

PROPOSAL INTERNAL APPROVAL FORM

A Complete Project Proposal must be attached.

(Submit this form to the Office of Grants Management at least 10 days prior to due date.)

PROJECT INFORMATION	
P.I.:	Date:
Employee ID#:	Phone #:
P.I. College/Unit:	P.I. Department:
Proposal Due Date:	Sponsoring Agency:
Solicitation URL:	
Project Title:	
Purpose/description of your proposal (Insert one sentence):	
Remarks or special instructions:	
Co P.I.:	Department:
Co P.I.:	Department:
Co P.I.:	Department:

Proposal Status:	<input type="checkbox"/> New	<input type="checkbox"/> Revision	<input type="checkbox"/> Supplement	<input type="checkbox"/> Continuation
Project Type:	<input type="checkbox"/> Contract	<input type="checkbox"/> Grant	<input type="checkbox"/> Cooperative Agreement	
Agency Type:	<input type="checkbox"/> Federal	<input type="checkbox"/> Industry	<input type="checkbox"/> NGO	<input type="checkbox"/> Foundation

SPECIAL CONSIDERATIONS & AUTHORIZATIONS (Check Yes or No)					
Human subjects involved?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If Yes, have you submitted a request for IRB approval? <i>(See Research policy)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Confidential Info enclosed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the budget enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consultant proposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the budget narrative enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Subcontractor proposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the proposal narrative enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Possible patents/copyrights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are other required attachments enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REQUESTED FUNDS		
Performance period	Start date:	End date:
Requested Funds for Year One		Requested Funds for Total Period <i>(Only complete if different from year one)</i>
Total Direct:	\$	\$
Total Indirect:	\$	\$
Total Requested	\$	\$

INDIRECT COST RATE

What is the Indirect cost rate?
(i.e. XX.X% of the Modified Total Direct Costs)

COST SHARING DETAIL (if applicable)

Source	In-Kind Match	In-Cash Match	Total Match
Insert Department name and AUK (Example, CSD, AUK)			
External to AUK			
Total			

Investigator certification: By signing below, I certify that the information on this form is true, complete and correct to the best of my knowledge, and that

- The proposal is complete in its technical content; adheres to the rules of proper scholarship and to the specifications of the sponsor.
- Facilities/space and other institutional resources necessary to complete the proposal project are available to the project, or provisions have been arranged with Department/College to make such space or other institutional resources available in the event of an award.
- Should the proposal be funded and accepted, I will conduct the project according to the sponsor's terms and conditions and the policies of the University. I accept responsibility for meeting the requirements of the award;
- I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I understand as the Principal Investigator, I have ultimate responsibility for the scientific conduct of the proposed project, the ethical performance of the proposed project, the protection of the rights and welfare of human subjects, and adherence to any stipulations imposed by the applicable IRB. I agree to accept responsibility for compliance with all applicable regulations, laws, and policies of the sponsor and the University, including those governing the use of space, salary verification, cost sharing and financial oversight of the proposed project.

Authorization approvals: By signing, I confirm that the proposed technical content, budget, personnel, faculty time, allocation of institutional space/resources, equipment and cost sharing have been approved. (Does not represent specific approval or personnel titles, classifications, salary rates or other issues governed by University policy).

Principal Investigator Name:	Principal Investigator Signature:	Date
Co-Principal Investigator Name: <i>(If applicable)</i>	Co-Principal Investigator Signature: <i>(If applicable)</i>	Date
College/Unit Head Name:	College/Unit Head Signature:	Date

Approvals	Signature	Date
Director Office of Grants Management		
Provost Office of the Provost		

YOUR OGM CONTACT:

RETURN FORM TO GM@AUK.EDU.KRD

Signed materials are due to the OGM 10 business days before submission deadline (Grants Management Policy and Procedures). Proposals that fail to meet this deadline will be submitted with conditional approval only. In these cases, the PI is responsible for making appropriate changes to the proposal or withdrawing the proposal, at a later date, if subsequent review reveals that the proposal is incomplete, contains errors, inaccuracies, misrepresentations, or does not conform to University or sponsor requirements.