**UNIVERSITY OF LA VERNE – Office of Sponsored Research / University Advancement**

OSR / UA #:

**Grant Proposal Authorization Form for proposals**

|  |
| --- |
| **Instructions**: For new *and* continuing grant or contract proposals, please complete and print this form, attached a copy of your detailed budget and proposal, and submit it to the Office of Research & Sponsored Programs or University Advancement at least *two weeks* before the submission deadline. The Principal Investigator is responsible for signatures 1) and 2) below, and OSR/UA will obtain the remaining signatures prior to submission. |

1. **Principal Investigator:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First Name | Department | Email Address | ULV Extension |
|  |  |  |  |  |

1. **Additional named ULV faculty/staff committing time to the project** *(use additional sheets, if necessary)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First Name | Department | Email Address | ULV Extension |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| 1. **Proposal Title:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Funding Agency:** | |  | | | | | | **Project Dates:** | |  | | |
| *MM/DD/YY – MM/DD/YY* | | | | | | | | | | | |  |
| 1. **Submission Deadline:** | | |  | | | **Type of submission:** | | |  | | | |
| *Electronic, hard copy, email, etc.* | | | | | | | | | | | |  |
| 1. **Summary of Project Costs** *(Attach detailed annual budget for review. Contact OSR for assistance with budget preparation)* | | | | | | | | | | | | |
| **Budget Summary**  *(rounded to nearest dollar)* | **Direct Costs** | | | **Indirect Costs\*** | | **Total Agency Request** | **Cost Sharing (cash match and/or in-kind)\*\*** | | | | **Grand Total** | |
| **Initial Project Year** |  | | |  | |  |  | | | |  | |
| **Total Project Budget**  *(multi-year projects only)* |  | | |  | |  |  | | | |  | |
| ***NOTE: La Verne’s federally negotiated indirect cost rate is 31.5% on Modified Total Direct Costs (MTDC) base.*** | | | | | | | | | | | | |
| **\*If indirect costs are not calculated using the federally-negotiated rate, provide explanation:** | | | | |  | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **\*\*Is cost sharing Required for program eligibility?**  **If not, explain why Voluntary cost sharing is committed.** | |  |
| **\*\*Describe source of cost sharing:** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Participants in Research:** | Using human subjects in research: | Yes  No | Submitted to IRB Chair: Yes  No |
|  | Using animals in research: | Yes  No | Submitted to IACUC Chair: Yes  No |

1. **Conflict of Interest Statement:** PI and all named ULV faculty/staff must complete the Conflict of Interest Questionnaire prior to proposal submission and if awarded, annually thereafter. If a potential conflict exists, please include plans for resolution (attached as a separate sheet).

Rev. 10/15/15

1. **Authorized Signatures:**

Note: In the event that an expense authorized in good faith is not allowed by the funding agency, the college must cover the expense.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1)** |  |  | **2)** |  |
| Principal Investigator | Date |  | Dean | Date |
| **3)** |  |  | **4)** |  |
| OTMB Financial Analyst | Date |  | Chief Financial Officer | Date |
| **5)** |  |  | **6)** |  |
| OSR or UA Signature | Date |  | Provost/Vice President for Academic Affairs | Date |
|  |  |  |  |  |
| Other | Date |  | Other | Date |
| Program Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |