list: |  | | | | | | | |
|  | | | | **International Projects** | | | | | | | | |
|  |  | | | Will this project involve any international travel, collaborators or participants? | | | | | | | | |
| If YES, specify the country(ies) involved: | | | |  | | | | |
|  | |  | | Will this project involve international travel by any project personnel or Sacramento State students? | | | | | | | | |
| If YES, Will the travel take place in or to countries on the hazardous or travel advisory lists? | | | | | | | | | | | Yes | No |
| Has appropriate [travel insurance](https://www.csus.edu/compliance/risk-management/insurance.html) been budgeted? | | | | | | | | | | | Yes | No |
| Will any equipment, materials or software be exported to another country? | | | | | | | | | | | Yes | No |
|  | |  | | *Note: Advance approval for all international travel must be obtained via an* [*ITEJ Form*](https://test.webhost-tst.csus.edu/administration-business-affairs/_internal/_documents/aba-pdfs/foreign-travel-insurance-request-form-160212.pdf)*. Travelers should initiate the*  *approval process no later than 45 days prior to the anticipated departure date.* | | | | | | | | |
|  | | | | | | | | | | | | |
|  | |  | | Will this project include collaborators or participants from a foreign country? | | | | | | | | |
|  | |  | | Will this project include payments to a foreign national(s)?  If YES, visa restrictions must be considered and/or additional taxes may apply. | | | | | | | | |

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| **6. Financial Conflict of Interest Disclosures** RICO: | | |
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| When funding is requested (directly or via subaward) from an agency listed here, the appropriate disclosure form will be emailed to applicable project personnel and must be completed *prior to submission.* For more, visit the ORIED [webpage](https://www.csus.edu/compliance/research-integrity-compliance/training.html). | | |
| **NSF** (all key personnel) | **PHS** agency (all key personnel) | **Non-gov’t agency**, unless [exempt](http://www.fppc.ca.gov/content/dam/fppc/NS-Documents/LegalDiv/Regulations/Index/Chapter7/Article3/18755.pdf)  (PI only) |

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| **7. Required Approvals PRIOR to Proposal or Contract Submission** |
| After obtaining the signatures of their Chair/Supervisor and Dean/Chief Admin, the PI returns the form to ORIED for further review and action. |

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|  | | | | |  | | *Approval to be Obtained Via ONESolution* | | | | | |
| **1. Principal Investigator(s) Date**  The abovemeets the guidelines for serving as PI, accepts responsibility to carry out commitments as outlined in the proposal or contract within the time limits and budgetary resources provided, and agrees to comply with University and UEI policies and procedures for the administration of funds. The PI also attests that approval for cost sharing has been secured in writing. | | | | |  | | **4. Associate Vice President, Research, Innovation, and Economic Development**  The abovecertifies that the proposal is consistent with the overall University mission and approves forwarding of the proposal or contract to the funding agency. | | | | | |
|  | | | | |  | | *Approval to be Obtained Via ONESolution* | | | | |
| **2. Department Chair/Admin Supervisor Date**  The above certifies that the proposed project is consistent with department goals and is not in conflict with assigned duties or faculty effort, and commits departmental resources where outlined in the proposal or contract. | | | | |  | | **5. Director, UEI Sponsored Programs Admin**  Reviews and approves the fiscal aspects of the proposed project on behalf of University Enterprises, Inc., and approves forwarding of the proposal or contract to the funding agency. | | | | | |
|  | | | | |  | | *Approval to be Obtained Via ONESolution* | | | | | |
| **3. Dean/Chief Administrator Date**  Theabove certifies that the proposed project is consistent with the college/unit goals and commits resources where outlined in the proposal or contract, including space requirements. | | | | |  | | **6. Vice President, Administration and Business Affairs/CFO**  The abovereviews and approves the fiscal aspects of the proposed project for compliance with campus budget requirements on behalf of the University. | | | | | |
|  | | | | |  | |  | | | | | |
| **ORIED/SPA Use Only**: | | ORIED | |  | | | **NOTES:** | | |  | | |
|  | | SPA acct analyst | | Via ONESolution | | |  | | |
| Proposal submitted with minimal or no ORIED involvement and/or review. | | | | | | | | | |
| Database entry by: (initial & date) | | |  | | Prop # | | | |  | | Project ID |  |

*Revised June 2019*