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

OSR / UA #:

**Grant Proposal Authorization Form for proposals**

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

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| --- | --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |