

# VCU

Office of Sponsored Programs  
Office of Research



Internal Approval Form (IAF)  
Review and Instructions  
2011

# VCU Internal Forms

## Required forms:

- Every proposal forwarded to OSP must have 2 internal documents
  - Internal approval form (IAF)
  - Conflict of interest (COI) form
- If using VCUERA for proposal submission, prior to routing:
  - Electronic version of IAF must be filled out
  - Completed, signed, scanned COI form(s) must be uploaded in record

Internal approval form and COI to be included in routing:

<http://www.research.vcu.edu/forms/InternalApprovalForm.pdf>

<http://www.research.vcu.edu/forms/ConflictofInterestDisclosureForm.doc>

**Virginia Commonwealth University**  
Office of Sponsored Programs

**Internal Approval Form**

**For OSP Office Use Only**  
Date & Time: \_\_\_\_\_  
OSP#: \_\_\_\_\_  
Copy Received: Yes ☐ No ☐  
COI Form: Yes ☐ No ☐  
Reviewer: \_\_\_\_\_

**PRINCIPAL INVESTIGATOR INFORMATION**

Principal Investigator \_\_\_\_\_ (PI Name as it exists in HRS)  
Last Name First Name MI  
E-mail: \_\_\_\_\_ Note: This department will receive credit for the award unless alternate department is listed below.  
PI Phone # \_\_\_\_\_ PI Fax # \_\_\_\_\_ PO Box \_\_\_\_\_ Department \_\_\_\_\_  
FA \_\_\_\_\_  
Name/FA# \_\_\_\_\_ FA E-mail \_\_\_\_\_ FA Phone # \_\_\_\_\_  
Contact for \_\_\_\_\_ Contact \_\_\_\_\_ Contact \_\_\_\_\_  
Proposal Pickup \_\_\_\_\_ E-mail \_\_\_\_\_ Phone # \_\_\_\_\_  
Is the department listed above also managing the project's fiscal responsibilities? Yes: ☐ No: ☐ If no, please list the department responsible for fiscal management which will receive credit for award.  
Dept. for Fiscal Administration \_\_\_\_\_ FA Name \_\_\_\_\_  
Fiscal FA E-mail \_\_\_\_\_ FA Phone # \_\_\_\_\_  
Study Coordinator Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Study Coordinator Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Distribution List – Indicate email addresses to distribute documentation related to this proposal:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIRGINIA COMMONWEALTH UNIVERSITY**

**Conflict of Interest Disclosure Statement**

No: \_\_\_\_\_  
Rec'd By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Action: \_\_\_\_\_  
To COI/RC: \_\_\_\_\_  
To File: \_\_\_\_\_

Under VCU Research Policy, the Principal Investigator and all others who have responsibility for the design, conduct, or reporting of research, must disclose financial interests in any external entity that is related to the work to be conducted under the proposed project or is interested in the results of the project. Providing this information is mandatory. Any individual who voluntarily discloses financial interests related to externally supported research projects should also use this form. Under the Virginia Public Records Act, this information may be made available to the public upon request.

Principal Investigator \_\_\_\_\_ School/Dept: \_\_\_\_\_  
Funding Entity: \_\_\_\_\_ Contract/Grant No: \_\_\_\_\_  
Title of Research Project: \_\_\_\_\_

Reason for Disclosure: ☐ New Proposal ☐ Additional Support ☐ New Protocol ☐ New Investigator ☐ New Interest Obtained  
☐ Revisions to Grant/Contract ☐ Grant/Contract Continuation

**Disclosure and Certification**  
By signature below, each individual certifies that either no financial interest exists or that a complete listing of all financial interest is provided on a Disclosure Supplement form. All individuals named below further acknowledge their responsibility to disclose any new financial interest obtained during the term of the award.


# VCU Internal Forms: Internal Approval Form (IAF)

## Purpose of IAF:

- IAF identifies and records all relevant data about the project: who, what, where, when and how much?
- Identifies areas of compliance that will be involved in the project
- Documents PI's acceptance of responsibility for project

Internal approval form to be included in routing, from:

<http://www.research.vcu.edu/forms/InternalApprovalForm.pdf>

	<b>Virginia Commonwealth University</b> <b>Office of Sponsored Programs</b>  <b>Internal Approval Form</b>	<b>For OSP Office Use Only</b>	
		Date & Time: _____	
		OSP# _____	
		Copy Received: Yes <input type="checkbox"/> No <input type="checkbox"/>	COI Form: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Reviewer: _____	

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PRINCIPAL INVESTIGATOR INFORMATION			
Principal Investigator _____ (PI Name as it exists in HRS)			
Last Name		First Name	MI
E-mail: _____			
Note: This department will receive credit for the award unless alternate department is listed below.			
PI Phone # _____	PI Fax # _____	PO Box _____	Department _____
FA _____			
Name/FA# _____	FA E-mail _____	FA Phone # _____	
Contact for _____	Contact _____	Contact _____	
Proposal Pickup _____	E-mail _____	Phone # _____	
Is the department listed above also managing the project's fiscal responsibilities? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no, please list the department responsible for fiscal management which will receive credit for award.			
Dept. for Fiscal Administration _____		FA Name _____	
Fiscal FA E-mail _____		FA Phone # _____	
Study Coordinator Name _____		E-mail _____	
Study Coordinator Phone # _____		Fax # _____	
Distribution List – Indicate email addresses to distribute documentation related to this proposal:			
_____			
_____			
_____			

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# VCU Internal Forms: IAF

## Purpose of IAF:

- Documents department and school's review of science and **commitment** of human, lab space, or other resources
- VCU's authorized official signs for University based on PI, dept. chair & school dean commitments
- Detailed slides of IAF follow to expand on these bullet items

Internal approval form to be included in routing, from:

<http://www.research.vcu.edu/forms/InternalApprovalForm.pdf>

	Virginia Commonwealth University Office of Sponsored Programs  Internal Approval Form	For OSP Office Use Only
		Date & Time: _____ OSP# _____ Copy Received: Yes <input type="checkbox"/> No <input type="checkbox"/> COI Form: Yes <input type="checkbox"/> No <input type="checkbox"/> Reviewer: _____
<b>PRINCIPAL INVESTIGATOR INFORMATION</b>		
Principal Investigator _____ (PI Name as it exists in HRS) Last Name First Name MI		
E-mail: _____ Note: This department will receive credit for the award unless alternate department is listed below.		
PI Phone # _____ PI Fax # _____ PO Box _____ Department _____		
FA Name/FA# _____ FA E-mail _____ FA Phone # _____		
Contact for _____ Contact _____ Contact _____		
Proposal Pickup _____ E-mail _____ Phone # _____		
Is the department listed above also managing the project's fiscal responsibilities? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no, please list the department responsible for fiscal management which will receive credit for award.		
Dept. for Fiscal Administration _____ FA Name _____		
Fiscal FA E-mail _____ FA Phone # _____		
Study Coordinator Name _____ E-mail _____		
Study Coordinator Phone # _____ Fax # _____		
Distribution List – Indicate email addresses to distribute documentation related to this proposal: _____ _____ _____		
<b>SPONSOR/AGENCY INFORMATION</b>		

# Internal Approval Form



## Virginia Commonwealth University Office of Sponsored Programs

### Internal Approval Form

For OSP Office Use Only

Date & Time: \_\_\_\_\_

OSP# \_\_\_\_\_

Copy Received: Yes ☐ No ☐

COI Form: Yes ☐ No ☐

Reviewer: \_\_\_\_\_

### PRINCIPAL INVESTIGATOR INFORMATION

Principal Investigator \_\_\_\_\_ (PI Name as it exists in HRS)  
Last Name First Name MI

E-mail: \_\_\_\_\_

Note: This department will receive credit for the award unless alternate department is listed below.

PI Phone # \_\_\_\_\_ PI Fax # \_\_\_\_\_ PO Box \_\_\_\_\_ Department \_\_\_\_\_

FA

Name/FA# \_\_\_\_\_ FA E-mail \_\_\_\_\_ FA Phone # \_\_\_\_\_

Contact for \_\_\_\_\_ Contact \_\_\_\_\_ Contact \_\_\_\_\_

Proposal Pickup \_\_\_\_\_ E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Is the department listed above also managing the project's fiscal responsibilities? Yes: ☐ No: ☐ If no, please list the department responsible for fiscal management which will receive credit for award.

Dept. for Fiscal Administration \_\_\_\_\_ FA Name \_\_\_\_\_

Fiscal FA E-mail \_\_\_\_\_ FA Phone # \_\_\_\_\_

Study Coordinator Name \_\_\_\_\_ E-mail \_\_\_\_\_

Study Coordinator Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

*Distribution List – Indicate email addresses to distribute documentation related to this proposal:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete all sections as applicable. Especially important is the section requesting information on fiscal management and the distribution. This has an impact on how any resulting award is distributed.

Note: The fiscal administrator (FA) listed along with others listed in the "Distribution List" Section will be the individuals that receive copies of all documentation related to the proposal and/or award.

Sponsor Name without Acronyms, e.g. National Institutes of Health, rather than “NIH”

Date Due to Sponsor  
Type of Date

## SPONSOR/AGENCY INFORMATION

Sponsor Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

No Acronyms

Due Date:

Receipt Date ☐ Postmark ☐

E-Submission\* ☐

Research ☐ Clinical Trial ☐ Fellowship ☐ Training ☐ Other ☐

Does the project involve Federal Funds?

Yes: ☐ No: ☐

(Originating sponsor, if applicable)

Solicitation/RFA/RFP/Award Number: \_\_\_\_\_

\*For proposals requiring Electronic Submission, the complete proposal needs to be in the OSP office no later than FIVE days before the due date.

## PROPOSAL INFORMATION

Type of Project Proposed, assists in determining appropriate indirect cost rate; specify nature of project (Basic, Applied, Developmental)

Federal fund involvement – Helps OSP and Grants and Contracts Accounting (G&CA) determine how the project will be coded for audit via CFDA (Catalog of Federal Domestic Assistance) or DPAS number (Defense Priorities and Allocations System)

Copy of Solicitation/RFA/RFP should always be submitted to OSP, preferably as soon as you are aware that a proposal is being submitted. Often, solicitations and RFPs contain terms and conditions or sample contracts that must be addressed at the time of proposal. Limits negotiation opportunities after award.

Status of proposal – allows OSP to match files appropriately

Complete title of proposal

F&A rate utilized in proposal budget and anticipated type of award, if funded.  
Nature: cost reimbursement (CR), total fixed price (TFP), fixed unit price (FUP)

## PROPOSAL INFORMATION

Proposal Title: \_\_\_\_\_ **No Acronyms**

☐ New ☐ Preproposal ☐ Competing Renewal of OSP# ☐ Continuation of OSP#  
☐ Task Order of OSP# ☐ Revision of OSP# ☐ Supplement of OSP#

Project Period	Begin:	End:
Budget Period	Begin:	End:

F&A Rate:	_____ %
Nature:	CR <input type="checkbox"/> TFP <input type="checkbox"/> FUP <input type="checkbox"/>

### Budget Information

	Year One	Year Two	Year Three	Year Four	Year Five	Project Total
Direct	\$0	0	0	0	0	\$0
Indirect	\$0	0	0	0	0	\$0
Subtotal Sponsor	\$0	0	0	0	0	\$0
Cost Share *	\$0	0	0	0	0	\$0
Total	\$0	0	0	0	0	\$0

\*For Proposals with Cost Sharing, complete the Cost Share form at <http://www.vcu.edu/finance/costsharingauthorization.pdf>

\*For Industry-Sponsored agreements, cost sharing of Principal Investigator's salary is not permitted without the approval of the V.P. for Research.

OSP Mar. 2011

Project Period – Full proposed project period dates, e.g. three-years, five years

Budget Period – Dates of anticipated first budget period, e.g. first year

Budget Information for Entire Project Period, broken down by period, usually years. Direct, Indirect, Total and Cost Share for each period and then Project Totals

If "Yes" for project being conducted through a University Chartered Center or Institute, indicate name of center (refer to list if needed)

Indicate "Yes" or "No" if the project is being conducted through a University approved Center or Institute

Page 2

PI: \_\_\_\_\_ Title: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Is this project being conducted through a Chartered Center or Institute? Yes: ☐ No: ☐

If "YES", please indicate the Center or Institute: \_\_\_\_\_

(The list of Chartered Centers and Institutes is available at [www.research.vcu.edu/vpr/institutes.htm](http://www.research.vcu.edu/vpr/institutes.htm))

**The proposed project will use the services of the following Service Areas or Core Facility\* (attach a copy of approved pricing sheet from each area):**

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> Respiratory Care             | <input type="checkbox"/> Radiology                      | <input type="checkbox"/> CCTR                   | <input type="checkbox"/> MCV Physicians           | <input type="checkbox"/> Pathology              |
| <input type="checkbox"/> In-Patient Beds              | <input type="checkbox"/> Nursing Support                | <input type="checkbox"/> Pulmonary/Bronchoscopy | <input type="checkbox"/> Investigational Pharmacy | <input type="checkbox"/> Clinical Trials Office |
| <input type="checkbox"/> Health Information/Computing | <input type="checkbox"/> Survey Evaluation Research Lab | <input type="checkbox"/> Biostatistics          | <input type="checkbox"/> Other: _____             |   |
| <input type="checkbox"/> Core: _____                  |   |   |   |   |

\* Core facility listing can be found at [www.research.vcu.edu/vpr/core\\_laboratory.htm](http://www.research.vcu.edu/vpr/core_laboratory.htm)

Check boxes if project will use service areas or core facilities and attach corresponding pricing sheets. Refer to Core facilities list if necessary.



All information for this section should be completed for the FIRST budget period indicated on page 1

Check boxes if COI form has been signed and submitted, and whether salary will escalate through project years

## PERCENT EFFORT AND PERCENT RESPONSIBILITY ON PROJECT

### Key Personnel and Faculty:

Key	Name	Role on Project	CAL Mnths	ACAD Mnths	SUMR Mnths	% EFFORT	% RESP	COI Form	
<input type="checkbox"/>								Signed <input type="checkbox"/>	Sal Esc <input type="checkbox"/>
<input type="checkbox"/>								Signed <input type="checkbox"/>	Sal Esc <input type="checkbox"/>
<input type="checkbox"/>								Signed <input type="checkbox"/>	Sal Esc <input type="checkbox"/>
<input type="checkbox"/>								Signed <input type="checkbox"/>	Sal Esc <input type="checkbox"/>
<input type="checkbox"/>								Signed <input type="checkbox"/>	Sal Esc <input type="checkbox"/>

\*Please use the Continuation Page for additional Co PI listings (<http://www.research.vcu.edu/forms/ContinuationPageNov2010.pdf>)

List PI, Key  
personnel and  
faculty

Indicate role  
on project for  
key personnel

Indicate effort in  
corresponding  
months format (for  
Calendar, Academic,  
or Summer, where  
applicable)

Percentage of  
Effort on project  
for each  
individual. This %  
gets recorded in  
VCUeRA and  
becomes part of  
the University's  
committed effort  
report

Percentage of  
Responsibility for  
each Individual

## **EXPLANATION OF PERCENT EFFORT AND PERCENT RESPONSIBILITY FOR PROJECT PARTICIPANTS**

- The “% Effort” column will be the institutional record of committed effort; therefore, the total percentage of effort for the project should be entered for each individual.
- The objective of collecting the “% Responsibility” is to accurately reflect each individual's responsibility for the project. A separate reporting process is being developed that will calculate sponsored project activities based on individual and reported by individual, department, and school.
- The percentages assigned to the “% Responsibility” column should reflect “credit” for intellectual and technical responsibility for the project. They need not represent salary or effort distributions for all project participants. These percentages will be applied to the amount received from the sponsor and that amount will be credited to the named individual.
- Please use whole percentages only. The total of the % Responsibility column must total 100%

Specify nature of project (Basic, Applied, Developmental)

Check the corresponding box for each compliance related area. Boxes can be checked on the electronic form

### COMPLIANCE DATA

-If project is research or clinical trial, please indicate:

Basic ☐ Applied ☐ Developmental ☐

The proposal enclosed involves the following:

Yes	No	Maybe		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>		Human Subjects Research <sup>1</sup> (If yes, complete table below)	<input type="checkbox"/>	<input type="checkbox"/>	Radioactive Materials <sup>4,5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Trial
<input type="checkbox"/>	<input type="checkbox"/>		Animal Use <sup>2</sup> (If yes, complete table below)	<input type="checkbox"/>	<input type="checkbox"/>	Recombinant DNA, Select Agents or other biohazards <sup>4,5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Research is subject to export controls
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Nationals	<input type="checkbox"/>	<input type="checkbox"/>	Company Confidential Information will be provided	<input type="checkbox"/>	<input type="checkbox"/>	Sponsor is foreign-owned company or foreign government
<input type="checkbox"/>	<input type="checkbox"/>		Restrictions on Publication or Intellectual Property Rights	<input type="checkbox"/>	<input type="checkbox"/>	International Program	<input type="checkbox"/>	<input type="checkbox"/>	Program Income
<input type="checkbox"/>	<input type="checkbox"/>		Retired faculty participation	<input type="checkbox"/>	<input type="checkbox"/>	Subcontracts or subrecipients <sup>6</sup> (external)	<input type="checkbox"/>	<input type="checkbox"/>	Wet lab space
<input type="checkbox"/>	<input type="checkbox"/>		Rented off campus facility	<input type="checkbox"/>	<input type="checkbox"/>	Subaccounts (internal) <sup>6</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Additional/New space
<input type="checkbox"/>	<input type="checkbox"/>		Delivery of anything more than technical report	<input type="checkbox"/>	<input type="checkbox"/>	NSF Funds- RCR Training Required	<input type="checkbox"/>	<input type="checkbox"/>	NIH Funds- RCR Training Required
<input type="checkbox"/>	<input type="checkbox"/>		HIPAA Covered Data <sup>3</sup>						

Refer to links in notes for further information or guidance on particular compliance areas.

1. For further information on human subjects research refer to: <http://www.research.vcu.edu/irb/activities.htm>
2. For further information on animal research refer to: <http://www.research.vcu.edu/iacuc/index.htm>
3. Contact contact VCUHS Compliance Services at <http://www.vcuhealth.org/?id=865&sid=1> or 828-0500
4. For more information on environmental health requirements refer to <http://www.vcu.edu/oehs/>
5. For more information on chemical and biosafety requirements refer to <http://www.vcu.edu/oehs/chemical/biosafe/IBChome.pdf>
6. If Yes, complete Internal Approval Form Proposal Budget Detail, <http://www.research.vcu.edu/forms/IAFProposalBudgetDetail.xls>

PROTOCOLS: Principal Investigator / Co PI(s)

IRB/IACUC No.

Approval Date




Protocol PI or Co PI – can be different than proposal PI

ORSP Assigned IRB/IACUC No.

Protocol Approval Date or “Pending” if not yet approved

Required Certifications, Disclosures and Assurances for all proposal submissions. Covers Federal and University regulations. Form must be printed and certification boxes manually checked.

Page 3

PI: \_\_\_\_\_ Title: \_\_\_\_\_ Sponsor: \_\_\_\_\_

### PRINCIPAL INVESTIGATOR CERTIFICATIONS, DISCLOSURES AND ASSURANCES

By signing below I certify that I have read and understand the statements below and those contained in this *Internal Approval Form* and further certify that the statements contained herein are accurate and truthful to the best of my knowledge and belief:

Yes No

☐ ☐

All applicable items contained in the **Compliance Data** section have been identified. Investigator agrees to abide by any obligations applicable under VCU policies or other legal requirements (e.g., obtaining protocol approvals, adhering to export control laws, maintaining confidentiality, etc.).

☐ ☐

Investigator has read and understands VCU's Conflict of Interest and Researcher Financial Conflict of Interest policies, has made any required disclosures, and prior to the expenditure of any awarded funds, if applicable, shall have reached an agreement with VCU for conditions or restrictions to reduce, manage or eliminate any conflicts of interest under University policy.

☐ ☐

The enclosed proposal is complete in technical content, adheres to norms of proper scholarship and responsible conduct of research, including proper citation and attribution for all text and graphics, complies with federal guidance on research integrity (e.g., see VCU policy on responsible conduct in research), and is in accordance with all specifications from the sponsoring agency.

☐ ☐

The space/facilities and other VCU resources necessary to conduct the proposed project are currently available to the investigators and if not currently available, arrangements will be made with the Department/School/Division to make all necessary resources available in the event an award is made by the sponsor.

☐ ☐

If the proposal enclosed is funded and accepted by VCU, Investigator agrees to conduct the project in accordance with all terms and conditions stipulated by the sponsoring agency and all applicable VCU policies and procedures; furthermore, Investigator agrees to be fully responsible in meeting the requirements of the award, including but not limited to, proper and ethical stewardship of funds, timely submission of all required technical reports and deliverables, proper disclosure of all inventions to VCU's Technology Transfer Office, and also adhering to all federal compliance requirements (e.g., Export Control, HIPAA, IRB, IACUC, other Human Research protections, etc.).

☐ ☐

Investigator acknowledges that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

PI Signature

Date

\*The Conflict of Interest Disclosure form is available at <http://www.research.vcu.edu/forms/ConflictOfInterestDisclosureForm.doc>.

Adherence to conflict of interest and financial interest policies

Availability of resources for project

False statements subject to applicable penalties

Compliance data certification, including protocols, export control, confidentiality, etc. congruence

Adherence to responsible conduct of research norms

Adherence to terms and conditions of sponsor, VCU policies and procedures, technology transfer and other federal requirements

Must be PI's signature. Proxies not accepted. Date of signature.

Required Signatures – Compliance with Sponsor and University requirements. Department Chairs now receive a review copy of the proposal. Dean approval is required.

Box checked to certify review copy delivered to Department Chairs

Dean certifies release time, salary verification, space allocations, debarment statement, consistency with university objectives, current VCU/VA MOU

Must be PI's signature. Proxies not accepted.

Approval of Radiation Oncology Lab, GCRC, SERL

Clinical Trials Office approval if necessary

REQUIRED SIGNATURES		
<p>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. <a href="#">For additional signature areas, please see the Continuation Page.</a></p>		
Principal Investigator/Date	<input type="checkbox"/> A copy of this proposal has been delivered to my Department Chair for review. (Check Box)	Dean/Date
Co-Investigator/Date	<input type="checkbox"/> A copy of this proposal has been delivered to my Department Chair for review. (Check Box)	Dean/Date
Co-Investigator/Date	<input type="checkbox"/> A copy of this proposal has been delivered to my Department Chair for review. (Check Box)	Dean/Date
Services Investigator/Date	<div>Appropriate approvals obtained (see above). Approved on behalf of the University:</div> <div>University Official/Date</div>	Dean/Date
Clinical Trials Office/Date* (*Only if Clinical Trial)		

University signature indicates receipt of all required approvals and compliance with Sponsor and University guidelines regarding proposal submission. Relies on PI assurances and Dean approvals to make this decision.

IAF Proposal Budget Detail Excel Spreadsheet. Complete sheet only if subcontractors and/or subprojects are included in the project and indicated in the Compliance Data section of the main IAF form.

<http://www.research.vcu.edu/forms/IAFProposalBudgetDetail.xls>

<b>PI:</b>	Pi name is entered here		<b>PT/PD Number:</b>	PD number	<b>Team:</b>	Team Name
<b>Dept. Responsible for Administering /Fiscal Management of Project:</b>			Department Name Here			
<b>SPONSOR:</b>			Sponsor Name Goes Here			
<b>NOTE: Enter data in highlighted fields only; the sheet will carry totals to the bottom of the page as TOTAL PROJECT COSTS</b>						
<b>VCU DEPARTMENT FOR FISCAL MANAGEMENT BUDGET :</b>			Department Name Here			
	Year One	Year Two	Year Three	Year Four	Year Five	Project Total
VCU Dept. Fiscal Mgmt Direct Costs (no sub DC or IDC)						0
VCU Dept. Fiscal Mgmt Indirect Costs						0
VCU Dept. Fiscal Mgmt Subtotal of DC+IDC	0	0	0	0	0	0
VCU Dept. Fiscal Mgmt Cost Share						0
VCU Dept Fiscal Mgmt Total Costs (no sub\$)	0	0	0	0	0	0
<b>VCU SUBACCOUNT #1 Department Name:</b>			Department Name is entered here			
<b>Investigator Name:</b>			Investigator Name is entered here			
	Year One	Year Two	Year Three	Year Four	Year Five	Project Total
Direct Costs (no consortium DC or IDC)						0
Indirect Costs						0
Subtotal of DC+IDC	0	0	0	0	0	0
Cost Share						0
Total Costs (no sub\$)	0	0	0	0	0	0
<b>VCU SUBACCOUNT #2 Department Name:</b>			Department Name is entered here			
<b>Investigator Name:</b>			Investigator Name is entered here			
	Year One	Year Two	Year Three	Year Four	Year Five	Project Total
Direct Costs (no						

Investigator to be credited with the subaccount amounts

Investigator Department

Continue with sheet and include subprojects and/or subcontractors as needed.

Subaccount Totals

IAF Continuation Page. Complete page only if additional space is needed to include other personnel, compliance data or additional signatures relevant to the project.

<http://www.research.vcu.edu/forms/ContinuationPageNov2010.pdf>

IAF Continuation Page

PI: \_\_\_\_\_ Title: \_\_\_\_\_ Sponsor: \_\_\_\_\_

### CONTINUATION PAGE

(Submit only if needed)

### PERCENT EFFORT AND PERCENT RESPONSIBILITY ON PROJECT

Key Personnel and Faculty:

Key	Name	Role on Project	CAL Mnths	ACAD Mnths	SUMR Mnths	% EFFORT	% RESP	COI Form	
<input type="checkbox"/>								Signed <input type="checkbox"/>	Sal Esc <input type="checkbox"/>
<input type="checkbox"/>								Signed <input type="checkbox"/>	Sal Esc <input type="checkbox"/>
<input type="checkbox"/>								Signed <input type="checkbox"/>	Sal Esc <input type="checkbox"/>
<input type="checkbox"/>								Signed <input type="checkbox"/>	Sal Esc <input type="checkbox"/>
<input type="checkbox"/>								Signed <input type="checkbox"/>	Sal Esc <input type="checkbox"/>

### 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

End

Internal Approval Form (IAF)  
Review and Instructions  
2011

