

PI: _____ Title: _____ Sponsor: _____

CONTINUATION PAGE**(Submit only if needed)****PERCENT EFFORT AND PERCENT RESPONSIBILITY ON PROJECT**

Name	% Effort	% Salary	Cost Share Amount	% Responsibility
	%	%		%
	%	%		%
	%	%		%
	%	%		%
	%	%		%
	%	%		%

COMPLIANCE DATA

Please list additional protocols for proposal:

Principal Investigator / Co PI(s)	IRB/IACUC No.	Approval Date

AWARD SUBACCOUNT DISTRIBUTION FORM

If proposal includes additional subaccount/subcontractor data, please complete the Internal Approval Form Proposal Budget Detail,
<http://www.research.vcu.edu/forms/IAFProposalBudgetDetail.xls>

REQUIRED SIGNATURES

We, the undersigned, do certify to the best of our knowledge and behalf that 1) the designated faculty will be released for the effort indicated; 2) personnel costs are correctly estimated; 3) adequate and suitable space is/will be provided for completion of the project; 4) no named participant is debarred from this application; and 5) this project is consistent with the educational and research objectives of the University. If applicable, signature of the Dean verifies that all joint VCU/VA appointees have a current Memo of Understanding (MOU) on file in their Dean's office.

_____ Co-Investigator/Date	<input type="checkbox"/> A copy of this proposal has been delivered to my Department Chair for review. (Check Box)	_____ Dean/Date
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