



**OFFICE OF SPONSORED PROGRAMS
PROPOSAL PROCESSING FORM**

(PPF and final version of the proposal due to OSP five (5) days prior to agency deadline)

Principal Investigator _____ **Department** _____ **Ext.** _____

Project Title _____

Sponsor _____

(Name of Foundation, Company, Government Agency [federal, state, local], other IHE)

Funding Announcement _____

(program name or program number or website)

Proposal Deadline: ____/____/____ **Type of Submission:** ___ **Electronic** ___ **E-Mail** ___ **Paper**

Proposed Project Dates _____ **Duration of Project** _____

(Start - End)

(# of Months)

Budget Information

First Year

Total All Years

Salaries and Wages

Benefits*

(_____ % of \$_____)

(7.65% of \$_____)

Equipment (\$5,000+)

Subawards

Other Direct Costs

Total Direct Costs

Indirect (F&A) Costs*

(_____ % of _____)

Total Costs

(Direct & Indirect)

Please note that if any of the following apply to your proposed project, you will need to obtain your department chair's approval before proceeding (OSP will work with you to obtain any institutional approvals as appropriate):

Cost Sharing: _____ **Required by Sponsor** _____ **Voluntary**

\$ _____ Amount _____ Source (Dept., Dean, Provost)

Please attach a brief explanation of the cost-sharing arrangements

Space Requirements: **Additional Space/Facilities Needed** _____ **Alterations/Renovations** _____

Please Check Any that May Apply:

___ **Human Subjects** ___ **Vertebrate Animals** ___ **Radiation** ___ **Biohazards**

___ **Chemicals**

Please note that work on the project cannot commence without prior written approval from the appropriate institutional committee/office, i.e., IRB, IACUC, Environmental Health and Safety.

Proprietary or Potentially Patentable Information Included in Proposal _____

Project Abstract: Please attach a brief summary (one page or less) of your proposed project

Academic and Fiscal Approval (in order indicated):

Project Director/ _____

Principal Investigator (PDPI)¹

Co-PD/PI¹ (if applicable) _____

Co-PD/PI¹ (if applicable) _____

Department Chair² _____

(Name & Signature)

Dean of Undergraduate Studies _____

(Name & Signature)

Provost/Designee³ _____

(Name & Signature)

Director of OSP⁴ _____

(Name & Signature)

*Check with the Office of Sponsored Programs (x7544) for correct/current rates)

All PD/PIs and Co-PD/PIs involved in this project must check the appropriate box below and provide their signature for the disclosure of potential conflict in interest (COI). Please go to http://www.salve.edu/sites/default/files/filesfield/documents/Staff_Handbook_0.pdf for Salve Regina University's policy on conflict of interest.

Does this proposal present a potential COI as outlined in the Salve Staff Handbook?

_____ Yes _____ No

PD/PI Signature

Does this proposal present a potential COI as outlined in the Salve Staff Handbook?

_____ Yes _____ No

Co-PD/PI Signature (if applicable)

Does this proposal present a potential COI as outlined in the Salve Staff Handbook?

_____ Yes _____ No

Co-PD/PI Signature (if applicable)

Does this proposal present a potential COI as outlined in the Salve Staff Handbook?

_____ Yes _____ No

Co-PD/PI Signature (if applicable)

¹PD/PI certifies that (a) that the information contained in the proposal is true and complete to the best of his/her knowledge; (b) that he/she is in compliance with Salve Regina's Drug-Free Workplace policy; (c) that to the best of his/her knowledge no funds from any source were paid or will be paid to influence an award of any federal contract or grant; (d) he/she is not currently debarred or suspended from receiving funds from the federal government; (e) he/she is aware of and will comply with Salve Regina's policy and procedures for dealing with and reporting possible misconduct in science; (f) all institutional compliance approvals (human subjects, vertebrate animals, radioactive materials, and/or biohazards) have been or will be obtained prior to the project start; and (g) he/she will comply with all Salve Regina and sponsor policies during the term of any award made as a result of this proposal.

²Signature by the department chair indicates knowledge that this proposal is being submitted; that it has been reviewed and is consistent with the mission of the department; that any requests for release time, financial commitments, and/or space requirements have been approved.

³Signature by the Dean of Undergraduate Studies and the Provost indicates that the project is consistent with the mission of the University and financial commitments and/or space requirements have been approved.

⁴Signature indicates institutional approval for proposals submitted to federal, state, and local government agencies, corporate, and foundation sponsors and certifies compliance with all relevant requirements, regulations, terms and conditions of sponsor. Signature indicates institutional approval of the budget and any other financial commitments.

The above signees certify that they are not individually delinquent on any debt (other than to the IRS or Social Security Administration) owed to the U.S. Government.

The above institutional signees certify that Salve Regina University is not delinquent on any debt owed to the U.S. Government and that Salve Regina or its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.