

PI: _____ Title: _____ Sponsor: _____

CONTINUATION PAGE**(Submit only if needed)****PERCENT EFFORT AND PERCENT RESPONSIBILITY ON PROJECT****Key Personnel and Faculty:**

Key	COI Investigator	Name	Role on Project	CAL Mnths	ACAD Mnths	SUMR Mnths	% EFFORT	% RESP	
<input type="checkbox"/>	<input type="checkbox"/>								Sal Esc <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>								Sal Esc <input type="checkbox"/>
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<input type="checkbox"/>	<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 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 ☐ A copy of this proposal has been delivered to my
Department Chair for review.
(Check Box)

Dean/Date

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