



# LAKE SUPERIOR STATE UNIVERSITY

## Office of Sponsored Programs External Funding Proposal Approval Form (Grants & Contracts)

### **PART I: NOTICE OF INTENT TO APPLY**

After a funding opportunity has been identified, discuss the proposal idea with your program chair. Complete Part I of the External Funding Proposal Approval Form and obtain department chair preliminary approval to move forward with the development of a proposal. Part II is to be completed after you have begun writing your proposal and **PRIOR** to submission to the Sponsor (external funding source).

### **BASIC INFORMATION**

Proposal Title: \_\_\_\_\_

Funding Agency: \_\_\_\_\_

Principal Investigator/Project Director: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

### **VALUE OF THIS PROPOSAL TO LSSU**

#### **1. Check all that apply:**

- Curriculum Development or Enhancement
- Student Support
- Professional Development
- Other (e.g., non-academic): \_\_\_\_\_

#### **2. Builds collaborative activities with:**

- K-12
- Colleges/Universities
- Industry
- Government
- Other (e.g., community): \_\_\_\_\_

#### **3. Is cost-sharing required?    Yes    No**

Amount: \_\_\_\_\_ Source: \_\_\_\_\_

#### **4. Are there any additional University obligations (explain)?**

Financial: \_\_\_\_\_

Personnel: \_\_\_\_\_

Equipment: \_\_\_\_\_

Facility: \_\_\_\_\_

### **SIGNATURES**

PI/Project Director: \_\_\_\_\_ Date: \_\_\_\_\_

Chair/Dept. Head: \_\_\_\_\_ Date: \_\_\_\_\_



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## STATE UNIVERSITY

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#### PART II: APPROVAL FORM

Please begin completing this form as soon as possible after you start writing your proposal. All approval signatures must be obtained **PRIOR** to submission to an external source. The final proposal, budget and budget narrative must be submitted to the Office of Sponsored Programs **at least 5 days before the proposal due date** to ensure adequate time to route, review and make adjustments, as necessary. The Office of Sponsored Programs will assist in obtaining the final approval signatures necessary prior to submission.

Proposal Title: \_\_\_\_\_

Principal Investigator/Project Director: \_\_\_\_\_

Proposal to be Submitted By:  PI/PD       Office of Sponsored Programs

School/Dept.: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Proposal Due Date: \_\_\_\_\_ Projected Start Date: \_\_\_\_\_ Duration: \_\_\_\_\_

#### **BUDGET INFORMATION**

<b>Budget Information</b>	<b>Amount</b>
Total Amount Requested:	
Total Direct Costs:	
Total Indirect Costs:	
Does the budget require a match? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, identify the amount included in budget	
Cash Match:	
In-Kind Match:	
Third Party Match:	
Total Project Costs (requested + match)	
Indicate Source(s) of matching funds if cost sharing is required:	
Match, Cash:	
Match, In-Kind:	
Match, Third Party:	
Does this proposal require an institutional obligation beyond the project period? If so, please explain:	

\*The federally-approved indirect rate is **56%** for projects on campus and **23%** for projects off campus and is applied to salaries/wages/fringes. The University rate must be included in the proposal budget unless indirect costs is specified by the Sponsor.



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## OTHER INFORMATION

1. Does this project involve or require any of the following? Check all that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> animal research    | <input type="checkbox"/> additional space      | <input type="checkbox"/> hiring students                     |
| <input type="checkbox"/> safety concerns    | <input type="checkbox"/> recombinant DNA       | <input type="checkbox"/> patents or copyrights               |
| <input type="checkbox"/> equipment purchase | <input type="checkbox"/> radiation hazards     | <input type="checkbox"/> biohazards                          |
| <input type="checkbox"/> humans as subjects | <input type="checkbox"/> remodeling space      | <input type="checkbox"/> hiring additional personnel         |
| <input type="checkbox"/> chemical hazards   | <input type="checkbox"/> blood borne pathogens | <input type="checkbox"/> confidential/proprietary agreements |

2. If human subjects are involved, has the Institutional Review Board Committee approved the project for compliance requirements?

- Yes     Pending     Human subjects not included

3. If animals are involved, has the Institutional Animal Care and Usage Committee approved the project for compliance requirements?

- Yes     Pending     Animal subjects not included

## SIGNATURES

By signing and submitting this proposal, I hereby certify that statements made herein are true and complete to the best of my knowledge, and I agree to accept the obligation to comply with award terms and conditions if an award is made as a result of this application.

PI/Project Director: \_\_\_\_\_

Signatures below indicate the proposal is in accord with the capabilities and policies of the department, school, and/or institution and complies with sponsoring agency regulations. The University reserves the right to review awards before final acceptance of funding.

### **Required Signatures for all Proposals:**

Chair (as applicable): \_\_\_\_\_

Dean/Supervisor: \_\_\_\_\_

Director of Sponsored Programs: \_\_\_\_\_

**All proposals over \$10,000 and those including matching funds, a significant institution obligation and identifying any of the above checked responses, must be reviewed and approved by the following individuals, as appropriate. The Office of Sponsored Programs will determine additional required signatures.**

Director of Purchasing: \_\_\_\_\_

Director of Risk Management: \_\_\_\_\_

Director of Information Technology: \_\_\_\_\_

Director of Human Resources: \_\_\_\_\_

Appropriate Cabinet Member: \_\_\_\_\_

Vice President, Finance: \_\_\_\_\_

Provost: \_\_\_\_\_

President: \_\_\_\_\_